Screening and Management of Postnatal Glucose Homeostasis in Late Preterm and Term SGA, IDM/LGA Infants

[LPT] Infants 34–36th weeks and SGA (screen 0–24 hrs); IDM and LGA ≥34 weeks (screen 0–12 hrs)

Symptomatic and <40 mg/dL → IV glucose

**ASYMPTOMATIC**

<table>
<thead>
<tr>
<th>Birth to 4 hours of age</th>
<th>4 to 24 hours of age</th>
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<tbody>
<tr>
<td><strong>INITIAL FEED WITHIN 1 hour</strong></td>
<td><strong>Continue feeds q 2-3 hours</strong></td>
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<tr>
<td>Screen glucose 30 minutes after 1st feed</td>
<td>Screen glucose prior to each feed</td>
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<tr>
<td>Initial screen &lt;25 mg/dL</td>
<td>Screen &lt;35 mg/dL</td>
</tr>
<tr>
<td>Feed and check in 1 hour</td>
<td>Feed and check in 1 hour</td>
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</tbody>
</table>

<25 mg/dL

IV glucose* ↓

25–40 mg/dL

Refeed IV glucose* as needed

<35 mg/dL

IV glucose* ↓

35 – 45 mg/dL

Refeed IV glucose* as needed

Target glucose screen ≥45 mg/dL prior to routine feeds
* Glucose dose = 200 mg/kg (dextrose 10% at 2 mL/kg) and/or IV infusion at 5–8 mg/kg per min (80–100 mL/kg per d). Achieve plasma glucose level of 40–50 mg/dL.

Symptoms of hypoglycemia include: irritability, tremors, jitteriness, exaggerated Moro reflex, high-pitched cry, seizures, lethargy, floppiness, cyanosis, apnea, poor feeding.

**FIGURE 1**

Screening for and management of postnatal glucose homeostasis in late-preterm (LPT 34–36th weeks) and term small-for-gestational age (SGA) infants and infants who were born to mothers with diabetes (IDM)/large-for-gestational age (LGA) infants. LPT and SGA (screen 0–24 hours), IDM and LGA ≥34 weeks (screen 0–12 hours). IV indicates intravenous.