1. Your Facility ____________________
2. Your Email ____________________
3. Date completing Snapshot ____________________
4. Total number of deliveries annually at your facility
__________________
5. Highest level of newborn care available at your facility:
   Newborn nursery-Level 1
   SCN Level 2
   NICU Level 3
   NICU Level 4
6. What leadership team oversees the staff in the newborn nursery:
   Postpartum Leadership
   NICU leadership
   All of women’s services under one leadership team
   Other: ________________
7. Is there a nurse driven standardized algorithm to guide clinical management of asymptomatic newborns at-risk for hypoglycemia at your facility?
   Yes
   No
8. If 7 = YES: Current approach to management of the asymptomatic at-risk hypoglycemic newborn aligns with:
   AAP guidelines
   Pediatric Endocrine Society guidelines
   Locally derived management protocol
9. Is there an IV weaning protocol in your unit for infants who receive continuous IV therapy solely for the treatment of hypoglycemia?
   Yes
   No
   N/A
10. Do you currently use glucose gel as a treatment method for the asymptomatic newborns with hypoglycemia?
    Yes
    No
11. What risk factors do you use to identify newborns at-risk for hypoglycemia? (select all that apply)
   - SGA
   - LGA
   - IDM
   - LPT (35-36 6/7)
   - Maternal history of Beta Blockers
   - N/A no current criteria identified-Provider determined
   - Other: ____________________

12. Do all providers use the same glucose level to define a newborn as hypoglycemic?
   - Yes
   - No

13. If 12 YES, then what glucose level is used to define hypoglycemia?
   - < than or equal to 25
   - < than or equal to 30
   - < than or equal to 35
   - < than or equal to 40
   - < than or equal to 50
   - < than or equal to 55
   - < than or equal to 60
   - Other____________________

14. Is it common practice to confirm low glucose levels obtained at the bedside, which has deemed a newborn hypoglycemic, by sending an additional specimen to the lab prior to starting IV infusion treatment or prior to transfer to higher level of care?
   - Yes
   - No

15. Is separation of the infant from mother, within the first 2 hours of life, required to assess, screen or treat the asymptomatic newborn for hypoglycemia?
   - Yes
   - No

16. If infant requires IV therapy for hypoglycemia, does the infant require transfer to a higher level of care?
   - Yes, within my facility
   - Yes, outside of my facility
   - No, IV infusions occur in the newborn nursery/PP floor

17. Does your unit promote skin to skin immediately following delivery?
   - Yes
   - No
18. Are hypoglycemia order sets integrated in the EMR?
   Yes
   No

19. Is your team currently providing educational resources regarding hypoglycemia (check all that apply)?
   Yes, internally created resource
   Yes, externally created resource
   PQCNC created resource
   No

20. Is there documentation in the EMR/chart that the parent or family was educated regarding hypoglycemia?
   Yes
   No

21. Has your facility completed the Baby Friendly Certification?
   Yes
   In process
   No