

# PERINATAL QUALITY COLLABORATIVE OF NORTH CAROLINA

## Newborn Hypoglycemia Prevention and Care (NHPC)



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

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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

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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