IV Weaning Protocol for Newborns with Hypoglycemia
(for infants <48 hours of age and failed PO algorithm)

Blood Glucose <30 MG/DL and Symptomatic

Bolus of 2mL/kg of D10W

Begin D10W @ 60-80 mL/kg/d (GIR 4-6 mg/kg/min)

Recheck BG 30 minutes after initiation of D10W

Recheck BG 60 minutes after any increase in GIR until target BG achieved

Recheck BG in 2-3 hours after any decrease in GIR (AC if PO feeding)

TARGET BG ≥ 46 MG/DL
For infants <48 hours of age

ADJUST RATE AS FOLLOWS:

<table>
<thead>
<tr>
<th>BG</th>
<th>Adjustment</th>
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<tbody>
<tr>
<td>&lt;30</td>
<td>Bolus &amp; increase GIR by 1-2 mg/kg/min</td>
</tr>
<tr>
<td>30-44</td>
<td>Increase GIR by 1-2 mg/kg/min</td>
</tr>
<tr>
<td>45-60</td>
<td>No change</td>
</tr>
<tr>
<td>&gt;60</td>
<td>Decrease GIR by 0.5-1 mg/kg/min</td>
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<tr>
<td>&gt;75</td>
<td>Decrease GIR by 2 mg/kg/min</td>
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</tbody>
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Blood Glucose <30 MG/DL and Asymptomatic

CONSIDERATIONS:

1. Infants with multiple risk factors or inability to adequately feed will likely require higher GIR
2. At 100mL/kg/d of D10W consider D12.5, if GIR requirements continue to increase, consider central line
3. Titration guidelines should not be used if GIR requirements exceed 10-12 mg/kg/min
4. If hypoglycemia recurs with decreasing GIR, consider holding at previous GIR for 6-12 hours before next attempt to decrease
5. After IV fluids are discontinued, newborn should have 3 consecutive glucose levels ≥ 46 before transfer to NBN or discharge (for newborns >48 hours old- glucoses should be increasing >60)