Simple instructions to optimize use of the Neonatal Hypoglycemia Tracking Tool are as follows:

* Ensure nurses caring for at-risk hypoglycemic newborns are educated on the tool (they will own the success of this process)
* Instruct them to introduce the tool to parents of the at-risk newborn, taking the time to outline why the tool is important, why they are monitoring their newborn and the importance of them calling the nurse prior to feeding so a pre-prandial glucose level can be obtained. (excellent opportunity to educate family)
* Each time a feeding and/or intervention occurs, it should be documented on the tool
* Once newborn is discharged, no longer being monitored or transferred for higher acuity care, the form should be collected and reviewed

**Your infant will be having several blood sugar levels because he or she is:**

\_\_\_\_Late Preterm Infant: less than 37 wks

\_\_\_\_Small for gestational age

\_\_\_\_Large for gestation age

\_\_\_\_Infant of a Diabetic Mothers (IDM)

\_\_\_\_Has signs or symptoms of low sugars

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These blood tests are performed **before your infant feeds**. Please let your nurse know when your baby gets hungry so that she can perform the test.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** |  **Blood****Glucose**  **Result** | **Time** | **Feeding****type** | **Time****Gel Given** | **Comments** |
|  |   |  |   |  |   |
|  |   |  |   |  |   |
|  |  |  |   |  |   |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Your infant will be having several blood sugar levels because he or she is:**

\_\_\_\_Late Preterm Infant: less than 37 wks

\_\_\_\_Small for gestational age

\_\_\_\_Large for gestation age

\_\_\_\_Infant of a Diabetic Mothers (IDM)

\_\_\_\_Has signs or symptoms of low sugars

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These blood tests are performed **before your infant feeds**. Please let your nurse know when your baby gets hungry so that she can perform the test.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** |  **Blood****Glucose**  **Result** | **Time** | **Feeding****type** | **Time****Gel Given** | **Comments** |
|  |   |  |   |  |   |
|  |   |  |   |  |   |
|  |  |  |   |  |   |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 **Neonatal Hypoglycemia Tracking Log** 

 **Neonatal Hypoglycemia Tracking Log** 

Pt Sticker

Pt Sticker

Pt Sticker

Adapted from Advocate Lutheran General Hospital Hypoglycemia tracing tool.

Adapted from Advocate Lutheran General Hospital Hypoglycemia tracing tool.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** |  **Blood****Glucose**  **Result** | **Time** | **Feeding****type** | **Time****Gel Given** | **Comments** |
|  |   |  |   |  |   |
|  |   |  |   |  |   |
|  |  |  |   |  |   |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** |  **Blood****Glucose**  **Result** | **Time** | **Feeding****type** | **Time****Gel Given** | **Comments** |
|  |   |  |   |  |   |
|  |   |  |   |  |   |
|  |  |  |   |  |   |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

When infant is discharged place this card in the Hypoglycemia Folder in the Nursery

When infant is discharged place this card in the Hypoglycemia Folder in the Nursery