Glucose 40%

Newborn use only

alone in the treatment of moderate to severe hypoglycaemia. This can be a nurse-initiated medication according to the local hospital guideline. DO NOT augit get directly into the baby's mount, as this can cause choking Prevention and treatment of mild hypoglycaemia in neonates 235 weeks' gestation and <48 hours of life's Action Glicose, a simple carbothydrate, in a concentrated aqueous gel solution can be administered by direct application to mucosal surfaces of the mouth, including buccal and lingual surfaces. Absorption from these sites may allow rapid access to the circulation. Some proportion of the dose may be swallowed and absorbed from the gastrointestinal tract. ² Trade name Sugarfables Gel Blomed, New Zealand) d0% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d0% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d0% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d0% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d0% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d0% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d18.002] – Discontinued. 40% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d18.002] – Discontinued. 40% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d18.002] – Discontinued. 40% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d18.002] – Discontinued. 40% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d18.002] – Discontinued. 40% glucose in Water for Injection (Baxter compounded solution, Product ID GLR.082) d18.002 – Discontinued. 40% glucose in Water for Injection (Baxter) – Discontinued. 40% glucose in Water for Injection (Baxter) – Discontinued. 40% glucose in Water for Injection (Baxter) – Discontinued. 40% glucose in Water for Injection (Baxter) – Discont	Alert	40% glucose, on average, raises blood glucose by 0.4 mmol/L (95% CI –0.14–0.94) ² and should not be used
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Indication Prevention and treatment of mild hypoglycaemia in neonates ≥35 weeks' gestation and <48 hours of life¹²		
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Glucose 40%

Newborn use only

	dextrose, glycerin, methylparaben, potassium sorbate, propylparaben, carboxymethylcellulose, sodium citrate. SugarBabies Gel is the recommended option. Manufacturer does not recommend Glutose15 Gel under 2 years of age.		
Evidence	Prevention of neonatal hypoglycaemia		
	Hegarty et al, in a systematic review, assessed the effectiveness and safety of oral dextrose gel in		
1	preventing hypoglycaemia among newborn infants at risk of hypoglycaemia and in reducing long-term		
İ	neurodevelopmental impairment. They included one trial comparing oral dextrose gel versus placebo in		
	416 infants at risk of hypoglycaemia, most of whom were infants of diabetic mothers and were treated on		
	the postnatal ward. Oral dextrose gel prophylaxis (any dose) was associated with reduced risk of		
	hypoglycaemia compared with placebo (risk ratio (RR) 0.76, 95% confidence interval (CI) 0.62 to 0.94).		
	There were no statistically significant differences in the number of adverse events, separation from		
	mother for treatment of hypoglycaemia, exclusive breastfeeding at discharge or breastfeeding at six weeks		
	postpartum. They concluded that oral dextrose gel reduced the risk of neonatal hypoglycaemia in at-risk		
	infants with no statistically significant differences in the number of adverse events or in risk of separation		
	of infant from mother for treatment of hypoglycaemia [LOE 1, GOR A]		
	Treatment of neonatal hypoglycaemia		
	Weston et al, in a systematic review, assessed the effectiveness of dextrose gel in correcting		
	hypoglycaemia and in reducing long-term neurodevelopmental impairment in neonates at risk of		
	hypoglycaemia. ² They included two trials involving 312 infants. They found no significant difference		
	between dextrose gel and placebo gel for major neurosensory disability at two-year follow-up (risk ratio		
	(RR) 6.27, 95% confidence interval (CI) 0.77 to 51.03; one trial, n = 184; quality of evidence very low).		
	Dextrose gel compared with placebo or no gel did not alter the need for intravenous treatment for		
	hypoglycaemia (typical RR 0.78, 95% CI 0.46 to 1.32; two trials, 312 infants; quality of evidence very low).		
	Infants treated with dextrose gel were less likely to be separated from their mothers for treatment of		
	hypoglycaemia (RR 0.54, 95% CI 0.31 to 0.93; one trial, 237 infants; quality of evidence moderate) and		
	were more likely to be exclusively breastfed after discharge (RR 1.10, 95% CI 1.01 to 1.18; one trial, 237		
	infants; quality of evidence moderate). Treatment of infants with neonatal hypoglycaemia with		
	40%dextrose gel reduces the incidence of mother-infant separation for treatment and increases the		
	likelihood of full breast feeding after discharge compared with placebo gel. No excess adverse effects have		
	been reported during the neonatal period or at two years' corrected age. Oral dextrose gel has not been		
	compared to supplementary feeding with human milk or formula. Oral dextrose gel may be considered as		
	first-line treatment for infants with neonatal hypoglycaemia. [LOE 1, GOR A]		
Practice points			
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Glucose 40%

Newborn use only

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