

# GLUCOSE GEL

<b>Indication</b>	<ul style="list-style-type: none"> <li>• Treatment of neonatal hypoglycaemia (BGL 1.5–2.5 mmol/L) in babies who are<sup>1</sup>:             <ul style="list-style-type: none"> <li>○ Well (without signs of infection)</li> <li>○ 35 or more weeks gestation</li> <li>○ Able to feed effectively</li> <li>○ 48 hours of age or less</li> </ul> </li> </ul>	
<b>BUCCAL</b>	<b>Presentation</b>	<ul style="list-style-type: none"> <li>• Tube: 40% oral gel (15 g of glucose in 37.5 g tube)</li> </ul>
	<b>Dosage</b>	<ul style="list-style-type: none"> <li>• 0.5 mL/kg (200 mg/kg) stat<sup>1</sup></li> </ul>
	<b>Preparation</b>	<ul style="list-style-type: none"> <li>• Draw up prescribed dose into an enteral syringe</li> </ul>
	<b>Administration</b>	<ul style="list-style-type: none"> <li>• Administer before feed (breast or formula)</li> <li>• Dry buccal mucosa with a gauze swab (improves absorption and efficacy)</li> <li>• Apply prescribed dose to buccal mucosa with a gloved hand and massage in             <ul style="list-style-type: none"> <li>○ Can apply half of the dose to each side</li> </ul> </li> <li>• Feed (either breastfeed or formula) immediately after administration</li> </ul>
<b>Special considerations</b>	<ul style="list-style-type: none"> <li>• Refer to Queensland Clinical Guideline: <i>Newborn hypoglycaemia</i><sup>2</sup> for:             <ul style="list-style-type: none"> <li>○ BGL monitoring frequency</li> <li>○ Repeat and maximum dosages</li> <li>○ Ongoing newborn hypoglycaemia management</li> </ul> </li> <li>• Supplied as Glucose 15®</li> </ul>	
<b>Monitoring</b>	<ul style="list-style-type: none"> <li>• BGL (preferentially via blood gas machine/iSTAT/laboratory)</li> </ul>	
<b>Compatibility</b>	<ul style="list-style-type: none"> <li>• Nil known</li> </ul>	
<b>Incompatibility</b>	<ul style="list-style-type: none"> <li>• Nil known</li> </ul>	
<b>Interactions</b>	<ul style="list-style-type: none"> <li>• Nil significant</li> </ul>	
<b>Stability</b>	<ul style="list-style-type: none"> <li>• Store at room temperature, below 30 °C</li> <li>• Discard tube after opening</li> </ul>	
<b>Side effects</b>	<ul style="list-style-type: none"> <li>• Nil reported</li> </ul>	
<b>Actions</b>	<ul style="list-style-type: none"> <li>• Glucose is the primary source of energy for body cells. Oral glucose is rapidly absorbed from the buccal mucosa resulting in increase in blood glucose levels</li> </ul>	
<b>Abbreviations</b>	BGL: blood glucose level	
<b>Keywords</b>	Hypoglycaemia, glucose gel, neonatal hypoglycaemia, oral glucose gel, newborn hypoglycaemia, blood glucose,	



The Queensland Clinical Guideline *Neonatal Medicines* is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.

## References

1. Harris DL, Weston PJ, Signal M, Chase JG, Harding JE. Dextrose gel for neonatal hypoglycaemia (the Sugar Babies Study): a randomised, double-blind, placebo-controlled trial. *Lancet* 2013;382(9910):2077-83.
2. Queensland Clinical Guidelines. Newborn hypoglycaemia. Guideline No. MN19.8-V6-R24. [Internet]. Queensland Health. 2019. [cited 2019 September 10]. Available from: <http://www.health.qld.gov.au>

## Document history

ID number	Effective	Review	Summary of updates
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