Glucose Gel for Newborn Hypoglycemia
Innovative Program/Project

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Faculty Disclosure: Nothing to disclose

Introduction/problem statement: Glucose gel as a treatment for hypoglycemia in newborns was initiated at 6 ThedaCare Family Birth Care units as a method to treat newborn hypoglycemia without using formula or IV glucose. This is based on the recent RCT Sugar Babies study by Harris et al., 2013. We modeled our process from information shared by Advocate Lutheran General Hospital at the 2016 AWHONN convention.

Objectives/purpose/goals: The purpose of this work was to translate evidence into practice to meet the IHI triple aim of improving population health, improving the experience of care, and improving the per capita cost. Expected outcomes: 1. Increase exclusive breastfeeding 2. Decrease need for IV glucose/invasive procedures 3. Decrease NICU admissions

Intervention/practice: A glucose gel protocol for the treatment of newborn hypoglycemia was developed. Steps included: 1. Approval by pediatricians and family medicine providers. 2. Approval from the policy and procedure committee. 3. Approval to revise the standing order set 4. Added glucose gel to TC-Appleton and TC-Neenah formulary. 5. Added glucose gel to the system formulary 6. Approval from Medical Executive committee. 7. Staff education including new algorithms, method of administering glucose gel, and EMR documentation of glucose gel.

Results: The protocol went live December 1, 2016. We are currently studying our results. We expect to see a decrease in the use of formula/increase exclusive breastfeeding. We also expect that there will be fewer NICU admissions and less IV starts. We also expect more babies to be treated at the bedside or skin-to-skin.

Conclusions: Our lessons learned from implementing this process are: 1. Communicating and spreading this process to 6 birthing units needs to be clear. 2. Key stakeholders need to be involved from the beginning. 3. Translating research results into practice takes time and commitment, but the outcome is worth the investment.