***Affix PAS patient label here***

***First name***

***Surname:***

***DOB:***

***Trust ID:***

***NHS No if known:***

**Ketotic Hypoglycaemia**

**Plan (Page 1/2)**

|  |  |
| --- | --- |
| **Discharge Checklist** | Tick to confirm |
| Ketones >1 at hypo event /post 18-hr fast |  |
| Discussion with Dr Dunia Ismail\* |  |
| Copy of Hypoglycaemia action plan (Page 2) explained + given to parents/carers |  |
| Glucometer, Lancet sticks, Maxijul and Glucogel prescribed on TTO*Only Glucogel (Glucose 40% gel) is obtained through Pharmacy. All other items are obtained through general stores but must appear on the TTO for the GP to continue.* |  |
| Glucose monitoring training given to parents/carers |  |
| Sign and print name here ……………………………………………….Bleep…………………………….. Date…………………………….. |

*\*If Dr Ismail is not available, please discuss with Dr Shankar Kanumakala or the COW*

Once completed electronically, **save in the HYPOGLYCAEMIA folder** on the Paediatric T drive under T:\Paediatrics\Complex patient EMERGENCY management plans AND ACPs. Also **print and file a signed copy** in the Clinical History correspondence section

**References:**

1. <https://www.nuh.nhs.uk/download.cfm?doc=docm93jijm4n732>
2. <http://www.bimdg.org.uk/guidelines/guidelines-child.asp?s=az&i=k>
3. <https://adc.bmj.com/content/archdischild/101/6/575.full.pdf>
4. GOSH Hypoglycaemia Management

***Ketotic Hypoglycaemia Action Plan for***

**When to check ………………..’s glucose:**

**…………………*……………………………………***

**For the attention of A&E:**

This child has a diagnosis of Ketotic Hypoglycaemia. Please follow the hypoglycaemia guidelines. No fasting hypoglycaemia bloods are needed.

**Action Plan**

1. Check glucose. If glucose is **less than 3.5 mmol/L:**
2. Double check. If glucose is still **less than 3.5**:
3. Give Maxijul or a sugary drink such as apple juice, full-sugar Ribena
4. Check glucose after **15** minutes. If glucose is **less than 3.5**, repeat step 3.
5. If **glucose is less than 3.5** after Step 3 has been repeated twice, **give Glucogel and phone 999** to bring your child into A&E.

***If …………….. can’t drink e.g. due to vomiting please give Glucogel and phone 999 straightaway.***

|  |  |
| --- | --- |
| ***Maxijul (make up in 200ml cooled boiled water)*** | ***Glucogel (1 tube = 10g)*** |
| **Up to 1 yr (40kcal/100mls)**  | 20g (4 scoops)  | **Up to 6 mo** | 1/3rd of tube |
| **1-2 yrs (60kcal/100mls)** | 30g (6 scoops)  | **6 mo-2 yrs** | 1/2 of tube  |
| **2-9 yrs (80 kcal/100mls)** | 40g (8 scoops) | **2-5 yrs** | 1 whole tube |
| **>10 yrs (100kcal/100mls)** | 50g (10 scoops) | **>5 yrs** | 1 + ½ of tube |
| ***Fruit Juice (>10g glucose /100ml)*** |
| **Under 4 yrs** | 50 mls |
| **4-12 yrs** | 100 mls |
| **>13 yrs** | 150 mls |