



British Inherited Metabolic Disease Group

Contact Details Name:

Hospital

Telephone:

- has **KETOTIC HYPOGLYCAEMIA**.
- **Please read carefully. ASSESSMENT AND TREATMENT ARE URGENT.** Treatment should be meticulous as there is a high risk of serious complications.
- The major complication is HYPOGLYCAEMIA. This is precipitated by fasting (often a missed meal) and intercurrent illness.
- **Start this treatment** if the patient is obviously unwell or vomiting, hypoglycaemic (blood glucose <2.6 mmol/l), drowsy or a history of a convulsion. Do not delay if you are uncertain.
- **Give glucose immediately** either intravenously (Glucose 200 mg/kg at once (2 ml/kg of 10% glucose or 1ml/kg of 20% glucose) over a few minutes. or into the buccal cavity using Glucogel ®)
- **Continue with glucose 10% / saline 0.45% at 5 ml/kg/h ONLY UNTIL THE NEXT SOLUTION IS READY AND AN ACCURATE INFUSION RATE HAS BEEN CALCULATED – DO NOT LEAVE ON HIGH INFUSION RATES FOR TOO LONG**
- If this is not immediately available, continue with glucose 10% until it is ready. (For instructions to make glucose 10% / saline 0.45% solution [click here](#))
- Observe the response to intravenous fluids. If the child does not improve quickly or deteriorates, call the paediatrician urgently.
- If there is any doubt at all, the child must be admitted, even if only necessary for a short period of observation.
- *This protocol is for the immediate management only.*

More information can be found in the BIMDG standard emergency guideline for ketotic hypoglycaemia.