



British Inherited Metabolic Disease Group

GENERAL DIETARY INFORMATION FOR EMERGENCY REGIMENS

The drinks are usually of soluble glucose polymer. The exact recipe/glucose polymer concentration recommended for each child varies but recipes for the standard concentrations can be found by clicking the links below:

<1y	Click here for a 10% carbohydrate emergency regimen suitable for children under 1yr.
1-2y	Click here for a 15% carbohydrate emergency regimen suitable for children under 1-2yrs.
2-9y	Click here for a 20% carbohydrate emergency regimen suitable for children under 2-9yr.
10+	Click here for a 25% carbohydrate emergency regimen suitable for children under 10yr.

In some disorders other substances may be added such as amino acid mixtures in Maple Syrup Urine Disease and Glutaric Aciduria Type 1 where the following recipes should be used.

MSUD	Click here for Emergency Regimen recipes for children with Maple Syrup Urine Disease
GA1	Click here for Emergency Regimen recipes for children with Glutaric Aciduria Type 1

The 'classical' emergency regimen has three stages, although many families develop their own strategies

Stage 1	If the child is not quite right or may be at risk of illness (for example post immunisation) give regular oral drinks and reassess in 2-4 hours. If the child is better when re-assessed then go back to normal diet	If not well, go to stage 2.
Stage 2	Regular drinks to be given day and night. The frequency and composition will depend on the disorder. The volumes and concentration will vary with the age and weight of the child. If the child uses continuous feeds the emergency regimen may be given continuously via naso-gastric tube or gastrostomy. This treatment should continue until the child improves.	If the child does not improve go to stage 3.
Stage 3	If the child is obviously not well, not tolerating or not taking drinks or the family are worried contact or go to hospital.	Intravenous treatment is then likely to be needed.