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Additional contributors Carl S Roth, MD retired professor and chair, Department of Pediatrics, Creighton University School of Medicine Carl S Roth, MD is a member of the following medical societies: Alpha Omega Alpha, American Academy of Pediatrics, American College of Nutrition, American Pediatric Society, American Society of Nutrition, American Society of Nephrology, Association of American Medical Colleges, Virginia Medical Society, New York Academy of Sciences and program director, Department of Pediatrics at Ohio State University College of Medicine; Pediatric Endocrinologist, Department of Pediatrics, Endocrinology, Diabetes and Metabolism, National Children's Hospital Robert P Hoffman, MD is a member of the following medical societies: American College of Pediatrics, American Diabetes Association, American Pediatric Society, Christian Medical and Dental Association, Endocrine Society, Midwest Society of Pediatric Research, Pediatric Endocrine Society, Pediatric Endocrine Society, Pediatric Society Specialty Council Editor Mary L Windle, PharmD Associate Professor, University of Nebraska Medical Center College Of Pharmacy; Editor-in-chief, Medscape Drug Reference Disclosure: Nothing to disclose. 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This process occurs during periods of fasting, fasting, low-carb diets or intense exercise. This is often associated with ketosis. Glycogenesis is a breakdown of glycogen and occurs in muscle cells (to provide energy for contraction) and hepatocytes (to release glucose into the bloodstream to absorb by other cells). Insufficient glucose/production consumption? OR Excessive glucose intake? Systemic / Nutrition Hunger Malnutrition Sepsis Malabsorption Metabolic Ketotic Hypoglycemia Accelerated Starvation Glikogen Storage Disease Galactosemia Organic Acidemia Carnitine Deficiency Acyl CoA Dehydrogenase Deficiency endocrine Hyperin Hypopituitarism Hypopituitarism Growth Hormone Growth Deficiency Hypothyroidism Congenital Adrenal Hyperplasia Hepatic Hepatitis Reye Syndrome Toxic Aspirin Alcohol Insulin Valproate Signs and Symptoms of Hypoglycemia vary greatly between people. Vegetative functions tend to appear earlier (but not always present). Neurological features arise from a disruption in the supply of glucose to the brain. Symptoms Signs Soft Moderate Sweating Headache Anxiety Jelly Feet Difficulty Concentration Dizziness Visual disturbances Tremor Pallor Tachycardia Change in behavior Lethargy Slurred speech Unpleasant gait Spontaneous altered consciousness Convulsions Past stories Similar episodes in the past (they may have been unrecognized as caused by hypoglycemia metabolism) Some hormones or insulin problems may be family Relationships to Milk Products (Galactosemia) Juice (hereditary Fructose Intolerance) Protein (amino acid or organic acid disorder) Possible access to drugs/alcohol Oral hypoglycemia agents Alcohol Aspirin B-Blockers Insulin Blood Emergency department These bloods are perfectly taken before dextrose is given. The target is for 5ml - but a minimum of 1.5ml. Blood should be sent promptly after collection using the POD system. They must be selected as URGENT on Trakcare. Don't call the lab or send samples to the ice. Urinary ketones and urinary organic acids. 'PAEDS HYPOGLYCAEMIA - TIME CRITICAL SAMPLES' TEST TUBE TYPE VOLUME REPORTED Glucose Free fatty acids (FFAs) fluoride oxalate (GREY) 500 microlit (target for half full) Insulin C peptide Beta OH butyrate Cortisol Lithium heparin (GREEN screw top) 1 ml perfect 2mls (1 bottle, 2, if possible) Lactate (Blood Capillary Gas) Capillary Gas Tube (processed in ED) Target for 1 full capillary tube (SAMPLES MUST BE IN LAB WITHIN 15 MINUTES OF COLLECTION) LAB CONTACT TO THEM INFORM OF URGENT HYPOGLYCAEMIA SAMPLES 'PAEDS HYPOGLYCAEMIA AN' GLUCOSE administration) Test TUBE VOLUME TYPE REQUIRED Ammonia U-EsLFTs CRP Acylcarnitine Lithium Heparin (green screw top) 1ml (1 bottle) FBC EDTA (Little pink screw top) 500 microliters (up to the mark on the bottle) Blood Culture Age and volume of dependent URINARY organic acids URINE in WHITE top universal container 5mls How to order on Trakcare 'PAEDS HYPOGLYCAEMIA necessary PRIOR for glucose injection) To order TIME CRITICAL SAMPLES then follow these steps : Make sure the patient is highlighted on the ED screen then click on the NEW REQUEST tab. Click on the LABS button - CHILD On the right side of the screen, enter the requested tests in a section called 'ITEM', then click 'F6' Select the appropriate test on the pop-up screen (ALWAYS SELECT THE -CHILD OPTION FOR THE TEST REQUESTED (WHEN AVAILABLE) - HINTS: For FFAs type free, then hit the F6 key for C - peptide to ensure there is space on both sides of the '-' before hitting F6 for the beta , then hit F6 key Remember lactate taken on a capillary gas tube and processed in ED 'PAEDS HYPOGLYCAEMIA ADDITIONAL ESSENTIAL' (sample can be taken after the introduction of glucose) To order additional ESSENTIAL SAMPLES then follow the same process as above. ALWAYS SELECT THE -CHILD OPTION FOR THE TEST REQUESTED (WHEN AVAILABLE) HINTS: For Acylcarnitine make sure you choose the 'BS' option at the end. For the urinary organic acid type organic, the F6 key is the only STICK ONE 'TRAKCARE' LABEL TO THE CORRESPONDING TUBE. THE REMAINING LABELS MUST REMAIN IN THE REQUEST FORM AND ACCOMPANY SAMPLES TO THE LAB. Review: 18 September 2018 Following review: 01 September 2020 Author (s): Dr. Jill Campbell, Pediatric Emergency Department Co-author (s): Consulted with: Dr. Gufta Sheikh, Pediatric Endocrinology Department Approved: Pediatric Clinical Efficiency and Committee on Risk Committee

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