The Leeds Teaching Hospitals NHS Trust

Emergency Dietary Regimen

Information for parents and carers

leeds children's hospital

caring about children

Patient sticker

Name:	***Date:***
D.O.B:	***NHS No:***
Diagnosis: Hypoglycaemia	

The emergency regimen of glucose polymer drinks should be started immediately if your child becomes unwell, e.g. nausea, vomiting, diarrhoea, high temperature or any illness resulting in a loss of appetite and inability to take their normal diet.

1. Possibly unwell:

If you are worried about your child because they appear "off colour", you think they may have a cold / virus and they are eating poorly or have missed a meal, give a high carbohydrate (glucose) drink.

Age of child	*Scoops of Maxijul per Drink*	*Concentration of Drink*
2 years up to 3rd birthday	6 white scoops (24g)	made up to 120ml with water (20%)
3 years up to 5th birthday	7 white scoops (28g)	made up to 140ml with water (20%)
5 years up to 8th birthday	8 white scoops (32g)	made up to 160ml with water (20%)
8 years up to 10th birthday	9 white scoops (36g)	made up to 170ml with water (20%)
10 years up to 11th birthday	12 white scoops (48g)	made up to 180ml with water (25%)
11 years up to 14th birthday	13 white scoops (52g)	made up to 200ml with water (25%)
14 years up to 16th birthday	14 white scoops (56g)	made up to 220ml with water (25%)
16 years and above	16 white scoops (64g)	made up to 240ml with water (25%)

1 white scoop maxijul = 4g powder

Give **ALL** of this drink and review how your child is over the next two hours. If they are back to normal and feeding as usual then return to normal diet.

If during this time your child is still unwell then follow steps 2 or 3.

2. Unwell and not eating and drinking as usual:

If your child is unwell and not tolerating normal foods and drink they must be given a high carbohydrate (glucose) drinks **every two hours during the day and every three hours during the night.**

Age of child	*Scoops of Maxijul per Drink*	*Concentration of Drink*	*Total Volume in 24 hours*
2 years up to 3rd birthday	6 white scoops (24g)	made up to 120ml with water (20%)	1200ml
3 years up to 5th birthday	7 white scoops (28g)	made up to 140ml with water (20%)	1300 - 1400ml
5 years up to 8th birthday	8 white scoops (32g)	made up to 160ml with water (20%)	1500 - 1600ml
8 years up to 10th birthday	9 white scoops (36g)	made up to 170ml with water (20%)	1700ml
10 years up to 11th birthday	12 white scoops (48g)	made up to 180ml with water (25%)	1800ml
11 years up to 14th birthday	13 white scoops (52g)	made up to 200ml with water (25%)	2000ml
14 years up to 16th birthday	14 white scoops (56g)	made up to 220ml with water (25%)	2200ml
16 years and above	16 white scoops (64g)	made up to 240ml with water (25%)	2400ml

1 white scoop maxijul = 4g powder

If your child is vomiting then give small frequent sips of the above drink e.g. 10ml every 10-15 minutes. If they are still not tolerating drinks then follow point 3.

3. Unwell and not tolerating glucose drinks:

If your child is unwell, or not feeding and unable to tolerate glucose drinks for any reason, or is vomiting, **you should take them to your local hospital straight away.**

4. Recommendations for treatment on admission to hospital:

Advice for doctors:

- If hypoglycaemic or symptomatic give IV glucose 200mg/kg (2ml/kg10% glucose) followed by a continuous infusion of 5ml/kg/h of 10% glucose and 0.45% NaCl. Continue with the infusion until the blood sugar is stable and tolerating oral feeds.
- If asymptomatic or normoglycaemic but not tolerating oral feeds give the IV infusion without the initial bolus

To make a 500ml bag of 10% dextrose + 0.45% NaCl

1. Remove & discard 50ml from a 500ml bag of 5%dextrose + 0.45% NaCl
2. To the remainder of the bag add 50ml of 50% dextrose

This gives 500ml of 10% dextrose + 0.45% NaCl

See http://www.bimdg.org.uk/site/guidelines.asp for further advice on medical management. Parents should also have a copy of these guidelines.

Once your child is showing signs of improvement their usual diet should be reintroduced. Continue with IV fluids as advised by the general medical consultant or metabolic on call consultant until usual diet is tolerated.

Additional information

Oral rehydration solutions e.g. Dioralyte®, Dioralyte Relief® or, Electrolade® Rehydrate do not contain sufficient glucose and should not be used unless additional Maxijul (glucose polymer) is added.

- 40g (10 white scoops) Maxijul Powder to 200ml oral rehydration solution = 20% carbohydrate solution
- 52g (13 white scoops) Maxijul Powder to 200ml oral rehydration solution = 25% carbohydrate solution

Products similar to Maxijul include SOS20, SOS25, Polycal, Caloreen, Polycose and Vitajoule.

Note: The amount and concentration of glucose drink required increases with age, therefore this ER will need updating regularly.

You should show this document to your GP or any other doctor who may see your child.

Contact Details

If you require any further information about your child's management please contact:

Helen Harrison,
Specialist Children's Dietitian

Tel: 0113 392 8177 or 0113 243 2799
Bleep: 2793
(8.00 - 16.00 Monday - Friday excluding bank holidays)

Cat unit

Tel: 0113 392 7409
(If have open access)

Dr Acharya,
Consultant Pediatrician Secretary

Tel: 0113 392 6180

What did you think of your care?

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Your views matter

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