

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 commenced 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.

<i>Age of child</i>	<i>Scoops of Polycal per drink (1 scoop Polycal = 5g powder)</i>	<i>Concentration of Drink</i>
2 years up to 3 rd birthday	5 scoops (25g) made up to 120ml with water	20%
3 years up to 5 th birthday	6 scoops (30g) made up to 140ml with water	20%
5 years up to 8 th birthday	7 scoops (35g) made up to 160ml with water	20%
8 years up to 10 th birthday	7 scoops (35g) made up to 170ml with water	20%
10 years up to 11 th birthday	9 scoops (45g) made up to 180ml with water	25%
11 years up to 14 th birthday	10 scoops (50g) made up to 200ml with water	25%
14 years up to 16 th birthday	11 scoops (55g) made up to 220ml with water	25%
16 years and above	12 scoops (60g) made up to 240ml with water	25%

Give **ALL** of this drink and review how your child is over the next 2 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 below.

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 2 hours during the day and every 3 hours during the night.**

<i>Age of child</i>	<i>Scoops of Polycal per drink (1 scoop Polycal = 5g powder)</i>	<i>Concentration of Drink</i>	<i>Total Volume in 24 hours</i>
2 years up to 3 rd birthday	5 scoops (25g) made up to 120ml with water	20%	1200ml
3 years up to 5 th birthday	6 scoops (30g) made up to 140ml with water	20%	1300 - 1400ml
5 years up to 8 th birthday	7 scoops (35g) made up to 160ml with water	20%	1500 - 1600ml
8 years up to 10 th birthday	7 scoops (35g) made up to 170ml with water	20%	1700ml
10 years up to 11 th birthday	9 scoops (45g) made up to 180ml with water	25%	1800ml
11 years up to 14 th birthday	10 scoops (50g) made up to 200ml with water	25%	2000ml
14 years up to 16 th birthday	11 scoops (55g) made up to 220ml with water	25%	2200ml
16 years and above	12 scoops (60g) made up to 240ml with water	25%	2400ml

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 below.

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/kg 10% 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.

Reintroduction to usual diet

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:

1. Oral rehydration solutions e.g. Dioralyte®, Dioralyte Relief® or, Electrolade® Rehydrate do not contain sufficient glucose and should not be used unless Polycal Powder is added.
2. Based on your child's age add the appropriate amount of Polycal as below:-

<i>Age of child</i>	<i>Scoops of Polycal per Oral Rehydration Solution</i>	<i>Concentration</i>
2yrs up to 10th Birthday	40g (8 scoops) Polycal Powder to 200ml oral rehydration solution	20%
10yrs Onwards	50g (10 scoops) Polycal Powder to 200ml oral rehydration solution	25%

3. 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

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(8.00 - 16.00 Monday - Friday excluding bank holidays)



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