

Appendix C: Instructions for Safety Fast

Note: This is not a diagnostic fast; see page 7-8 of hypoglycemia guideline for distinction

For infants in the well baby nursery (should occur on weekdays between 8am and 4pm if possible.)

- 1) Notify parents and NICU triage attending that infant will be undergoing safety fast.
 - Key points of well baby to NICU communication: Name and location of infant, indication for safety fast, time when fast will start and end, what type of feeding the infant is receiving, *please reiterate that infant will be transferred to NICU triage for a STAT serum glucose check should any POC glucose obtained during the fast be <60mg/dL*
 - Key points of communication with parents: Rationale for the safety fast, education regarding non-nutritive comforting as needed during the fast and the need for immediate transfer to NICU triage for the remainder of the fast in the event a low POC glucose result
 - Consider endocrine consult based on the indication for safety fast
- 2) Plan for POC glucose checks at 3, 4, 5 and 6 hours after a full feed; infant should remain NPO during this safety fast.
- 3) If all POC glucose checks are ≥ 60 mg/dL, feed infant after 6 hour POC glucose. This infant has passed the safety fast.
- 4) If a POC glucose is < 60 mg/dL at any of the time points, call DR-1 and initiate transfer of infant to triage for a serum glucose check.
 - If the serum glucose is ≥ 60 mg/dL, infant will remain in NICU triage for remainder of the safety fast to have repeat serum glucose checks. If all of these glucose checks are ≥ 60 mg/dL, then infant has passed safety fast and will be transferred back to well baby nursery after NICU to well baby MD communication has occurred.
 - If serum glucose is 45-60 mg/dL, this will be considered a failed safety fast . Stop the fast, feed the infant and consult endocrinology for diagnostic fast instructions and other recommendations. Infant to be admitted to NICU.
 - If a serum glucose is < 45 mg/dL, this will also be considered a failed safety fast. Stop the fast, feed the infant and administer glucose gel per protocol. Repeat serum glucose 30 minutes after intervention, in consultation with NICU attending. Infant to be admitted to NICU.

For infants in the NICU

- 1) Notify parents that infant will be undergoing a safety fast; consider endocrine consultation based on indication for safety fast
- 2) Plan for POC glucose checks at 3, 4, 5 and 6 hours after a full feed; infant should remain NPO during this safety fast.
 - a. If all POC glucose checks are ≥ 60 mg/dL, feed infant after 6 hour POC glucose. This infant has passed the safety fast.
 - b. If a POC glucose is < 60 mg/dL at any of the time points, send a STAT serum glucose.
 - If serum glucose is ≥ 60 mg/dL, all subsequent glucoses for the safety fast should be from the serum (STAT central lab). If all serum glucose results are ≥ 60 mg/dL, infant has passed safety fast.
 - If serum glucose is 45-60 mg/dL, this will be considered a failed safety fast. Stop the fast, feed the infant and consult endocrinology for diagnostic fast instructions and other recommendations.
 - If a serum glucose is < 45 mg/dL, this will also be considered a failed safety fast. Stop the fast, feed the infant and administer glucose gel per protocol. Repeat serum glucose 30 minutes after intervention, in consultation with NICU attending.