

Results chart for term babies ( $\geq 37/40$ ) at risk of hypoglycaemia (to be used in conjunction with the guideline and flowcharts)

Baby's Name \_\_\_\_\_

Baby's Date of Birth \_\_\_\_\_

Baby's Time of Birth \_\_\_\_\_

Baby's CHI \_\_\_\_\_

1<sup>ST</sup> BLOOD SUGAR

Time \_\_\_\_\_ Result \_\_\_\_\_ Which flow chart followed \_\_\_\_\_ Action \_\_\_\_\_

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2<sup>ND</sup> BLOOD SUGAR

Time \_\_\_\_\_ Result \_\_\_\_\_ Which flow chart followed \_\_\_\_\_ Action \_\_\_\_\_

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3<sup>RD</sup> BLOOD SUGAR

Time \_\_\_\_\_ Result \_\_\_\_\_ Which flow chart followed \_\_\_\_\_ Action \_\_\_\_\_

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4<sup>TH</sup> BLOOD SUGAR

Time \_\_\_\_\_ Result \_\_\_\_\_ Which flow chart followed \_\_\_\_\_ Action \_\_\_\_\_

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5<sup>TH</sup> BLOOD SUGAR

Time \_\_\_\_\_ Result \_\_\_\_\_ Which flow chart followed \_\_\_\_\_ Action \_\_\_\_\_

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6<sup>TH</sup> BLOOD SUGAR

Time \_\_\_\_\_ Result \_\_\_\_\_ Which flow chart followed \_\_\_\_\_ Action \_\_\_\_\_

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7<sup>TH</sup> BLOOD SUGAR

Time \_\_\_\_\_ Result \_\_\_\_\_ Which flow chart followed \_\_\_\_\_ Action \_\_\_\_\_

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FEEDS

Feed number	Time of feed	Age of baby (hours)	Method of feed (breast/bottle/cup/syringe)	Volume of feed or length of breast feed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Please use this space to record any further blood sugars that are required or additional feed information. The information recorded on this sheet should also be entered on Trak.

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