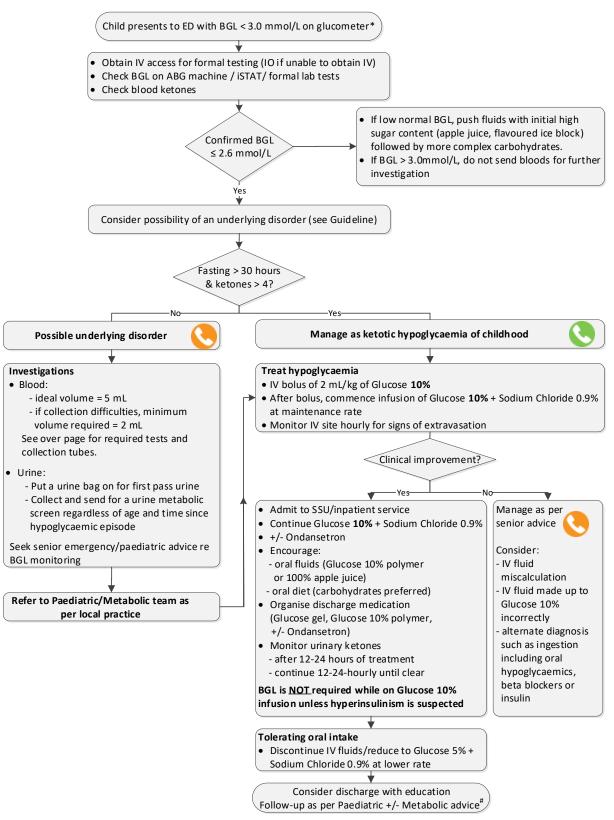
Oueensland Paediatric Flowchart

Metabolio

Unexplained hypoglycaemia - Management in children - Flowchart



*Excluding children with a diagnosis known to present with hypoglycaemia (manage as per their emergency sick day plan).

Make an outpatient referral to the Metabolic team, Queensland Children's Hospital if an overnight fast precipitated hypoglycaemic event.



Consider seeking senior emergency/paediatric advice as per local practice



Seek senior emergency/paediatric advice as per local practice. Consider seeking paediatric metabolic advice.

Blood collection for initial investigations of unexplained hypoglycaemia

Preferred blood collection (minimum volume 5.0mL)						
Tube type	Tube description		Volume required	Tests required		
Serum	Red or yellow pedi-pot		3 mL	 free fatty acids βhydroxybutyrate cortisol growth hormone insulin E/LFTs 		
Lithium heparin no gel	Green pedi- pot or adult pot		0.5 mL	acylcarnitineplasma amino acids		
Fluoro- oxalate	Grey pedi-pot		1 mL	 glucose lactate Can be performed on VBG 		
EDTA	Purple pedi- pot	EM	0.5 mL	ammonium Notify and send to lab urgently. Check with lab if needs to be on ice		

Recommended blood collection for child with collection difficulties

Essential blood collection (minimum volume 2 mL)					
Tube type	Tube description	Volume	Tests required		
Lithium heparin- no gel	Green pedi-pot or adult pot	0.5 mL	 acylcarnitine plasma amino acids - may be done from a newborn screening card if collection is difficult. 		
Fluoro-oxalate	Grey pedi-pot	1 mL	 glucose lactate Can be performed on VBG		
Serum	Red or yellow pedi-pot	0.5 mL	cortisolinsulin		
Second priority investigations (2 mL volume)					
Tube type	Tube description	Volume	Tests required		
Serum	Red or yellow pedi-pot	0.5 mL	growth hormone		
EDTA	Purple pedi-pot	0.5 mL	 ammonium Notify and send to lab urgently (check if needs to be on ice) 		
Serum	Red or yellow pedi-pot	1.0 mL	E/LFTs		

For more information refer to CHQ-GDL-60024 - Hypoglycaemia - Management in children



