Survey on the 'Diagnosis and Treatment Standard for Neonatal Hypoglycaemia (≥ 35+0 weeks of gestation)' - Physicians

Dear physicians of the Department for General Paediatrics, Neonatology and Paediatric Cardiology,

Thank you for taking the time to complete this questionnaire regarding the new diagnosis and treatment standard for neonatal hypoglycaemia. The survey is anonymous, so it is not possible to identify you. Please answer the questions truthfully. This is the only way we can adequately evaluate the standard and subsequently optimize it.

Occupation:

- o Resident physician
- Attending physician
- Senior physician
- o Fellow in neonatology

Please indicate to what extent the statements apply to you.

Example:									
Statement	strongly disagree	disagree	e sligl disa	-	slightly agree	agre		strongly agree	
	0	1	2		3	4		5	
1. I use the standard in every child with neonatal hypoglycaemia.		mia.	0	1	2	3	4	5	
2. The diagnosis and treatment standard is clearly and logically structured.		lly	0	1	2	3	4	5	
3. The standard covers all aspects of neonatal hypoglycaemia management.			0	1	2	3	4	5	
4. The standard gives me confidence in handling blood glucose screening and hypoglycaemia management.			0	1	2	3	4	5	
5. I am always following the diagnosis and treatment procedures of the step-by-step flowchart of the standard.			0	1	2	3	4	5	
6. The treatment steps in the standard are reasonable.			0	1	2	3	4	5	
7. The intervals for blood glucose measurements specified in the standard are reasonable.		the	0	1	2	3	4	5	
8. The standard leads to an unnecessary high number of blood glucose measurements.		od	0	1	2	3	4	5	
9. Since the implementation of the standard, overtreatment of neonates with hypoglycaemia has occurred.		of	0	1	2	3	4	5	
10. With the standard, hypoglycaemia in at-risk newborns is more reliably detected and treated.		more	0	1	2	3	4	5	
11. The standard makes it easier for me to write orders to treat hypoglycaemia.			0	1	2	3	4	5	
12. Since the implementation of standard, there have been fewer queries from nurses/midwives about the treatment and procedures for neonatal hypoglycaemia.			0	1	2	3	4	5	
13. The midwives/nurses independently follow the steps outlined in the standard.			0	1	2	3	4	5	
14. The standard is accepted and implemented by all professional groups (midwives, nurses, physicians).			0	1	2	3	4	5	

15. Since the implementation of the standard, I have been paying more attention to ordering blood glucose measurements in at-risk neonates.		1	2	3	4	5
16. Since the implementation of the standard, I am paying more attention to ordering a blood glucose measurement in a neonate with clinical signs consistent with hypoglycaemia.		1	2	3	4	5
17. Since the implementation of the standard, more neonates are transferred to the neonatal unit due to hypoglycaemia.		1	2	3	4	5
18. The supplemental feeding foreseen in the standard has a negative impact on successful breastfeeding.		1	2	3	4	5
19. The designated measures are well accepted by parents.		1	2	3	4	5
20. Parents understand that their baby may need to be transferred to the neonatal unit for profound or recurrent hypoglycaemia.		1	2	3	4	5
21. Since the implementation of the standard, I regularly use dextrose gel to treat hypoglycaemia.		1	2	3	4	5
22. For neonates who have been treated with intravenous glucose for > 48 h, I perform a fasting test before discharge.		1	2	3	4	5
 23. In clinical practice, I notice that my colleagues are using the new standard. 24. The new standard has become well established in everyday clinical practice. 		1	2	3	4	5
		1	2	3	4	5
25 I had the opportunity to attend training sessions for the new standard.	0	1	2	3	4	5
<u>Do you have modification requests?</u> yes □ no □ <u>Suggestions:</u>						— — —
Further remarks/comments on the 'Diagnosis and Treatment Standard gestation':	d for Neon	atal Hypo	oglycaem	iia (≥ 35+	0 weeks	<u>of</u> — —
						_

Thank you for your participation!