

Jaundice (Hyperbilirubinemia)

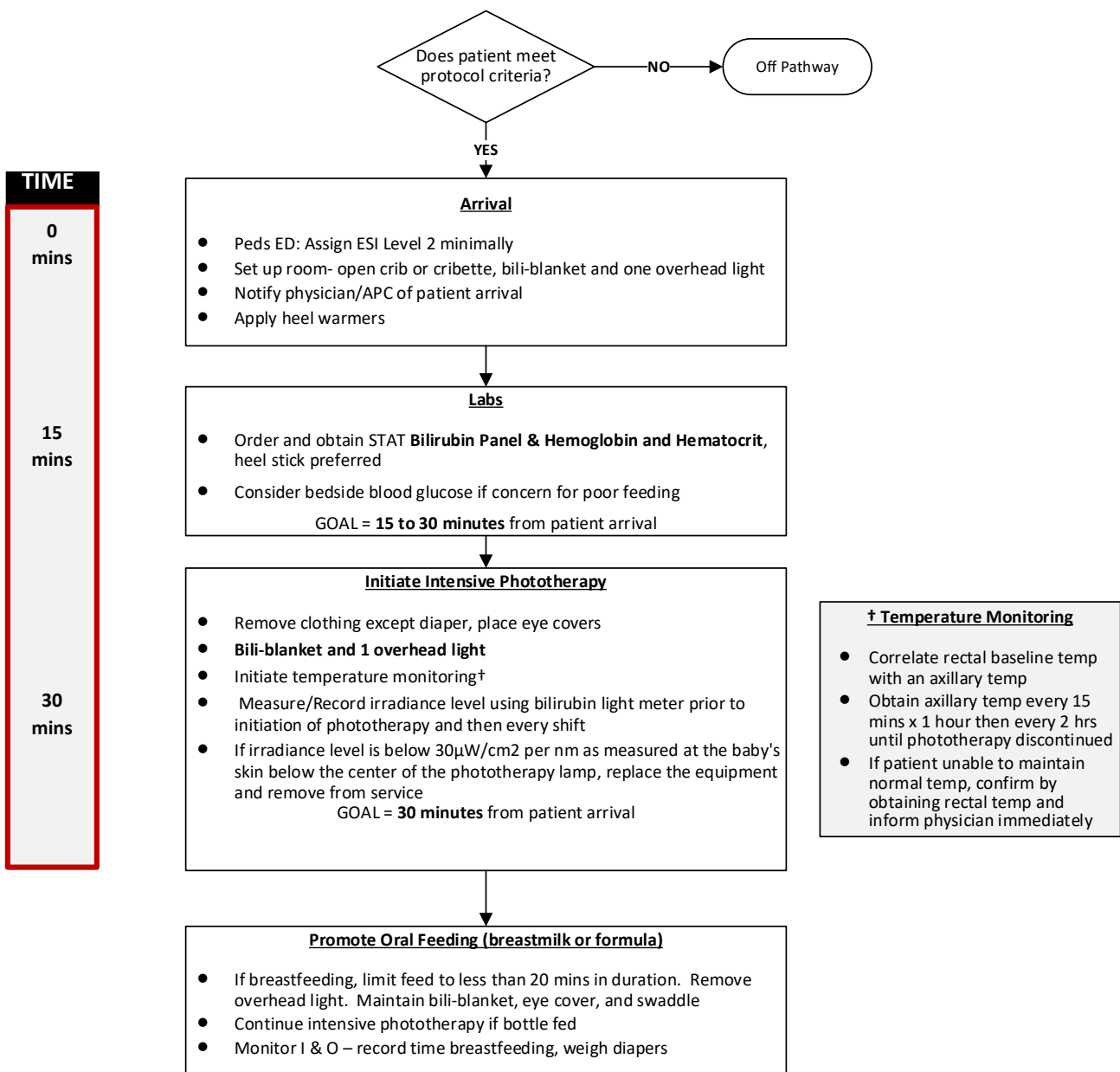
Nurse Driven Initiation of Care Guideline:

Inclusion Criteria:

- Age < 14 days
- Previously healthy
- Born at ≥ 35 weeks gestation
- Presentation or report of elevated bilirubin or jaundice
- Patients presenting to emergency departments and inpatient pediatric units

Exclusion Criteria:

- Presents with hypo/hyperthermia (temperature < 36° C or ≥ 38° C) per rectal temperature
- Ill appearing or suspected sepsis
- Direct hyperbilirubinemia >1.0 mg/dL
- Hyperbilirubinemia needing treatment at < 24 hours of life or during birth hospitalization



Created by K. Clausen, K. Lubke, J. Panice, R. Patel, D. Zarlengo	Department PEM/PHM	Creation Date August 2019	Version Date July 2023
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Care is continued from Nurse Driven Initiation of Care Guideline

IV not routinely indicated, unless meeting escalation of care criteria

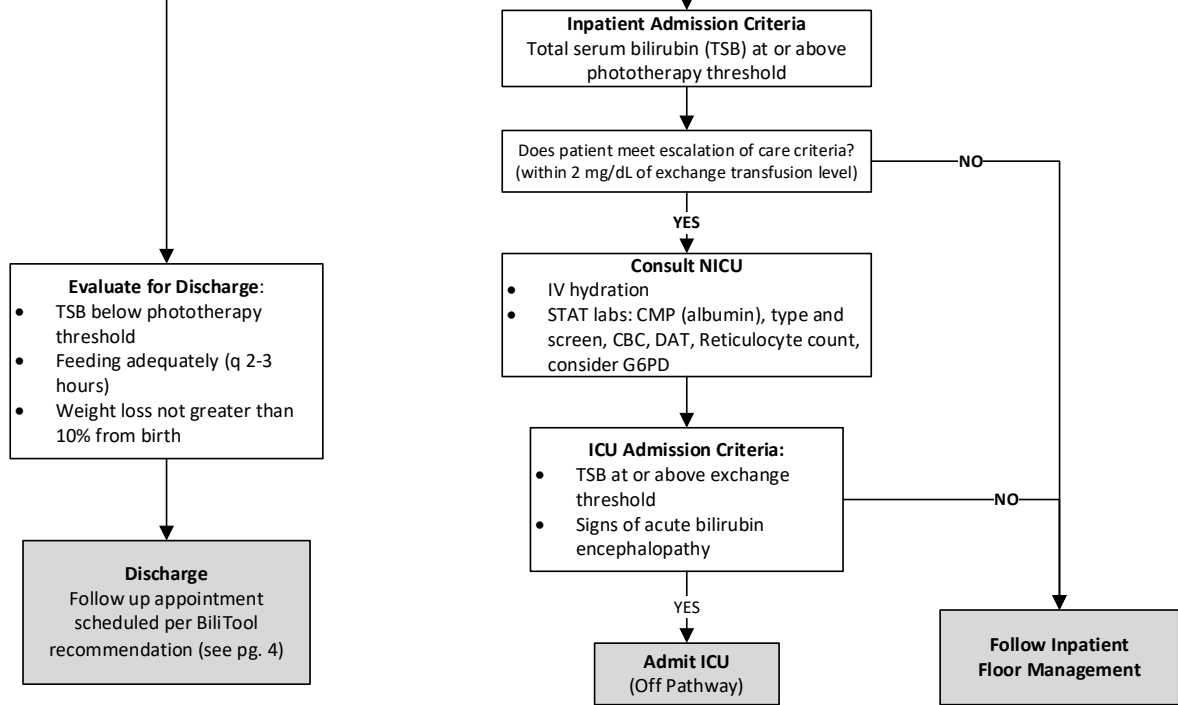
- Continue Intensive Phototherapy: Bili-blanket + 1 overhead light
- Temperature monitoring † (see page 1)
- Promote oral feeding every 2-3 hr. If breastfeeding, do not remove from phototherapy for more than 20 mins every 3h.
 - Remove overhead light and maintain bili-blanket, eye cover, and swaddle

Initial Assessment

- **History including:**
 - A. Gestational age at birth
 - B. Time of birth/Age in hours of life
 - C. Weight and % change from birth weight
 - D. Adequacy of intake
 - E. Mom's blood type (and baby's if available)
 - F. Phototherapy during birth hospitalization or prior to 48 hours of age

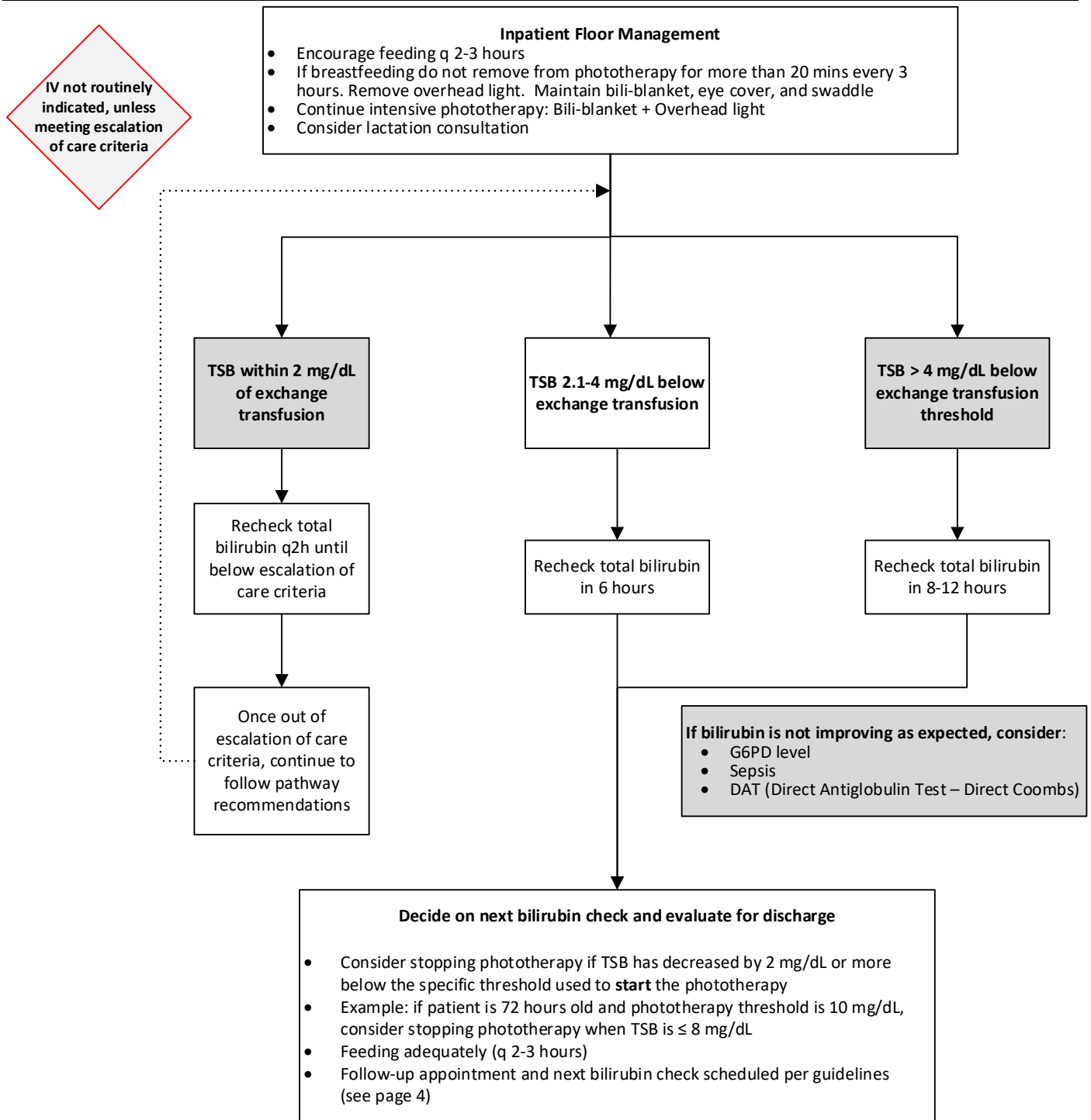
* Obtain information using EMR: Newborn Admission if patient born within AAH
- **Evaluate for Neurotoxicity Risk Factors:**
 - Isoimmune hemolytic disease: ABO or Rh incompatibility + evidence of hemolysis (positive Direct Antiglobulin Test/Coombs test, elevated rate of rise)
 - Albumin < 3.0 g/dL
 - Sepsis
 - Significant clinical instability within the last 24 hours
 - Less than 38 weeks gestational age, increasing risk with degree of prematurity (this is automatically taken into account in BiliTool)
- **Calculate bilirubin rate of rise (if able):**
 - If $\geq 0.2\text{mg/dL/hr}$, then perform a DAT (Direct Antiglobulin Test), if not previously done

Utilize **BiliTool** for phototherapy and **transfusion exchange threshold**
(Mark "yes" if neurotoxicity risk factors present *except* for gestational age which is automatically taken into account)



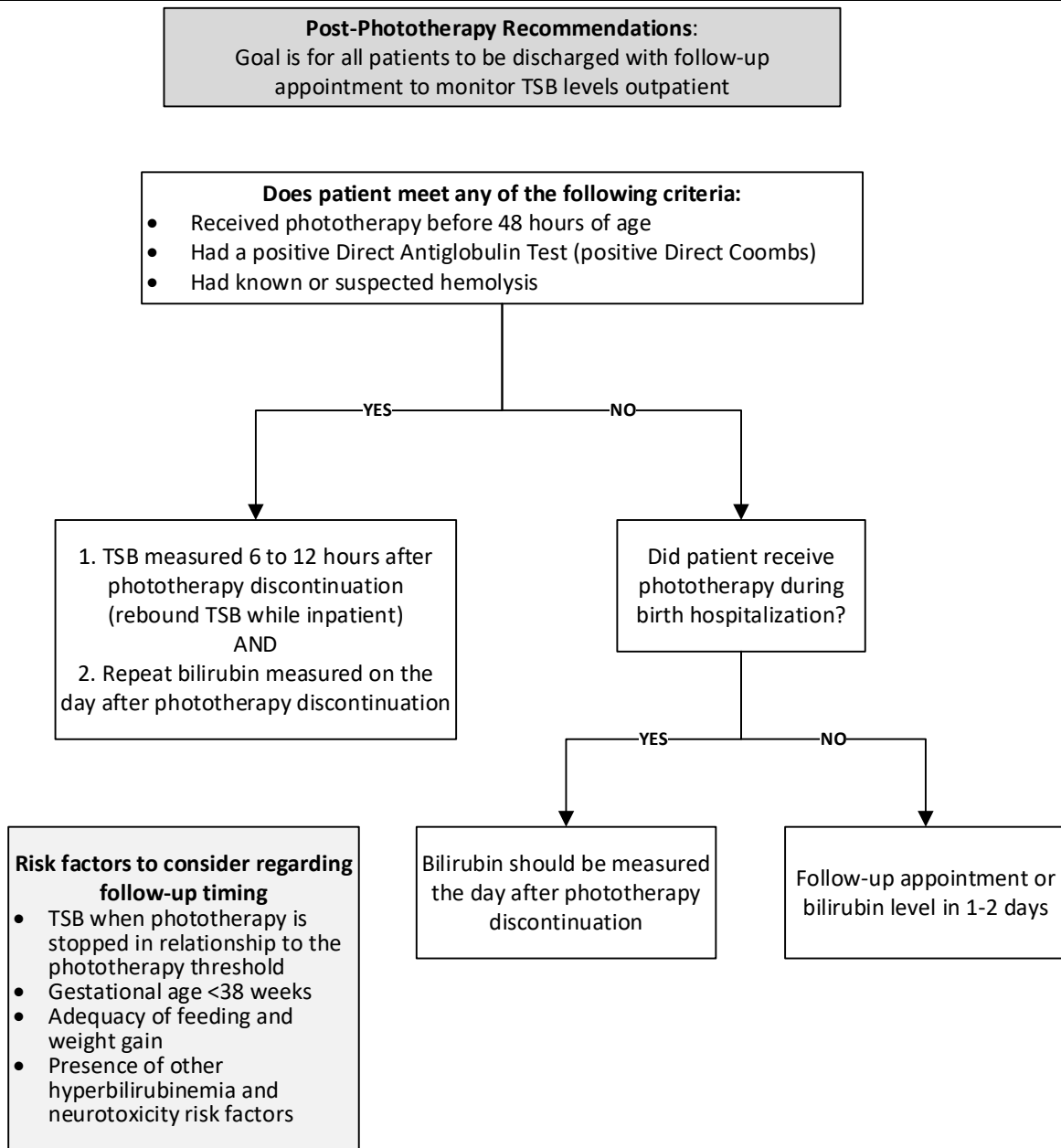
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References:

[BiliTool™ \(click for link\)](#)

Kemper AR, Newman TB, Slaughter JL, et al. Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation. *Pediatrics*. 2022;150(3):e2022058859

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<https://www.advocatechildrenshospital.com/healthcare-professionals/peds-pathways>