

INFORMATION AND FOLLOW-UP LETTER

Neonatal Jaundice

Date:...../...../.....

ADDRESSOGRAPH

Dear Dr,

Thank you for reviewing Baby..... This infant has been investigated and/or managed for neonatal jaundice;

- Physiological Jaundice
- Haemolytic Jaundice
 - ABO incompatibility
 - Rhesus isoimmunisation
 - Minor Antigen incompatibility. Type (e.g. Kell, Duffy, c, E):.....
- Other Jaundice.

Type:.....

Results:

Maternal Blood group:..... Infant Blood Group..... Direct antibody Test.....

Peak SBR was At Hours of life.

The last SBR prior to discharge was on (date):...../...../.....

Phototherapy was required fordays.

Birthweight:.....gm Discharge weight:.....gm

Comments (e.g. Any follow-up required, clinical review, Hb check, SBR check, etc):

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Regards,

Signature..... PRINT NAME..... Designation.....

Staff of the Neonatal Clinical Care Unit, King Edward Memorial Hospital