



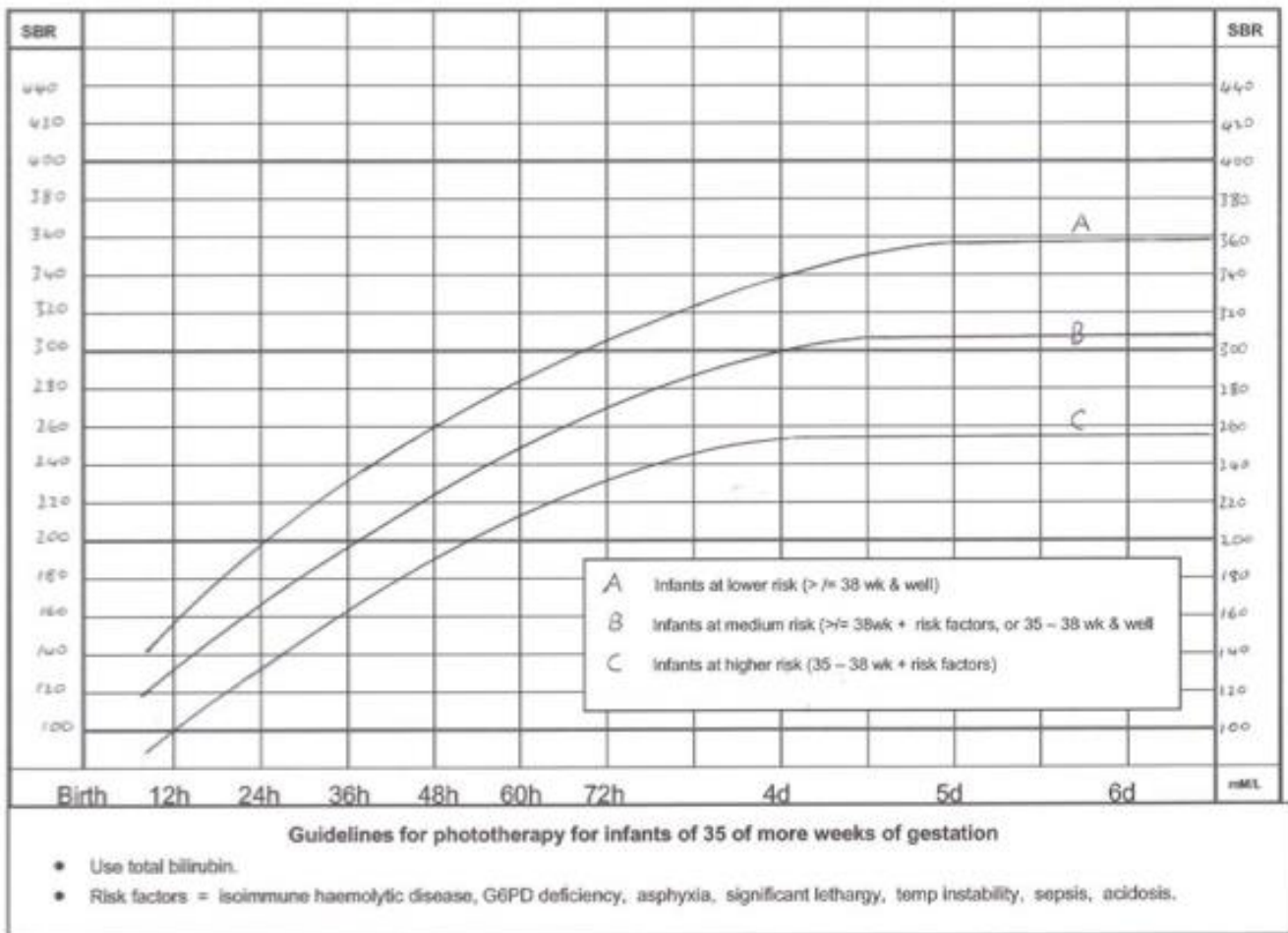
# Jaundice - Quick Reference Guide

## Transcutaneous Bilirubin (TcB) Guideline

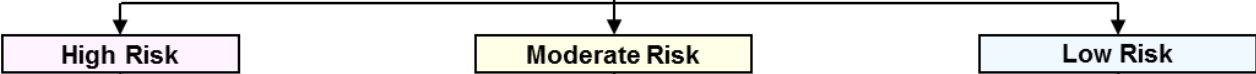
**Note:** TcB should be performed in infants  $\geq 35$  weeks gestation and  $\geq 2000$  grams. Infants at risk of aggressive haemolysis require a low threshold for TcB and/or SBR. TcB should not be relied upon for monitoring serum bilirubin levels following commencement of phototherapy.

Jaundice onset	TcB	Action
< 24 hours	—	Perform SBR
24-48 hours	>140 $\mu\text{mol/L}$	Perform SBR
48-72 hours	>200 $\mu\text{mol/L}$	Perform SBR
> 72 hours	>260 $\mu\text{mol/L}$	Perform SBR

## Phototherapy Nomogram for the Newborn Infant $\geq 35$ Weeks Gestation<sup>1</sup>



**Approach to Jaundice in the Infant  $\geq 35$  w Gestation**  
All infants should be clinically evaluated for jaundice every 8-12hrs



**Any of:**  
Rh Iso-immunisation  
In-utero blood Tx, IVIG  
Rh(-) mother, Ab(+)  
High *in utero* Ab titre to any antigen

**Any of:**  
Maternal Group O, Rh(-)  
Maternal minor antigens identified  
No antenatal Ab screen

**Any of:**  
Preterm <38 w  
Sick infant (e.g. sepsis)  
Jaundice onset <24hrs

**All of:**  
Term  $\geq 38$  w  
Jaundice onset  $\geq 48$ hrs  
Ensure no maternal RFs  
Non-O Blood group  
Anti-D given to Rh(-)  
No minor antigens

**At Delivery:**  
Cord blood:  
DAT\*, SBR, FBP  
SBR 4-6 hrly initially to obtain 'rate of rise'  
**High risk:  $10\mu\text{mol/L/hr}$**   
Discuss with Paed SR / Consultant

**Within 24hrs of birth:**  
Perform DAT\*  
TcB or SBR if jaundiced  
TcB/SBR 12-24hrly initially, especially if DAT(+)

**If Jaundiced:**  
TcB / SBR  
Repeat TcB/SBR 12-24hrly  
Low threshold for:  
DAT\*  
TcB / SBR 6-12hrly  
PGL, CRP, FBP

**If Jaundiced:**  
TcB / SBR  
Repeat TcB/SBR daily  
Monitor feeding

**Consult Phototherapy Chart**  
See 'QRG' for TcB and SBR Phototherapy Guidelines

**Needs PhotoRx? or DAT (+)**

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**Yes**  
Discuss with Paed Consultant/SR;  
?SCN Admission  
PhotoRx strategy  
Repeat SBR in 4-6 hrs

**Yes**  
Start PhotoRx  
SBR, DAT next day\*  
Wean PhotoRx daily  
Consider request for SBR day after discharge to monitor 'rebound'

**Yes**  
Start PhotoRx  
SBR, DAT following day\*  
Daily weight  
Attention to feeding

**No**  
Repeat SBR in 6-12 hrs until rate of rise clear  
If below treatment range at 24 hours treat as per moderate risk

**No**  
TcB / SBR in 12-24 hrs

**No**  
Inspect for jaundice daily  
TcB / SBR if jaundiced

\* Direct Antibody Test (DAT) should be done on all infants at risk of haemolysis and any infant requiring phototherapy

- Discharge Planning**
- Consider SBR day after discharge for DAT(+) jaundice needing PhotoRx (VMS collect or in EC)
  - Physiological jaundice may be monitored by parents / VMS at home. SBR may be performed prn
  - Continuing admission for 24 hours after stopping PhotoRx is not required if the infant is feeding well, weight is <10% below BW and monitoring (via VMS or CHN) is available post-discharge
  - Haemolytic jaundice (e.g. ABO, minor antigen or Rh incompatibility) is more likely to 'rebound', has more prolonged course and on occasion may result in anaemia in the weeks after discharge.