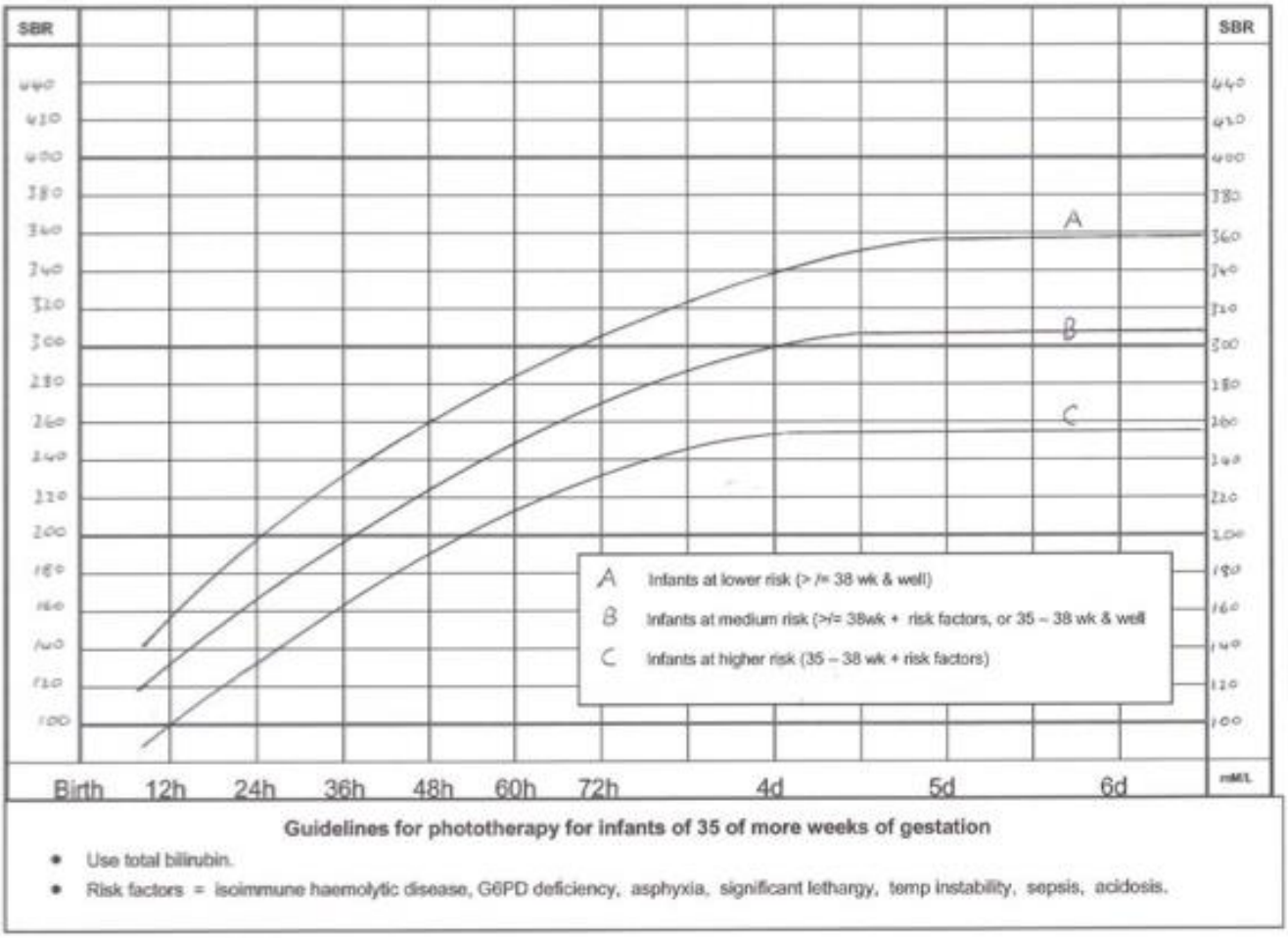
Jaundice - Quick Reference Guide

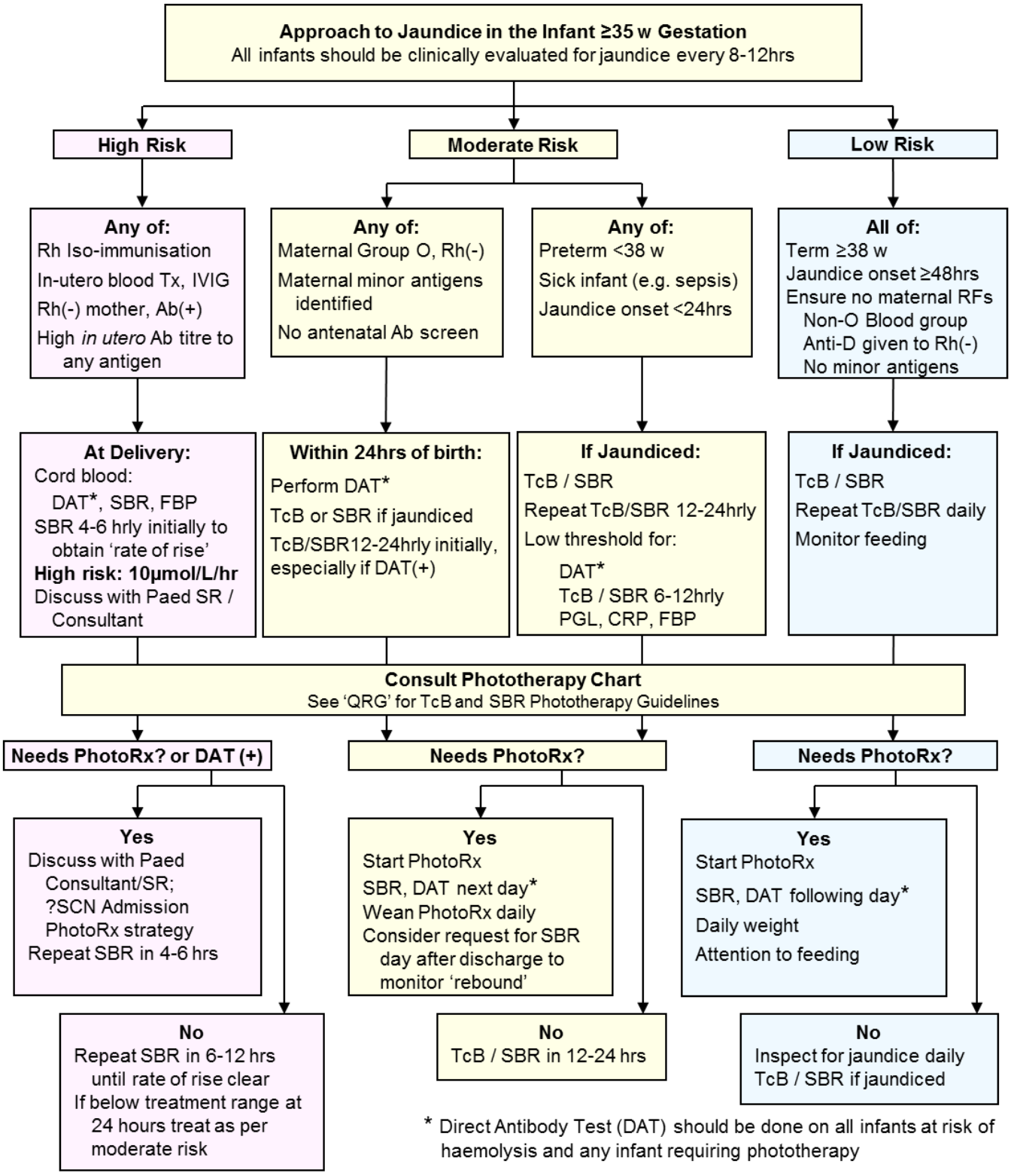
Transcutaneous Bilirubin (TcB) Guideline

Note: TcB should be performed in infants ≥ 35 weeks gestation and ≥ 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 µmol/L	Perform SBR
48-72 hours	>200 µmol/L	Perform SBR
> 72 hours	>260 µmol/L	Perform SBR

Phototherapy Nomogram for the Newborn Infant ≥ 35 Weeks Gestation[1]





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.