Appendix B: Neonatal jaundice treatment graphs

These example forms require approval for use by local health service.

Jaundice management for babies born at 38+0 weeks or older

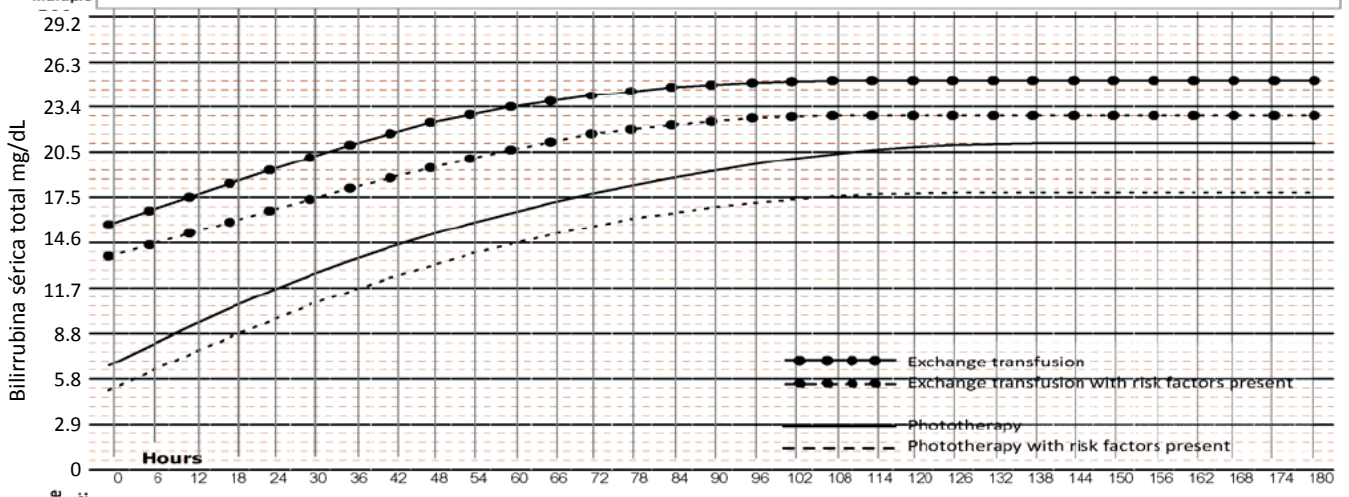
Baby's Date of Birth: / /20

Baby's Time of Birth: :

1. In the presence of risk factors (sepsis, haemolysis, acidosis or asphyxia) use the lower line.
2. Infants greater than 12 hours old with total serum bilirubin (TSB) level 1-50 micromol/L below the line should have repeat TSB within 6-24 hours.
3. Babies under phototherapy:
   a. Consider measuring the TSB 4-6 hourly until the rise of serum bilirubin is known to be controlled, then measure TSB 12-24 hourly
   b. Stop phototherapy if TSB greater than 50 micromol/L below line and recheck in 12-24 hours.
4. Infants who present with TSB above threshold should have an exchange transfusion done if the TSB is not expected to be below the threshold after 6 hours of intensive phototherapy.
5. An immediate exchange transfusion is recommended if there are signs of bilirubin encephalopathy.

Patient details / sticker

Lights
Single
Multiple



Date & Time	Total Bilirubin

Record date and time:

Mother's Blood Group:

Baby's Blood Group:

Direct Coombs test:

Adapted from: American Academy Pediatrics American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Clinical Practice Guideline: Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2004; 114:297-316. DOI: 10.1542/peds.114.1.297; Horn A, Kirsten G, Kroon S, Henning P, Moller G, Pieper C, et al. Phototherapy and exchange transfusion for neonatal hyperbilirubinaemia: neonatal academic hospitals' consensus guidelines for South African hospitals and primary care facilities. South African Medical Journal. 2006; 96(9):819-24; and Morris BH, Oh W, Tyson JE, Stevenson DK, Phelps DL, O'Shea T et al. Aggressive vs conservative phototherapy for infants with extremely low birth weight. New England Journal of Medicine. 2008; 359(18):1885-96. Queensland Maternity and Neonatal Clinical Guideline: MN12.7-V4-R17 Neonatal jaundice

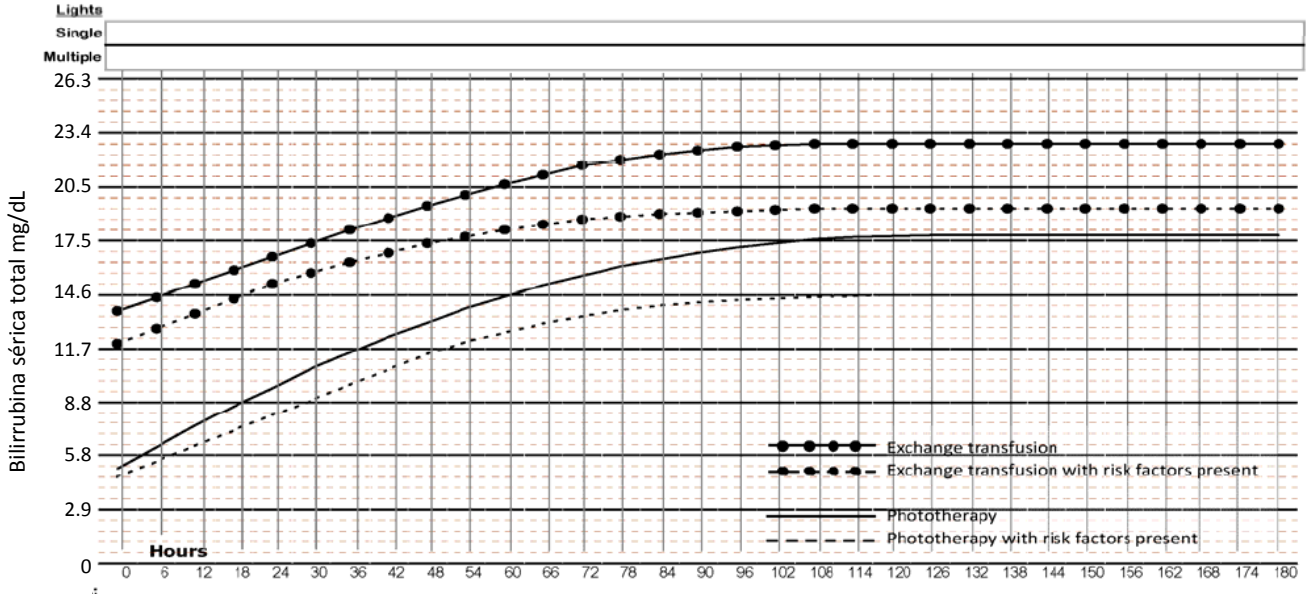
Jaundice management for babies born at 35+0 to 37+6 weeks

Baby's Date of Birth: / /20

Baby's Time of Birth: :

1. In the presence of risk factors (sepsis, haemolysis, acidosis or asphyxia) use the lower line.
2. Infants greater than 12 hours old with total serum bilirubin (TSB) level 1-50 micromol/L below the line should have repeat TSB within 6-24 hours.
3. Babies under phototherapy:
   a. Consider measuring the TSB 4-6 hourly until the rise of serum bilirubin is known to be controlled, then measure TSB 12-24 hourly
   b. Stop phototherapy if TSB greater than 50 micromol/L below line and recheck in 12-24 hours.
4. Infants who present with TSB above threshold should have an exchange transfusion done if the TSB is not expected to be below the threshold after 6 hours of intensive phototherapy.
5. An immediate exchange transfusion is recommended if there are signs of bilirubin encephalopathy.

Patient details / sticker



Date & Time	Total Bilirubin

Mother's Blood Group:

Baby's Blood Group:

Direct Coombs test:

Adapted from: American Academy Pediatrics American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Clinical Practice Guideline: Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2004; 114:297-316. DOI: 10.1542/peds.114.1.297; Horn A, Kirsten G, Kroon S, Henning P, Moller G, Pieper C, et al. Phototherapy and exchange transfusion for neonatal hyperbilirubinaemia: neonatal academic hospitals' consensus guidelines for South African hospitals and primary care facilities. South African Medical Journal. 2006; 96(9):819-24; and Morris BH, Oh W, Tyson JE, Stevenson DK, Phelps DL, O'Shea T et al. Aggressive vs conservative phototherapy for infants with extremely low birth weight. New England Journal of Medicine. 2008; 359(18):1885-96.

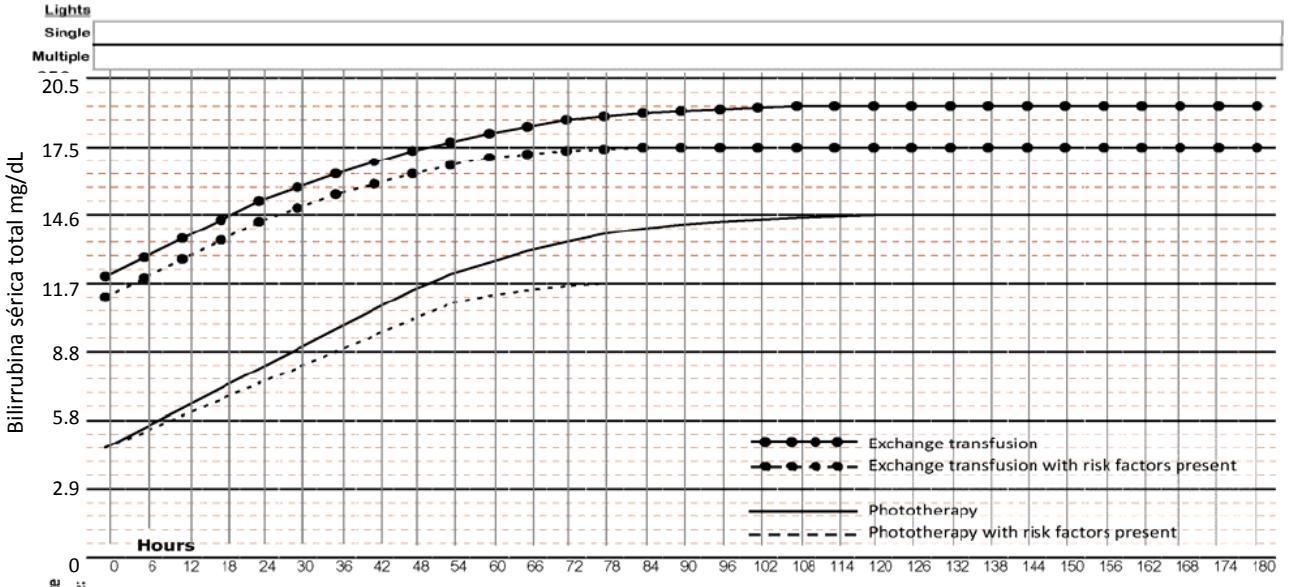
Jaundice management for babies born at <35 weeks, >1999g

Baby's Date of Birth: / /20

Baby's Time of Birth: :

1. In the presence of risk factors (sepsis, haemolysis, acidosis or asphyxia) use the lower line.
2. Infants greater than 12 hours old with total serum bilirubin (TSB) level 1-50 micromol/L below the line should have repeat TSB within 6-24 hours.
3. Babies under phototherapy:
   a. Consider measuring the TSB 4-6 hourly until the rise of serum bilirubin is known to be controlled, then measure TSB 12-24 hourly
   b. Stop phototherapy if TSB greater than 50 micromol/L below line and recheck in 12-24 hours.
4. Infants who present with TSB above threshold should have an exchange transfusion done if the TSB is not expected to be below the threshold after 6 hours of intensive phototherapy.
5. An immediate exchange transfusion is recommended if there are signs of bilirubin encephalopathy.

Patient details / sticker



Date & Time	Total Bilirubin

Record date and time:

Mother's Blood Group:

Baby's Blood Group:

Direct Coombs test:

Adapted from: American Academy Pediatrics American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Clinical Practice Guideline: Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2004; 114:297-316. DOI: 10.1542/peds.114.1.297; Horn A, Kirsten G, Kroon S, Henning P, Moller G, Pieper C, et al. Phototherapy and exchange transfusion for neonatal hyperbilirubinaemia: neonatal academic hospitals' consensus guidelines for South African hospitals and primary care facilities. South African Medical Journal. 2006; 96(9):819-24; and Morris BH, Oh W, Tyson JE, Stevenson DK, Phelps DL, O'Shea T et al. Aggressive vs conservative phototherapy for infants with extremely low birth weight. New England Journal of Medicine. 2008; 359(18):1885-96.
Queensland Maternity and Neonatal Clinical Guideline: MN12.7-V4-R17 Neonatal jaundice

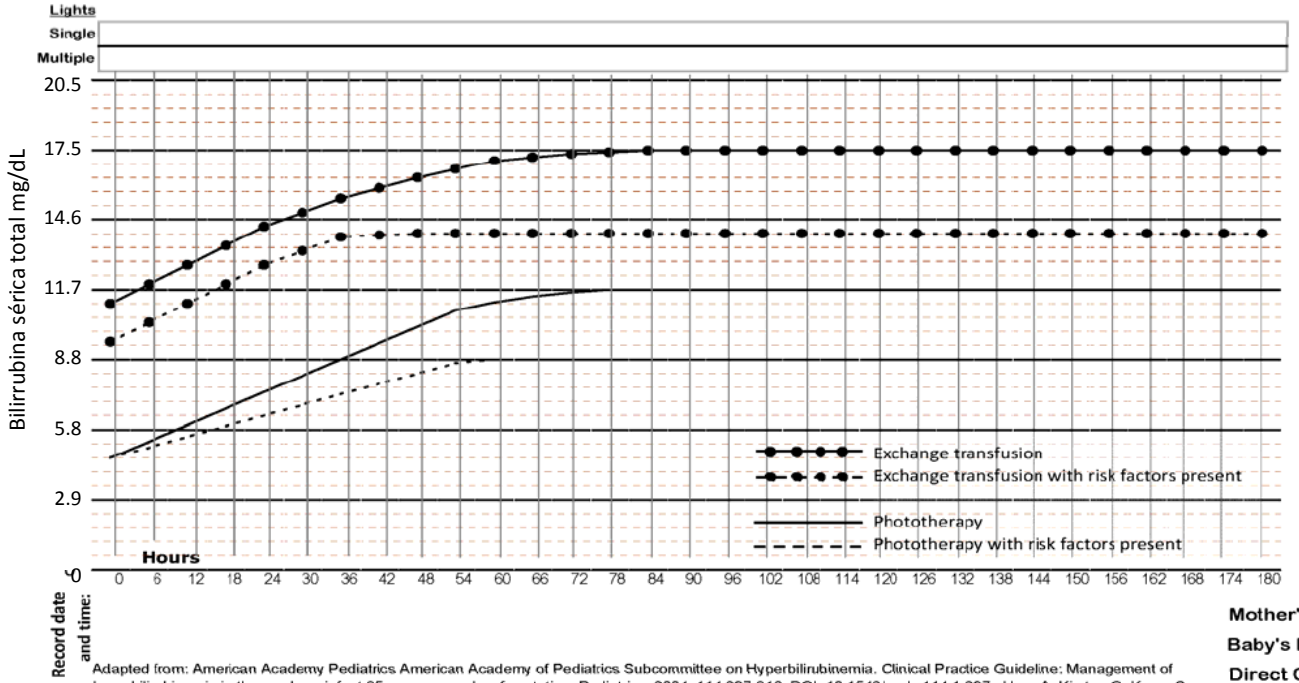
Jaundice management for babies born at <35 weeks, 1500-1999g

Baby's Date of Birth: / /20

Baby's Time of Birth: :

1. In the presence of risk factors (sepsis, haemolysis, acidosis or asphyxia) use the lower line.
2. Infants greater than 12 hours old with total serum bilirubin (TSB) level 1-50 micromol/L below the line should have repeat TSB within 6-24 hours.
3. Babies under phototherapy:
   a. Consider measuring the TSB 4-6 hourly until the rise of serum bilirubin is known to be controlled, then measure TSB 12-24 hourly
   b. Stop phototherapy if TSB greater than 50 micromol/L below line and recheck in 12-24 hours.
4. Infants who present with TSB above threshold should have an exchange transfusion done if the TSB is not expected to be below the threshold after 6 hours of intensive phototherapy.
5. An immediate exchange transfusion is recommended if there are signs of bilirubin encephalopathy.

Patient details / sticker



Date & Time	Total Bilirubin

Mother's Blood Group:

Baby's Blood Group:

Direct Coombs test:

Adapted from: American Academy Pediatrics American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Clinical Practice Guideline: Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2004; 114:297-316. DOI: 10.1542/peds.114.1.297; Horn A, Kirsten G, Kroon S, Henning P, Moller G, Pieper C, et al. Phototherapy and exchange transfusion for neonatal hyperbilirubinaemia: neonatal academic hospitals' consensus guidelines for South African hospitals and primary care facilities. South African Medical Journal. 2006; 96(9):819-24; and Morris BH, Oh W, Tyson JE, Stevenson DK, Phelps DL, O'Shea T et al. Aggressive vs conservative phototherapy for infants with extremely low birth weight. New England Journal of Medicine. 2008; 359(18):1885-96. Queensland Maternity and Neonatal Clinical Guideline: Neonatal jaundicev0.06 - draft phototherapy and exchange transfusion threshold graph

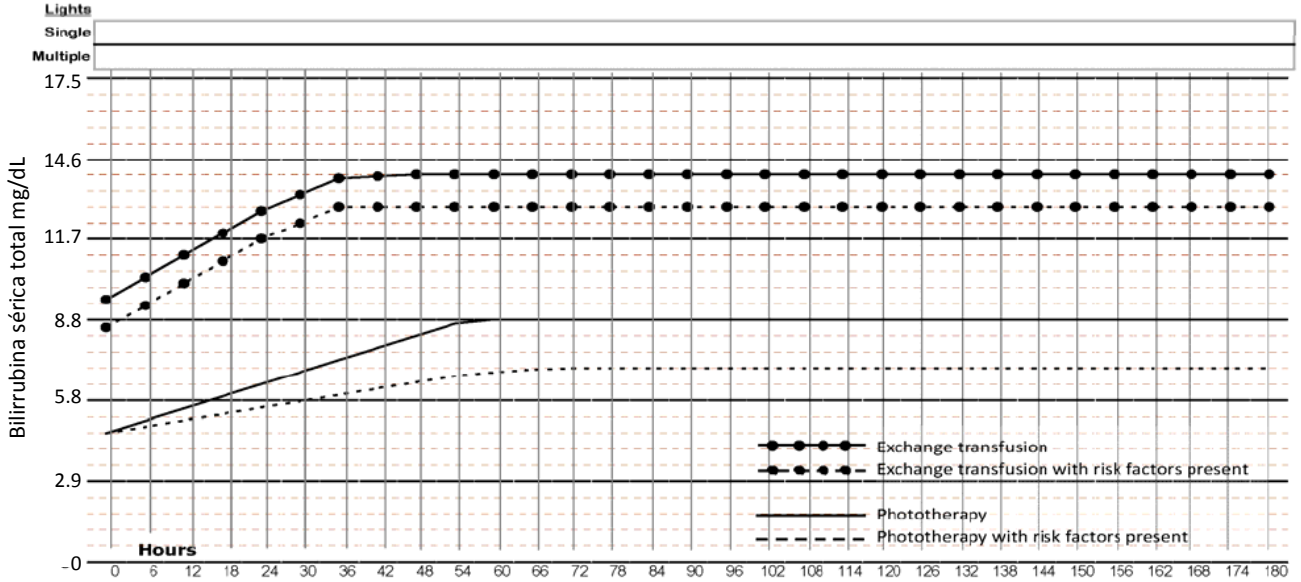
Jaundice management for babies born at <35 weeks, 1000-1499g

Baby's Date of Birth: / /20

Baby's Time of Birth: :

1. In the presence of risk factors (sepsis, haemolysis, acidosis or asphyxia) use the lower line.
2. Infants greater than 12 hours old with total serum bilirubin (TSB) level 1-50 micromol/L below the line should have repeat TSB within 6-24 hours.
3. Babies under phototherapy:
   a. Consider measuring the TSB 4-6 hourly until the rise of serum bilirubin is known to be controlled, then measure TSB 12-24 hourly
   b. Stop phototherapy if TSB greater than 50 micromol/L below line and recheck in 12-24 hours.
4. Infants who present with TSB above threshold should have an exchange transfusion done if the TSB is not expected to be below the threshold after 6 hours of intensive phototherapy.
5. An immediate exchange transfusion is recommended if there are signs of bilirubin encephalopathy.

Patient details / sticker



Date & Time	Total Bilirubin

Record date and time:

Mother's Blood Group:

Baby's Blood Group:

Direct Coombs test:

Adapted from: American Academy Pediatrics American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Clinical Practice Guideline: Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2004; 114:297-316. DOI: 10.1542/peds.114.1.297; Horn A, Kirsten G, Kroon S, Henning P, Moller G, Pieper C, et al. Phototherapy and exchange transfusion for neonatal hyperbilirubinaemia: neonatal academic hospitals' consensus guidelines for South African hospitals and primary care facilities. South African Medical Journal. 2006; 96(9):819-24; and Morris BH, Oh W, Tyson JE, Stevenson DK, Phelps DL, O'Shea T et al. Aggressive vs conservative phototherapy for infants with extremely low birth weight. New England Journal of Medicine. 2008; 359(18):1885-96.
Queensland Maternity and Neonatal Clinical Guideline: MN12.7-V4-R17 Neonatal jaundice

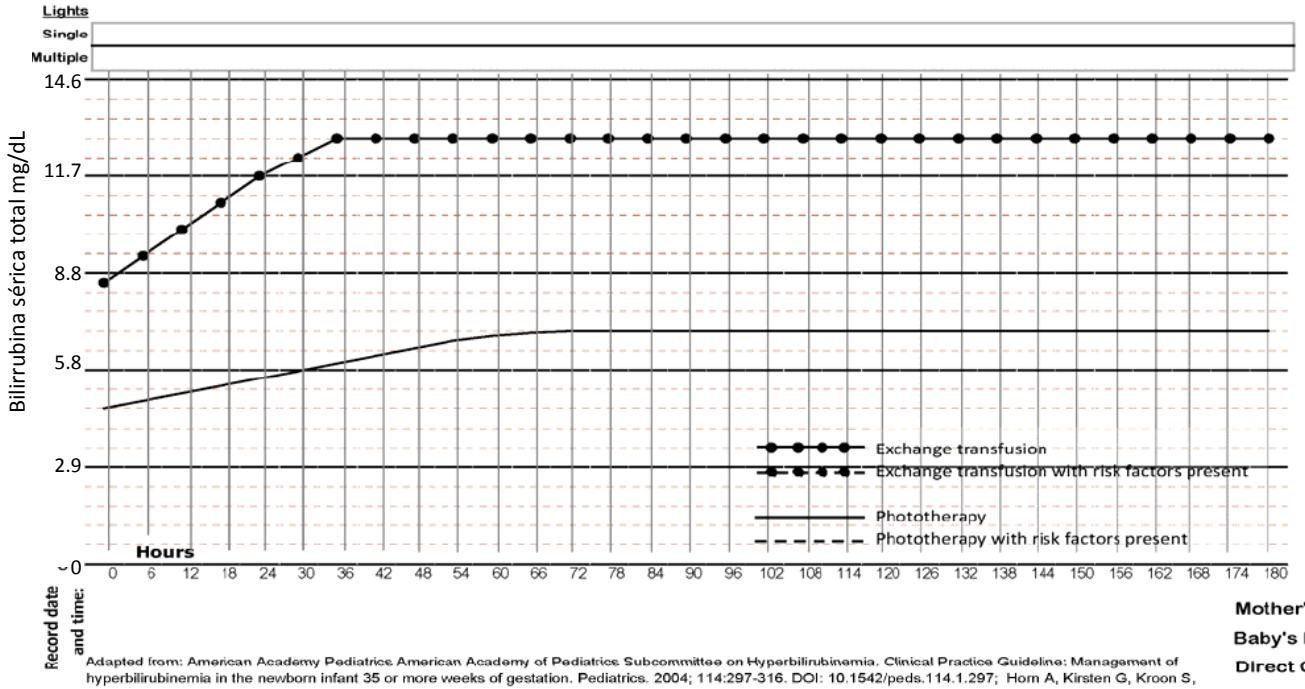
Jaundice management for babies born at <35 weeks, <1000g

Baby's Date of Birth: / /20

Baby's Time of Birth: :

1. Infants greater than 12 hours old with total serum bilirubin (TSB) level 1-50 micromol/L below the line should have repeat TSB within 6-24 hours.
2. Babies under phototherapy:
   a. Consider measuring the TSB 4-6 hourly until the rise of serum bilirubin is known to be controlled, then measure TSB 12-24 hourly
   b. Stop phototherapy if TSB greater than 50 micromol/L below line and recheck in 12-24 hours.
3. Infants who present with TSB above threshold should have an exchange transfusion done if the TSB is not expected to be below the threshold after 6 hours of intensive phototherapy.
4. An immediate exchange transfusion is recommended if there are signs of bilirubin encephalopathy.

Patient details / sticker



Date & Time	Total Bilirubin

Mother's Blood Group:

Baby's Blood Group:

Direct Coombs test:

Adapted from: American Academy Pediatrics American Academy of Pediatrics Subcommittee on Hyperbilirubinemia. Clinical Practice Guideline: Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2004; 114:297-316. DOI: 10.1542/peds.114.1.297; Horn A, Kirsten G, Kroon S, Henning P, Moller G, Pieper C, et al. Phototherapy and exchange transfusion for neonatal hyperbilirubinaemia: neonatal academic hospitals' consensus guidelines for South African hospitals and primary care facilities. South African Medical Journal. 2006; 96(9):819-24; and Morris BH, Oh W, Tyson JE, Stevenson DK, Phelps DL, O'Shea T et al. Aggressive vs conservative phototherapy for infants with extremely low birth weight. New England Journal of Medicine. 2008; 359(18):1885-96.