BILIRUBIN CHECKS

(Adapted from Dr Lima's lecture)

Will need to know Date/time of birth, weeks gestation at the time of birth→ consider using **.XCBILIFU**
Will need to screen for any symptoms of neurotoxicity:

- Gestational age <38 weeks; risk increases with degree of prematurity
- Albumin <3.0 g/dL
- Isoimmune hemolytic disease (+ direct antiglobulin test), G6PD deficiency, other hemolytic conditions
- Sepsis
- Significant clinical instability in the previous 24 hours

Bilirubin follow up:

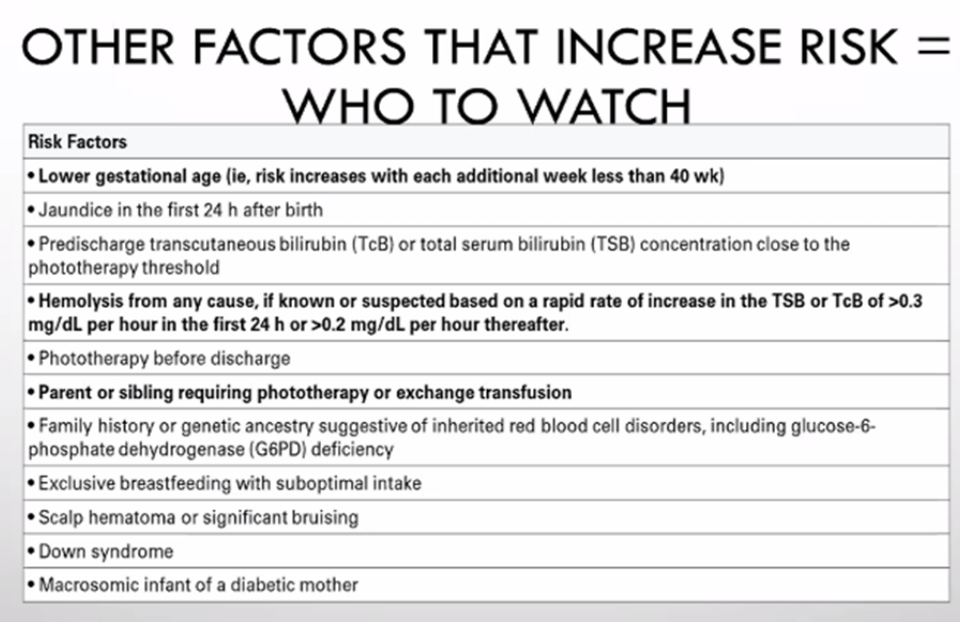
- Most babies will need follow up within 1-2 days of discharge
- Should get a naked weight. Calculate % weight loss since birth- the goal is not to exceed 10% weight loss.
- Obtain transdermal bilirubin level.
- Use **peditools.org/bili2022** or **Bilitool.org**
- Please note: Transdermal bilirubin levels >15 are not as reliable, may need serum level drawn at that point.

For questions:

- Please call the nursery/peds team **x18208** with any questions.
- Any push back, ask the operator to page Nursery Attending
- Nursery team will track patients that are supposed to show up and call them if they don't see an encounter.

If being admitted

- **please call 64890 (NICU number) or the attending at 66627**
- Should be able to admit without going through ED. **"Direct admission"**
- Give the NICU staff the information and they will call the parent or guardian and tell them where to go. They will contact the parent if they do not show.



OTHER FACTORS THAT INCREASE RISK = WHO TO WATCH

Risk Factors
• **Lower gestational age (ie, risk increases with each additional week less than 40 wk)**
• Jaundice in the first 24 h after birth
• Predischarge transcutaneous bilirubin (TcB) or total serum bilirubin (TSB) concentration close to the phototherapy threshold
• **Hemolysis from any cause, if known or suspected based on a rapid rate of increase in the TSB or TcB of >0.3 mg/dL per hour in the first 24 h or >0.2 mg/dL per hour thereafter.**
• Phototherapy before discharge
• **Parent or sibling requiring phototherapy or exchange transfusion**
• Family history or genetic ancestry suggestive of inherited red blood cell disorders, including glucose-6-phosphate dehydrogenase (G6PD) deficiency
• Exclusive breastfeeding with suboptimal intake
• Scalp hematoma or significant bruising
• Down syndrome
• Macrosomic infant of a diabetic mother