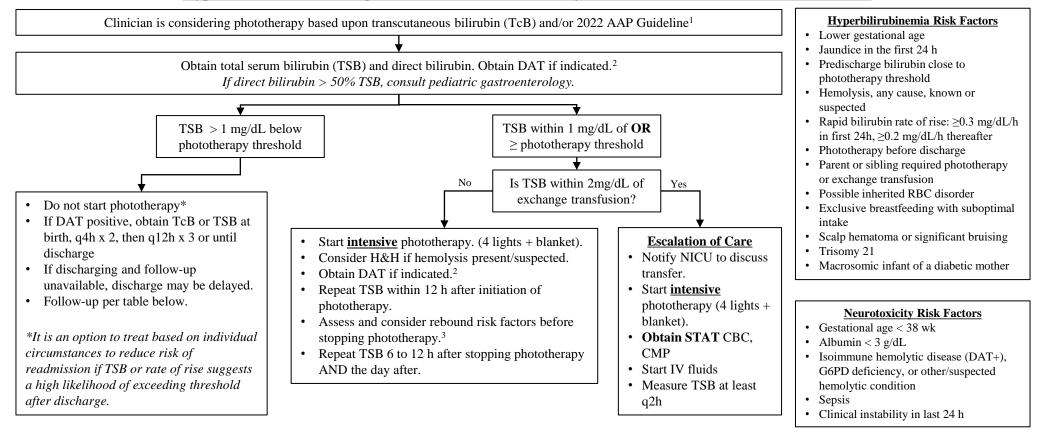
## Hyperbilirubinemia Management in the Newborn Nursery for Infants 35 Weeks Gestation and Older



## Follow-up Recommendations for infants ≥ 12 hours and who have not received phototherapy<sup>1</sup>

Photother	apy threshold minus TcB or TSB level	Follow-up Recommendations
0.1-1.9 mg/dL	Age < 24 h	Delay discharge Consider phototherapy Recheck TSB in 4 to 8 h
	Age $\geq$ 24 h	Recheck TSB in 4 to 24 h Options: Delay discharge, consider phototherapy Discharge with close follow-up
2.0-3.4 mg/dL	Regardless of age or dc time	TcB or TSB in 4 to 24 h
3.5-5.4 mg/dL	Regardless of age or dc time	TcB or TSB in 1 to 2 days
5.5-6.9 mg/dL	Discharging < 72 h old Discharging $\ge$ 72 h old	Follow-up within 2 days; TcB or TSB per clinical judgment Clinical judgment
$\geq$ 7.0 mg/dL	Discharging < 72 h old Discharging $\ge$ 72 h old	Follow-up within 3 days; TcB or TSB per clinical judgement Clinical judgment

If infant is < 12 h of age, obtain TcB or TSB prior to discharge and a follow-up bilirubin measurement the next day. Discharge should be delayed if clinically significant jaundice is present or follow-up can't be arranged.

<sup>1</sup>AAP Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks Gestation, Pediatrics, e2022058859.

## <sup>2</sup>Indications for DAT\*

- Maternal RBC antibody positive
- Phototherapy and maternal blood type O while newborn blood type A, B, or AB
- Jaundice first 24 h
- Rapid bilirubin rate of rise: ≥0.3 mg/dl/h in first 24 h, ≥0.2 mg/dl/h thereafter

\**Can add on to cord blood if* < 48 *h old* 

## <sup>3</sup>Rebound Hyperbilirubinemia Risk <u>Factors</u>

- Phototherapy at < 48 h of age
- Gestational age < 38 wk
- Hemolytic disease
- Higher TSB at time phototherapy stopped in relation to threshold

Created: 9/2022. Wood KE, Bhoojhawon GV.