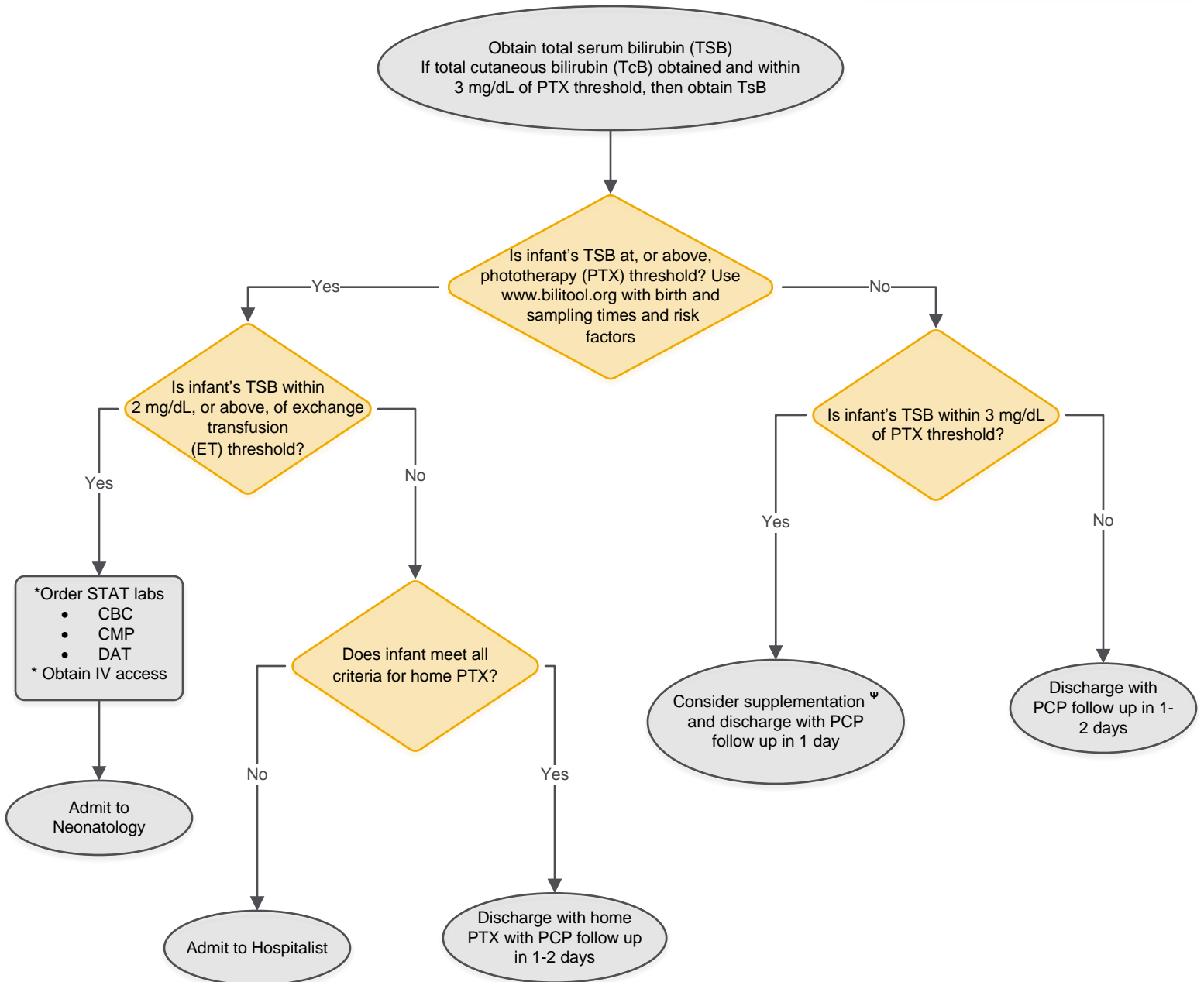


Hyperbilirubinemia Pathway

Emergency Department & Outpatient

≥ 35 Weeks Gestational Age (GA)



Ψ See next page for supplementation recommendations

Ω Neurotoxicity risk factors:

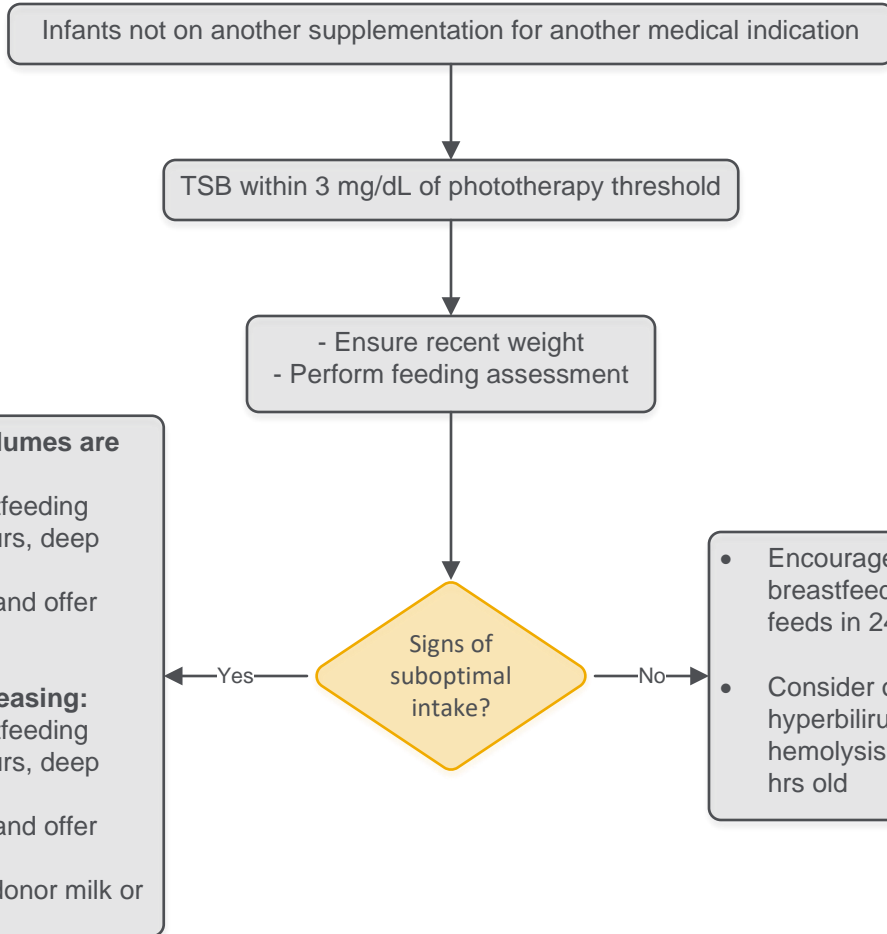
- Gestational age < 38 weeks
- Serum albumin concentration < 3.0 g/dL
- Isoimmune hemolytic disease (+DAT), G6PD deficiency, or other hemolytic conditions
- Sepsis
- Significant instability in last 24 hours

Criteria for home PTX, must meet all:

- Gestational age > 38 weeks
- > 48 hours old
- Clinically well with adequate oral feeding intake
- No neurotoxicity risk factors^Ω
- No previous PTX required
- TsB no more than 1 mg/dL over PTX threshold
- LED based home PTX device available without delay
- TsB can be reliably measure daily

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

Ψ Supplementation for Hyperbilirubinemia



Feeding Assessment Should Include:

- Risk factors for delayed lactogenesis
- Lactation history
- Maternal breast shape, breast changes
- LATCH scores
- Latch depth
- Feeding frequency
- Infant transfer at the breast

Signs of Suboptimal Intake May Include:

- Ineffective latch and/or suck
- Sleepy and difficult to wake for feedings
- Delayed colostrum or milk supply
- Weight loss > 75th percentile on NEWT, esp after 1st 24 hrs
- Lab abnormalities
- Ineffective milk transfer
- Uric acid crystals in urine
- < 4 stools on day 4 or meconium stools on day 5

Suggested Supplementation Volumes by ABM

Time (hrs)	mL/feed
0-24	2-10
24-48	5-15
48-72	15-30
72-96	30-60

Can be done with expressed breast milk, donor breast milk, or formula