

# Jaundice Management

## Ensuring Optimal Outcomes



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Children's Medical Venture's Jaundice Management Education Program will help caregivers identify infants at increased risk for hyperbilirubinemia, implement effective screening criteria, develop unit-based protocols consistent with the most recent literature, and establish a parent teaching forum to promote awareness for early discharge to home infants. **Ensuring optimal outcomes for your jaundiced babies.**

# Jaundice Management

The reemergence of bilirubin-induced brain injury has prompted the National Institute of Child Health and Human Development along with the American Academy of Pediatrics (AAP) to review and revise management strategies for newborn jaundice. Most jaundice is benign; however, confounding factors can exacerbate the normal physiology of bilirubin metabolism and threaten the neurologic integrity of every newborn. In response to this threat to newborn health, the AAP has revised its guidelines for management of hyperbilirubinemia. These guidelines, which include recommendations for universal screening, impacts clinical practice in the well baby nursery, the neonatal intensive care unit, the primary care setting and the home health care environment.

The Jaundice Management Education program presents a comprehensive overview of bilirubin physiology and describes risk factors that threaten newborn wellness. In the context of the newly revised AAP Guidelines, the course content integrates the rationale for early detection with screening and treatment options that promote family focused care, address the individual developmental needs of the infant, and minimize stress and discomfort for the jaundiced term and preterm infant. The program will help caregivers identify infants at increased risk for hyperbilirubinemia, implement effective screening criteria, develop unit-based protocols consistent with the most recent literature, and establish parent teaching forums to promote awareness for infants discharged to home early.

## Program Content Includes:

- Pathogenesis of hyperbilirubinemia
  - Term infant
  - Preterm infant
- Newly revised AAP Guidelines
- Diagnosis and treatment options
  - Noninvasive bilirubin measurement
  - Family-centered therapy
- Impact on neurologic integrity
- Social and psychosocial impact
  - Parent: disruption in attachment/bonding/breastfeeding
  - Infant: separation from parent/distressing and sometimes painful diagnostic procedures
- Supportive interventions
  - Parent: facilitate Kangaroo Care with phototherapy; promote education
  - Infant: key into stress cues and adjust environment as needed; promote sleep-wake cycles; minimize discomfort (positioning, Sweet-Ease, Kangaroo Care, non-invasive testing)



## AAP Guidelines 10 Key Guidelines

1. Promote and support successful breastfeeding.
2. Establish nursery protocols for the identification and evaluation of hyperbilirubinemia.
3. Measure the total serum bilirubin (TSB) or transcutaneous bilirubin (TcB) level on infants jaundiced in the first 24 hours.
4. Recognize that visual estimation of the degree of jaundice can lead to errors, particularly in darkly pigmented infants.
5. Interpret all bilirubin levels according to the infant's age in hours.
6. Recognize that infants at less than 38 weeks' gestation, particularly those who are breastfed, are at higher risk of developing hyperbilirubinemia and require closer surveillance and monitoring.
7. Perform a systematic assessment on all infants before discharge for the risk of severe hyperbilirubinemia.
8. Provide parents with written and verbal information about newborn jaundice.
9. Provide appropriate follow-up based on the time of discharge and the risk assessment.
10. Treat newborns, when indicated, with phototherapy or exchange transfusion.

*American Academy of Pediatrics Clinical Practice Guideline Subcommittee on Hyperbilirubinemia (2004). Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics, 114(1), 297-316.*

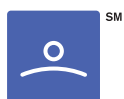
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1023677 KB 9/27/04



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