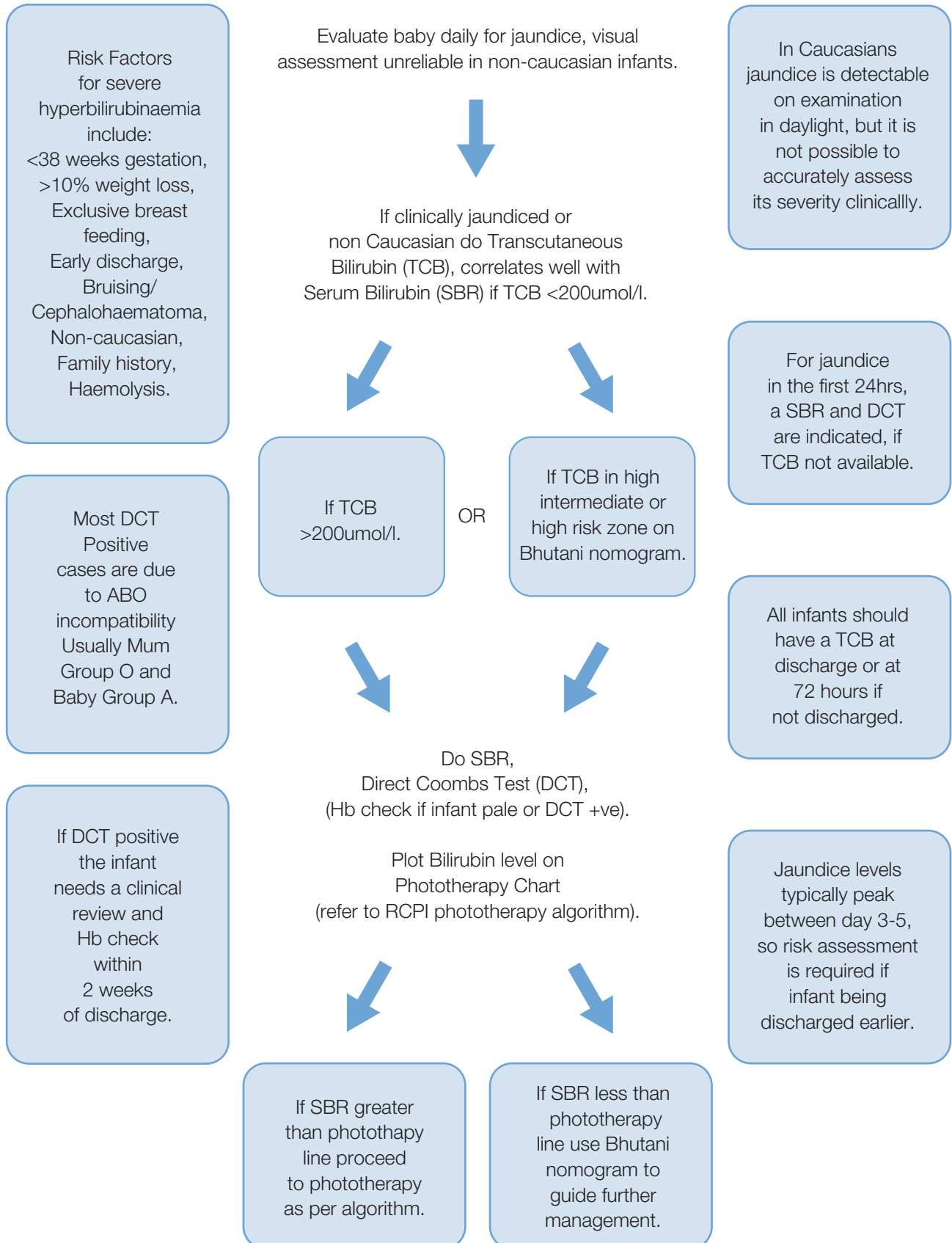


Appendix 1 - Term Infant with Neonatal jaundice on postnatal ward



Appendix 2 - Management of a baby with jaundice in the community



1. Check the naked baby in bright, preferably natural light
2. Examine the sclerae and the gums
3. Press lightly on the skin to check for jaundice in blanched skin
4. Check the hospital discharge summary

JAUNDICE PRESENT

Is the baby less than 24 hours old?

YES
→

Refer to the paediatric doctor on call as the baby needs urgent investigation.

NO

For babies aged between 24 hours and 14 days

Perform a clinical assessment

- Have you any clinical concerns?
- Factors to take into consideration:
 - Gestational age < 38 weeks
 - Family history of early or severe jaundice
 - Exclusive breastfeeding
- Does the baby have any of the clinical features outlined in Table 1*?
- Has the parent reported a worsening of jaundice?

YES
→

Refer to the paediatric doctor on call if any clinical concerns.

NO

Is the baby older than 14 days?

- This is prolonged jaundice
- Perform clinical assessment checking for features in Table 1* prior to referral

YES
→

Contact paediatric doctor on call to arrange assessment. This is to rule out causes such as

- Infection
- Galactosaemia
- GI pathologies including biliary atresia

Breast milk jaundice is a common cause of prolonged jaundice but this is a diagnosis of exclusion.

NO

For all infants:

- Educate the parents about the significance of jaundice, but reassure them that it is common
- Advise parents regarding features to look out for and who to contact if they are concerned
- Encourage frequent breastfeeding, and to wake the baby for feeds. Refer for breastfeeding support if necessary
- Consider reviewing the baby again in 24-48 hours. Document your findings

*** Table 1 - Clinical Features of concern**

<ul style="list-style-type: none"> • Weight loss of >10% of birth weight • Lethargy • Tachycardia • Unstable temperature • Poor feeding/not waking for feeds 	<ul style="list-style-type: none"> • Persistent vomiting • Poor urine output • Not passing stool/meconium • Apnoea • Irritability/changed behaviour
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