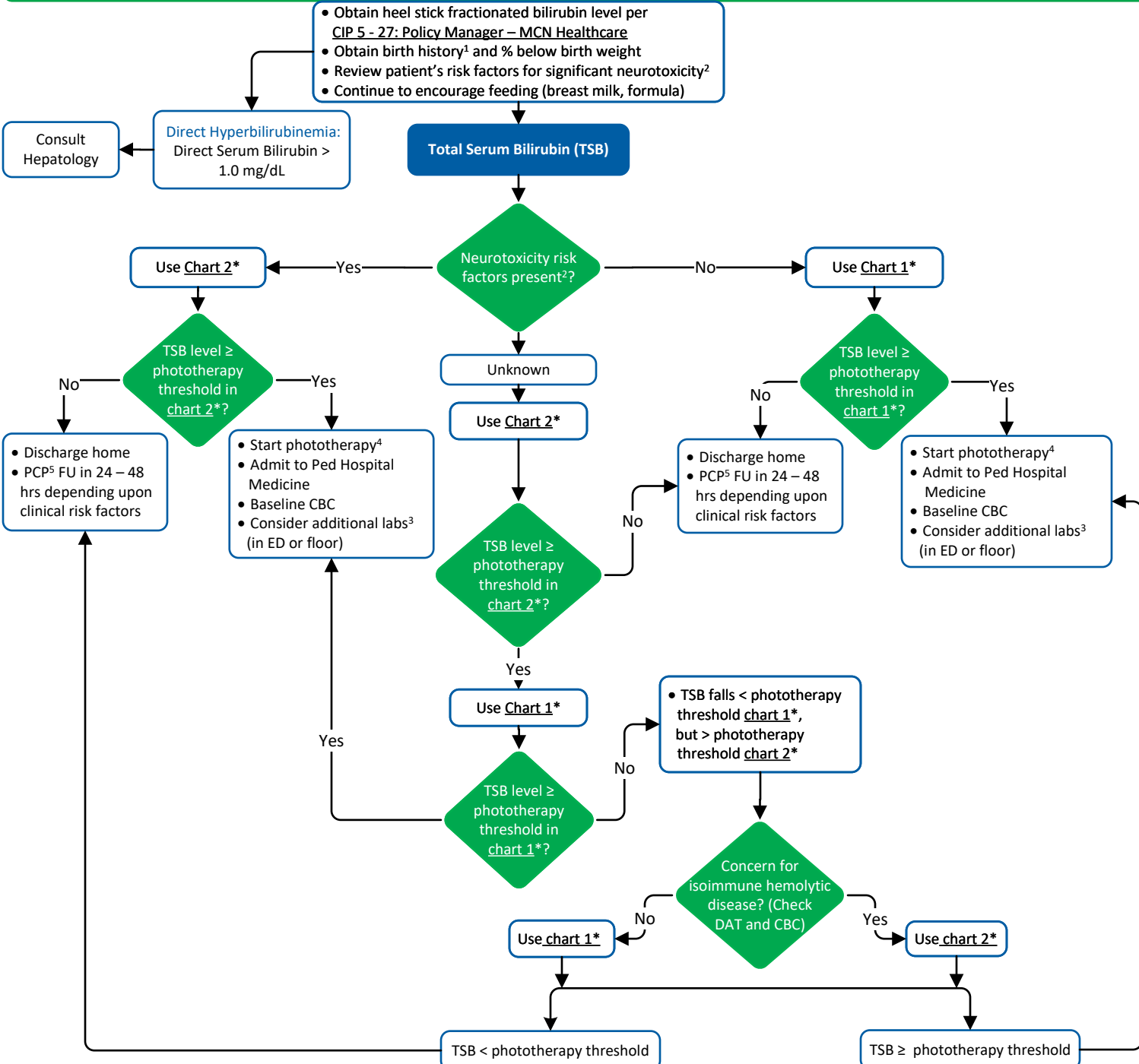


Hyperbilirubinemia Pathway: ED Management

For use in patients ≤14 days old, gestational age ≥35 weeks, and concern for jaundice or elevated bilirubin



- Obtain heel stick fractionated bilirubin level per CIP 5 - 27: Policy Manager – MCN Healthcare
- Obtain birth history¹ and % below birth weight
- Review patient's risk factors for significant neurotoxicity²
- Continue to encourage feeding (breast milk, formula)

Consult Hepatology
Direct Hyperbilirubinemia: Direct Serum Bilirubin > 1.0 mg/dL

Total Serum Bilirubin (TSB)

EXCLUSION CRITERIA

- Concern for other associated illnesses: infection/sepsis, cardiac disease, metabolic disease

BIRTH HISTORY¹

- Maternal and infant blood type, RhD, DAT
- Gestational age
- Birth date and time
- Birth weight
- Delivery complications
- History of phototherapy during birth hospitalization
- Feeding history

SIGNIFICANT NEUROTOXICITY RISK FACTORS² (Other than gestational age)

- Isoimmune hemolytic disease -Check Care Everywhere for maternal antibodies/baby's DAT at birth
- Other hemolytic disease (e.g. G6PD deficiency)
- Albumin < 3.0 g/dL (if known)
- Significant clinical instability in the previous 24 hours, sepsis

ADDITIONAL LABS³

- Obtain DAT if maternal blood type is unknown/O/Rh negative, or antibody screen at delivery was positive
- CMP if ill-appearing/dehydrated
- Reticulocyte count and type and screen if hemolysis

PHOTOTHERAPY⁴

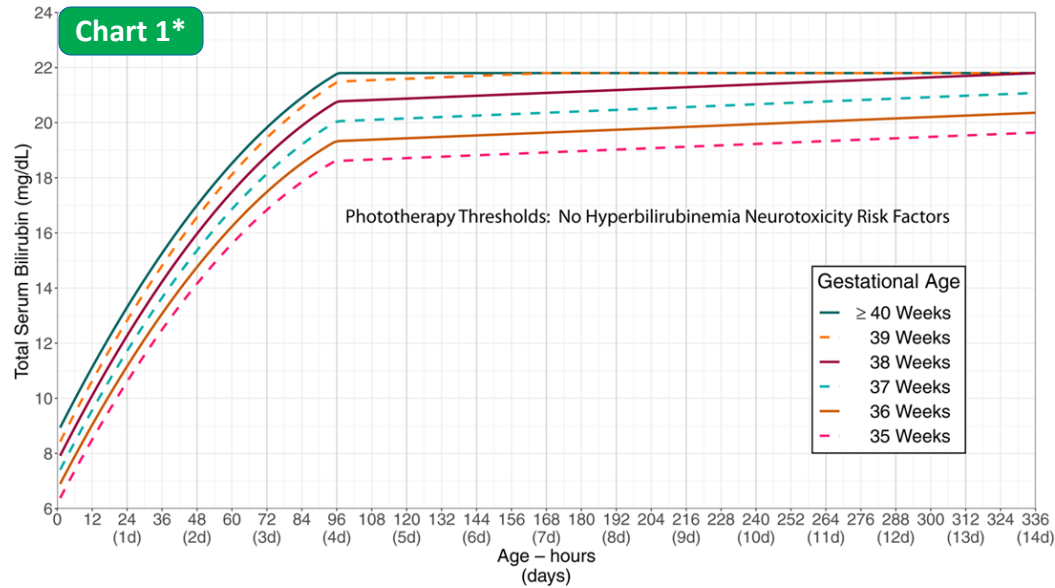
- When phototherapy is indicated, assess need for escalation of care if TSB is within 2 mg/dL of exchange transfusion threshold based on chart 3* (no neurotoxicity risk factors) or chart 4* (neurotoxicity risk factors present).
- If escalation of care is indicated:
 - Phototherapy STAT
 - Consult NICU
 - CBC, DAT, type and crossmatch
 - IVF hydration

RETURN TO ED IF PCP NOT AVAILABLE⁵

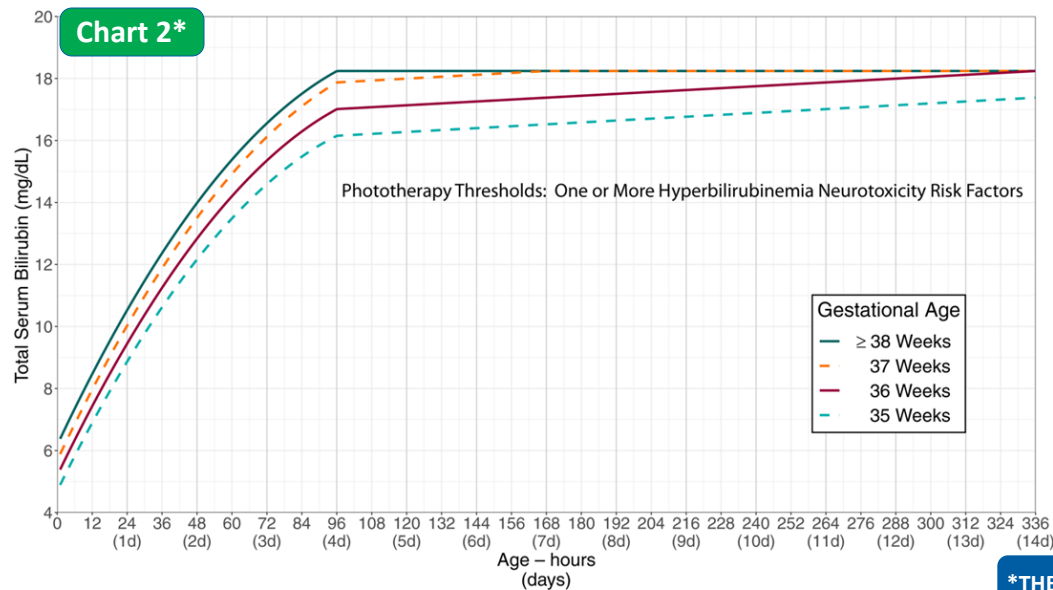
*THESE VALUES MAY BE PLOTTED ON BILITOOL.ORG

Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2025 Children's Healthcare of Atlanta, Inc.

Phototherapy Thresholds: No Hyperbilirubinemia Neurotoxicity Risk Factors



Phototherapy Thresholds: One or More Hyperbilirubinemia Neurotoxicity Risk Factors

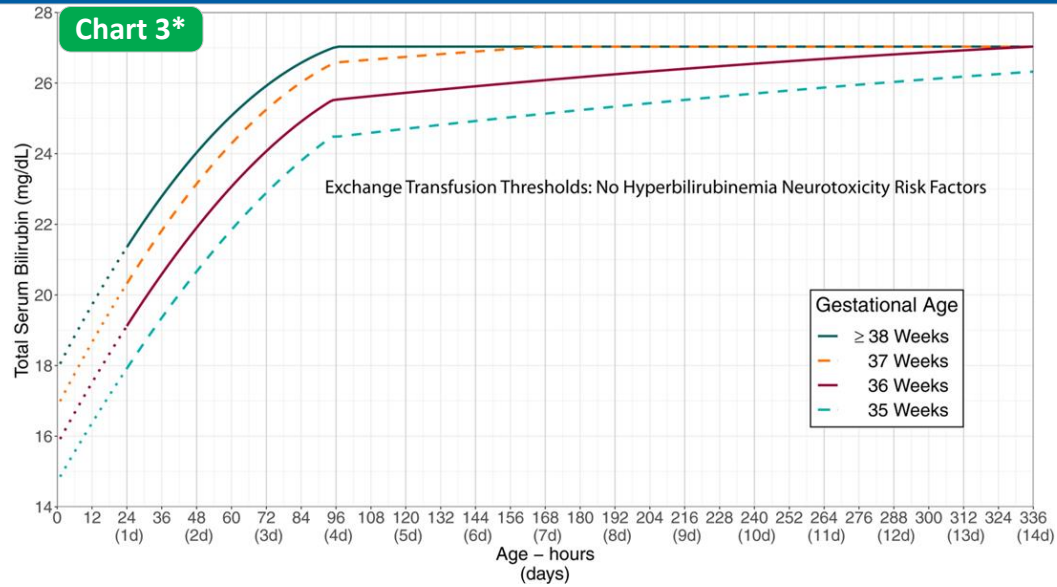


*THESE VALUES MAY BE PLOTTED ON [BILITOOL.ORG](https://www.bilitool.org)

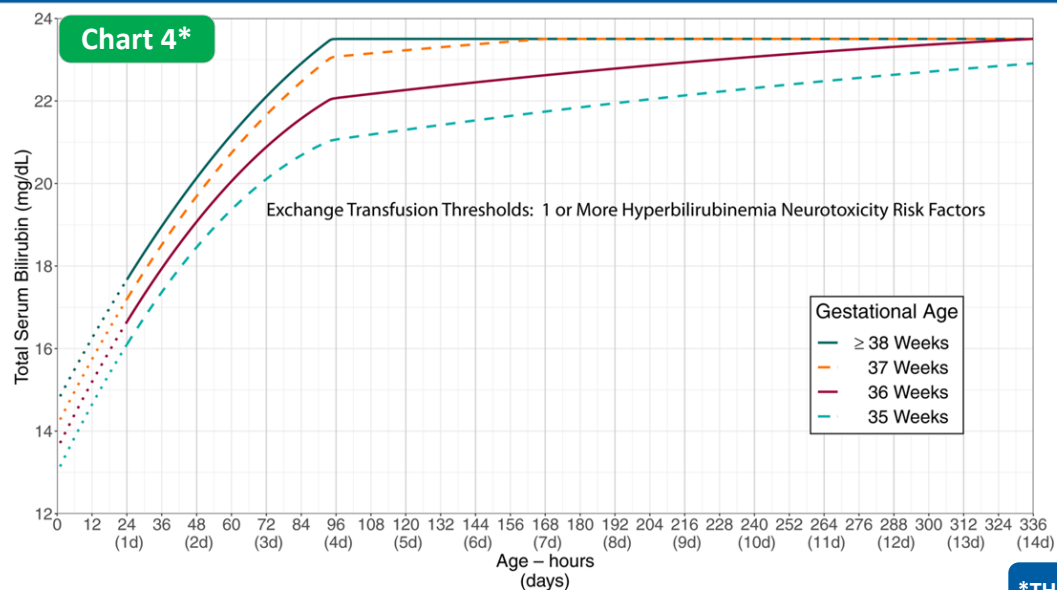
Hyperbilirubinemia Pathway: ED Management

For use in patients ≤ 14 days old, gestational age ≥ 35 weeks, and concern for jaundice or elevated bilirubin

Exchange Transfusion Thresholds: No Hyperbilirubinemia Neurotoxicity Risk Factors



Exchange Transfusion Thresholds: One or More Hyperbilirubinemia Neurotoxicity Risk Factors



*THESE VALUES MAY BE PLOTTED ON [BILITOOLO.ORG](https://www.bilitool.org)