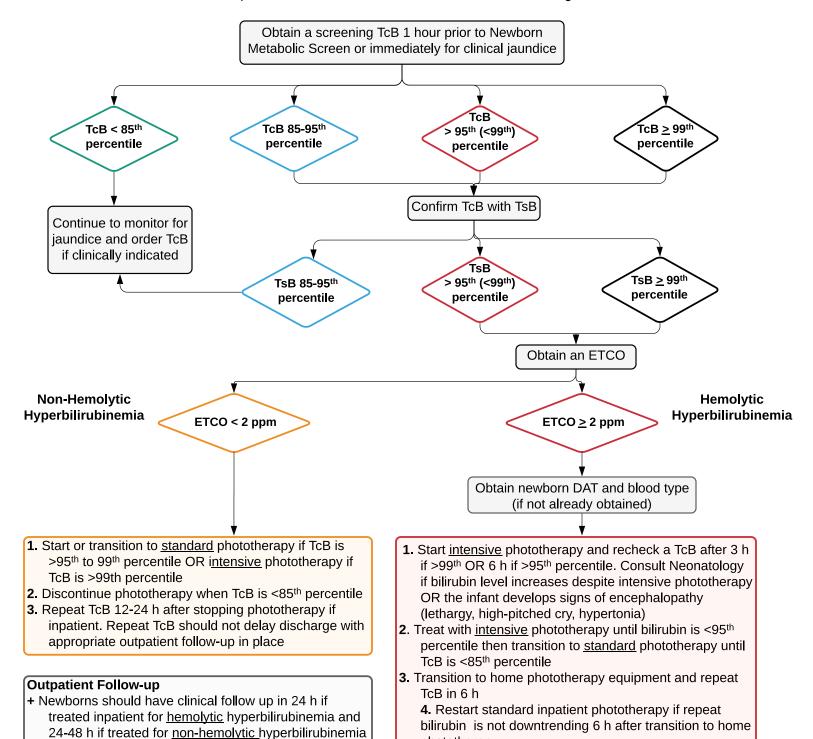
Well Baby and Intermediate Care Nursery Bilirubin Care Process Map

This screening process replaces initial routine Direct Antiglobulin Test (Coombs Test) screening in infants born to O+ and Rh+ mothers. For infants born to Rh- mothers, maternal blood will be typed and screened on admission for delivery and newborn DAT screening will be performed.

Bilirubin percentiles are based on the **Utah Neonatal Bilirubin Nomogram**.



- 1. Obtain TcB for all subsequent bilirubins after first confirmation TsB under patch if patch placed before initiation of phototherapy. If no patch was placed before initiation of phototherapy, serum bilirubins must be drawn for follow up. Screening TcB is timed 1 hour prior to Newborn Metabolic Screen (NMS) to allow TsB to be drawn at the same time as the NMS to minimize blood draws.
- 2. NMS draws are timed for the first possible draw at 0700, 1000, 1400, 1800, 2200 after infant is 24 hours of age.
- 3. Cord blood samples for all infants not initially sent to the blood bank for DAT and blood type due to maternal Rh- status will be stored on MNBC for 7 days to be used for newborn DAT, blood type and additional studies if needed in the setting of hemolytic hyperbilirubinemia.

phototherapy

studies

5. If DAT negative and not responding appropriately to

phototherapy, consult Hematology to discuss additional

readmit to the hospital

(or earlier than 48 h for additional concerns)

+ If repeat total serum bilirubin is not downtrending after

home phototherapy, or TsB is > 23 mg/dL at any time,