Health Sciences Centre Winnipeg

Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / *À l'écoute de notre santé*

Women's Health Program

DISCHARGE INFORMATION

Newborn Jaundice

Information for the Parent

Your baby's health care provider may want to know the following information so **please show this form to your public health nurse and your baby's doctor, midwife or nurse practitioner**.

☐ You must make an appointment with Dr. _____ to have your baby's jaundice re-checked on ⌊ ⌋ (D D M M M Y Y Y Y) or follow your health care provider's recommendations.

☐ You must make an appointment with Dr. _____ in 7 - 14 days.

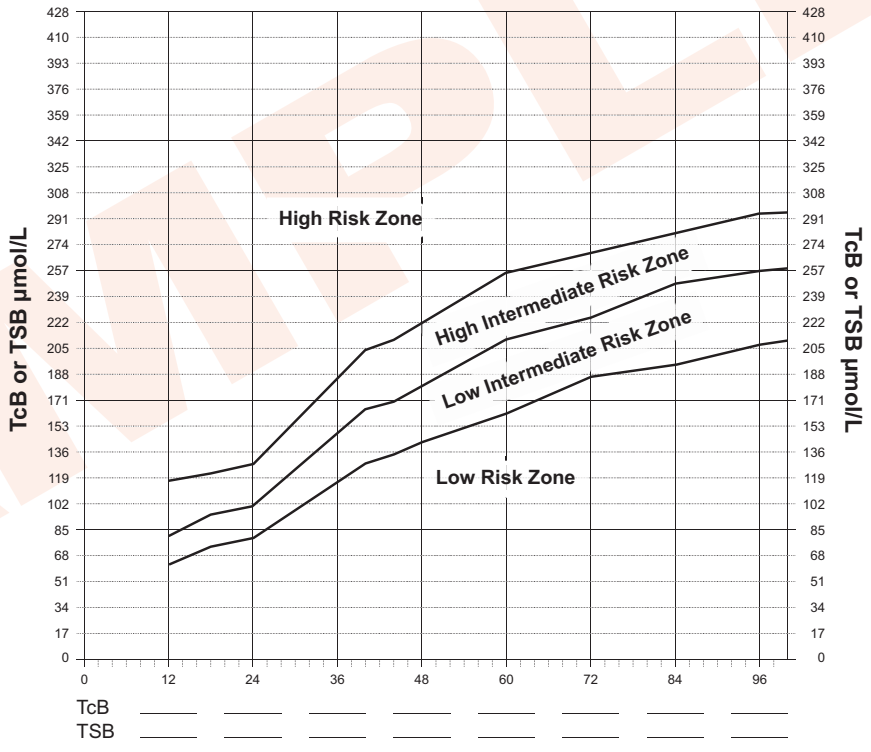
Jaundice is a condition in newborn babies in which a substance called bilirubin builds up in the blood and causes the baby's skin to look yellow. Most jaundice is not harmful to your baby but in some babies the bilirubin level is very high and can be harmful. We do a skin test on all babies to test for jaundice before sending you home from the hospital. Your baby's result to the jaundice skin test is recorded below as the Transcutaneous Bilirubin Value. Sometimes a blood test is done as well to check the level of jaundice. If a blood test was done on your baby it is recorded below as the Total Serum Bilirubin Value.

Call your health care provider sooner if your baby:

- Will not breast or bottle feed or baby is too sleepy to feed for 2 or more feeds
- Is sleepy/difficult to wake up
- Is getting more yellow (whites of eyes, arms and legs are yellow or orange in color)

Nomogram for designation of risk based on hour-specific serum (TSB) or transcutaneous bilirubin (TcB) value

Note: If TcB or TSB value plots on line between risk zones, follow directions for follow up as per higher risk zone



Ref: Adapted from Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation. *Subcommittee on Hyperbilirubinemia*, Pediatrics 2004;114:297-316

Information for Your Baby's Health Care Provider

Key: ● Transcutaneous Bilirubin (TcB) × Total Serum Bilirubin (TSB)

Note: If TcB or TSB value plots on line between risk zones, follow directions for follow up as per higher risk zone.

Gestational Age at Birth _____

Birth Weight _____ grams

Discharge Weight _____ grams

Feeding *(check applicable)*:
- ☐ Exclusive Breast
- ☐ Breast and Formula
- ☐ Exclusive Formula

Direct Antibody Test (DAT):
- ☐ Unknown
- ☐ Positive
- ☐ Negative

Date and Time Phototherapy Initiated (if applicable)
⌊ ⌋ (D D M M M Y Y Y Y) ⌊ ⌋ (24 HOUR)

Date and Time Phototherapy Discontinued (if applicable)
⌊ ⌋ (D D M M M Y Y Y Y) ⌊ ⌋ (24 HOUR)

REVIEWED WITH: _____ (PRINT PARENT/ALTERNATE NAME) SIGNATURE: _____ (HEALTH CARE PROVIDER'S NAME AND STATUS OR DESIGNATION)

Copy faxed to: ⌊ ⌋-⌊ ⌋-⌊ ⌋ (COMMUNITY PRIMARY HEALTH CARE PROVIDER) Date: ⌊ ⌋ (D D M M M Y Y Y Y) Time: ⌊ ⌋ (24 HOUR)