

Prolonged Jaundice Guideline

Babies who are jaundiced at or beyond 14 days (term) or 21 days (preterm):

Advise same day attendance at RHSC A&E or SJH A&E any baby who is/has:

- unwell, rash/bruising, feeding poorly, low tone, other neurological signs or lethargic

Advise next working day attendance to RHSC A&E (attend by 10am) or refer by phone to the paediatric registrar at SJH, any baby who:

- has pale (or 'suspect') stools at any time –THIS IS THE MOST IMPORTANT SIGN TO OBSERVE and EMPHASISE ONGOING DAILY ASSESSMENT BY PARENTS
- has a family history of recurrent jaundice or blood disorder, or whose parents are consanguineous
- has been formula feeding exclusively without any breastmilk received in the last 7 days
- has not regained birth weight by 14 days and where there is evidence that weight gain is not reassuring; or, where weight gain has become poor since regaining birthweight
- has had previous NNU admission for intensive phototherapy due to suspected haemolysis

All other babies:

- no need to refer to hospital at this stage
- give parents worsening advice and the new prolonged jaundice information leaflet
- ensure parents know to assess stool colour daily using the PiL stool chart (if in colour) or online link
- review babies weekly until no longer jaundiced and refer as pathway above
- NB: all babies who remain jaundiced at 28 days (term or preterm) should be referred to **RIE neonatal registrar (Page 1610)** or SJH paediatric registrar (Page 3564) for next Thursday clinic (RIE) or next weekday attendance (SJH)



Online stool chart
Children's Liver Disease Foundation