

Prolonged Jaundice Screening (PJS)

Prolonged jaundice is defined as jaundice:

>14 days in term babies (> 37 weeks)

>21days in preterm babies (< 37 weeks)

Management of a baby with prolonged jaundice:

- PJS referrals are taken by a Special care registrar and the baseline bloods are performed by phlebotomy in Oak ward every Monday afternoon. The baby should not go to A&E unless they are acutely unwell.
- For referrals - Please telephone switchboard 01932872000 and bleep HDU /LW SpR on 5302
- HDU /LW SpR will take a history and complete the referral form with all details – Please have baby's details including hospital or NHS number and GP when referring for PJS
- Take parents telephone details and the referrers phone details – to notify if any change in clinic times
- The SpR will give a allocated time and date for phlebotomy clinic, if baby is well – and fill the blood form with routine screening investigations
- If baby is unwell, and needs a review, the baby will be booked in the neonatal rapid access clinic
- Results are reviewed by the SpR and electronic letter done to GP and parents within a week
- If results abnormal, they should be printed off the computer & discussed with the attending consultant and a plan for further appointment made according to the guidelines (see page 4 of this guidelines – Investigations and management of PJS)
- **Pale stools or Conjugated hyperbilirubinaemia must be discussed urgently with the attending or named consultant.** The causes, such as biliary atresia are potentially serious and should prompt early discussion with a specialist liver unit. These discussions can be initiated even while awaiting the results of first line investigations. The [BSPGHAN Investigation of Neonatal Conjugated Hyperbilirubinaemia](#) document should be printed and inserted in the baby's notes, using its table of investigations for further guidance.
- **Persistent prolonged unconjugated jaundice** – Investigate as per guidelines and arrange follow up appointment in Neonatal rapid access clinic.

References:

Hannam S, McDonnell M, Rennie JM: Investigation of Prolonged Neonatal Jaundice, Acta Paediatr 2000; 89:694 – 7

NICE guidelines May 2010: Neonatal Jaundice

BSPGHAN Liver Steering Group Feb 2012: Investigation of Neonatal Conjugated Hyperbilirubinaemia

September 2010 /Dr. Tracy Lawson

Amended May 2012 /Drs T Lawson; T Otunla

Updated November 2014 (T Otunla)

Amended April 2016 (V Ponnusamy)

Investigations for and management Prolonged Jaundice Screen

We divide investigations into 3 groups:

Baseline investigations for all babies with visible prolonged jaundice;

Further investigations if significant unconjugated or conjugated bilirubin is detected (see below);

Investigations	Who should have them?	Tests to be requested
Baseline	All referred infants at the time of referral In addition, if clinical concerns	<ul style="list-style-type: none"> Total and Conjugated bilirubin
Significant unconjugated hyperbilirubinaemia	Babies with total bilirubin >200 micromols/ litre & conjugated bilirubin <25micromols/ litre	<ul style="list-style-type: none"> G6PD Baby's blood group (if not already known) DAT (if not already known) Hb and reticulocytes blood film (for evidence of haemolysis) – this must be discussed with the laboratory Thyroid function tests – only if Neonatal blood spot not done <p>Arrange phlebotomy clinic for the above tests and book in Neonatal rapid access clinic (NRAC) – first available appointment</p>
Conjugated hyperbilirubinaemia or chalky stool/dark urine	Babies with conjugated bilirubin >25 micromols/litre Babies with chalky stool/dark urine	<p>These additional investigations should be considered after senior discussion +/- discussion with Liver Team at King's The BSPGHAN Investigation of Neonatal Conjugated Hyperbilirubinaemia document should be printed and inserted in the baby's notes, using its table of investigations for further guidance.</p> <p>Discuss with consultant and arrange for review in Neonatal rapid access clinic (NRAC) – first available appointment</p> <p>Arrange to have above blood tests in phlebotomy clinic prior to NRAC if possible</p> <p>Arrange to have ultrasound as OP prior to NRAC</p>

Blood Bottles for specific tests: (As per Surrey Pathology Services)

LFTs, Bilirubin, TFTs	1 yellow
Group + DAT	1 pink
G6PD	1 lavender
Hb + reticulocytes	1 lavender

PROLONGED JAUNDICE REFERRAL FORM

ONLY TO BE ACCEPTED FOR BABIES >14 DAYS IN TERM BABIES AND >21 DAYS IN PRETERM BABIES (UNLESS SPECIFIC CLINICAL CONCERNS)

Date of referral: _____
 Referrer's name: _____
 Referrer's position: MIDWIFE GP HEALTH VISITOR OTHER _____
 Referrer's contact number: _____

Name of Baby	Name of Mother Maternal DOB:
Date of birth	Contact no:
NHS no:	ADDRESS:
Hospital No (if born at SPH):	GP details:
Gestation at birth: Current age in days:	Where was the baby born?

HISTORY

Mode of feeding (please tick) BREAST FORMULA MIXED

	YES	NO
Is the baby considered to be well?	<input type="checkbox"/>	<input type="checkbox"/>
Is baby feeding well?	<input type="checkbox"/>	<input type="checkbox"/>
Is baby's weight gain acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
Is baby's stool pale?	<input type="checkbox"/>	<input type="checkbox"/>
Is baby's urine dark?	<input type="checkbox"/>	<input type="checkbox"/>
Has a new born blood spot screen been performed?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other concerns?	<input type="checkbox"/>	<input type="checkbox"/>

Please state your concerns:

Baby referred to Phlebotomy on Oak Ward? YES NO

- Book baby a clinic slot in the clinic sheet and inform referrer of details
- Complete blood forms for total and conjugated serum bilirubin & LFTs.
- Babies not born at SPH need – INFORM NICU ward clerk ASAP to create new notes and register on PAS
- Chase maternal Blood group on system

DOCTOR TAKING REFERRAL _____

DATE OF PHLEBOTOMY CLINIC APPOINTMENT _____ Time: _____

REVIEW OF RESULTS AND OUTCOME

RESULTS:

Total Bilirubin

Conjugated Bilirubin.....

If insufficient bloods or haemolysed bloods – please book again in Phlebotomy clinic – complete new referral sheet and a note to phlebotomy on the clinic sheet

Details.....

ASSESSMENT

Normal blood test results YES

Letters done and approved YES

Discharged YES

Abnormal results:- Details:

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Outcome:

Booked for further tests in Phlebotomy clinic Details

Booked in Neonatal rapid Access clinic Details

Booked in Consultant Clinic Details

Admit to paediatric ward Details

DOCTOR completing the review _____ Date: _____
(Name and Signature)