



Management of **Prolonged Neonatal Jaundice in Primary Care**

Timely Investigation of Neonatal Jaundice is important to ensure that rare and serious conditions such as Biliary Atresia are managed optimally.

Prolonged Jaundice is visible jaundice at 2 weeks of age in babies born more than 37 weeks and 3 weeks of age in babies born less than 37 weeks

GP to review baby and assess feeding history, weight gain, stool and urine colour

Well and thriving with pigmented stools and normal urine.

Unwell or concerns about failure to thrive, stool or urine colour.

Frimley

Refer to prolonged jaundice clinic and give parent safety netting leaflet

GP to request tests on ICE and ask parents to attend the Phlebotomy Clinic on PAU at Wexham Park for sample collection. Plese chase results on the same day that the sample is collected.

Please request Split Bilirubin (Conjugated and Total Bilirubin), FBC, TFT, Urine Dipstix

If Dipstix positive – sample should be sent for MC&S Phlebotomy and Urine test can be arranged through the Paediatric Assessment Unit at Wexham Park Hospital

Unconjugated hyperbilirubinaemia

Bilirubin less than 300 micromol/I -reassure and repeat Split bilirubin if still looking jaundiced at 4 weeks. Give parent

safety netting leaflet.

Bilirubin more than 300 micromol/I - discuss with Paediatrics at Wexham Park Hospital

Conjugated Bilirubinaemia

(Conjugated Bilirubin more than 25 micromol/l)

Refer on the same day to **Paediatrics**.

with the SE Coast SCN and involved extensive consultation with healthcare professionals in Wessex, Frimley and Wexham.

This quidance was written in collaboration This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement.