



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 urine colour.

Frimley

Refer to prolonged jaundice clinic and give parent safety netting leaflet

GP to request blood tests on ICE and ask parents to call children's clinic on 0300 615 4625 and state that they need to book bloods for a prolonged jaundice screen.

Please request split bilirubin (conjugated and total bilirubin) FBC and TFT. Blood test results should be chased on the same day as sample collection. A clean catch urine sample needs to be collected and a dipstick done in primary care. If dipstick positive for leucocytes or nitrites the sample should be sent for MC&S.

failure to thrive, stool or

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**. First Version April 2021 Review Date: April 202