Hyperbilirubinemia Pathway
Emergency Department & Outpatient
≥ 35 Weeks Gestational Age (GA)

Obtain total serum bilirubin (TSB)
If total cutaneous bilirubin (TcB) obtained and within 3 mg/dL of PTX threshold, then obtain TSB

Is infant’s TSB at, or above, phototherapy (PTX) threshold? Use www.bilitool.org with birth and sampling times and risk factors

Is infant’s TSB within 2 mg/dL, or above, of exchange transfusion (ET) threshold?

*Order STAT labs
• CBC
• CMP
• DAT
* Obtain IV access

Does infant meet all criteria for home PTX?

Admit to Neonatology

Admit to Hospitalist

Discharge with home PTX with PCP follow up in 1-2 days

Consider supplementation and discharge with PCP follow up in 1 day

Discharge with PCP follow up in 1-2 days

Criteria for home PTX, must meet all:
• Gestational age > 38 weeks
• > 48 hours old
• Clinically well with adequate oral feeding intake
• No neurotoxicity risk factors
• No previous PTX required
• TsB no more than 1 mg/dL over PTX threshold
• LED based home PTX device available without delay
• TsB can be reliably measure daily

* Neurotoxicity risk factors:
- Gestational age < 38 weeks
- Serum albumin concentration < 3.0 g/dL
- Isoimmune hemolytic disease (+DAT), G6PD deficiency, or other hemolytic conditions
- Sepsis
- Significant instability in last 24 hours

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.

ChildrensOmaha.org/Pathways
Updated 02/2023
Supplementation for Hyperbilirubinemia

Infants not on another supplementation for another medical indication

TSB within 3 mg/dL of phototherapy threshold

- Ensure recent weight
- Perform feeding assessment

Signs of suboptimal intake?

If lactating parent's milk volumes are increasing:
- Encourage increased breastfeeding frequency, 9+ feeds in 24 hours, deep latch
- Milk expression after feeds and offer expressed breast milk

If milk volumes not yet increasing:
- Encourage increased breastfeeding frequency, 9+ feeds in 24 hours, deep latch
- Milk expression after feeds and offer expressed breast milk
- Start supplementation with donor milk or formula

- Encourage increased breastfeeding frequency, 9+ feeds in 24 hours, deep latch
- Consider other etiologies for hyperbilirubinemia (e.g. hemolysis, especially if ≤ 24 hrs old)

Feeding Assessment Should Include:
- Risk factors for delayed lactogenesis
- Lactation history
- Maternal breast shape, breast changes
- LATCH scores
- Latch depth
- Feeding frequency
- Infant transfer at the breast

Signs of Suboptimal Intake May Include:
- Ineffective latch and/or suck
- Sleepy and difficult to wake for feedings
- Delayed colostrum or milk supply
- Weight loss > 75th percentile on NEWT, esp after 1st 24 hrs
- Lab abnormalities
- Ineffective milk transfer
- Uric acid crystals in urine
- < 4 stools on day 4 or meconium stools on day 5

Suggested Supplementation Volumes by ABM

<table>
<thead>
<tr>
<th>Time (hrs)</th>
<th>mL/feed</th>
</tr>
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<tbody>
<tr>
<td>0-24</td>
<td>2-10</td>
</tr>
<tr>
<td>24-48</td>
<td>5-15</td>
</tr>
<tr>
<td>48-72</td>
<td>15-30</td>
</tr>
<tr>
<td>72-96</td>
<td>30-60</td>
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</tbody>
</table>

Can be done with expressed breast milk, donor breast milk, or formula

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