Hyperbilirubinemia Pathway
Inpatient ≥ 35 Weeks Gestational Age (GA)

1. TSB ≥ phototherapy (PTX) threshold?
   - No
   - Use www.bilitool.org with birth and sampling times

2. Is TSB > 2 mg/dL, or above, of Exchange Transfusion threshold?
   - Yes
   - Admin/Transfer to NICU
   - Yes
   - Does TSB rise within 6-12 hours?
     - Yes
     - Does TSB continue to rise above PTX threshold ≥ 2 mg/dL below PTX threshold?
       - Yes
       - Start intensive PTX
       - No
       - Discontinue intensive PTX therapy
     - No
     - Trend TSB at least q12 hours
   - No
   - Discharge with PCP follow up in 1-2 days

3. Is rebound TSB less than PTX threshold?
   - Yes
   - Resume PTX
   - No
   - Check rebound TSB in 6-12 hours and the day after PTX discontinuation

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

5. Measure G6PD activity if:
   - Unclear etiology of hyperbilirubinemia
   - TsB increases despite PTX
   - TsB increases after an initial decline
   - Escalation of care is required

Obtain labs:
- Hemoglobin/hematocrit or CBC
- DAT if positive maternal antibody screen, maternal O blood type, or maternal Rh(D) type negative
- Consider G6PD activity based on criteria

ChildrensOmaha.org/Pathways
Updated 02/2023

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.