Prolonged Jaundice Screening (PJS)

Prolonged jaundice is defined as jaundice:

>14 days in term babies (> 37 weeks)

>21 days 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:
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);

<table>
<thead>
<tr>
<th>Investigations</th>
<th>Who should have them?</th>
<th>Tests to be requested</th>
</tr>
</thead>
</table>
| Baseline                                        | All referred infants at the time of referral  
  In addition, if clinical concerns | • Total and Conjugated bilirubin                                                     |
| Significant unconjugated hyperbilirubinaemia     | Babies with total bilirubin >200 micromols/ litre & conjugated bilirubin <25micromols/litre | • 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 |
| Conjugated hyperbilirubinaemia or chalky stool/dark urine | Babies with conjugated bilirubin >25 micromols/litre  
Babies with chalky stool/dark urine | These additional investigations should be considered after senior discussion +/- discussion with Liver Team at King’s Hospital  
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. |

Arrange phlebotomy clinic for the above tests and book in Neonatal rapid access clinic (NRAC) – first available appointment

Discuss with consultant and arrange for review in Neonatal rapid access clinic (NRAC) – first available appointment

Arrange to have above blood tests in phlebotomy clinic prior to NRAC if possible

Arrange to have ultrasound as OP prior to NRAC

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

<table>
<thead>
<tr>
<th>Test</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>LFTs, Bilirubin, TFTs</td>
<td>1 yellow</td>
</tr>
<tr>
<td>Group + DAT</td>
<td>1 pink</td>
</tr>
<tr>
<td>G6PD</td>
<td>1 lavender</td>
</tr>
<tr>
<td>Hb + reticulocytes</td>
<td>1 lavender</td>
</tr>
</tbody>
</table>
**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: | Where was the baby born? |

**HISTORY**

| Mode of feeding (please tick) | BREAST ☐ | FORMULA ☐ | MIXED ☐ |
| Is the baby considered to be well? | ☐ YES ☐ NO |
| Is baby feeding well? | ☐ YES ☐ NO |
| Is baby’s weight gain acceptable? | ☐ YES ☐ NO |
| Is baby’s stool pale? | ☐ YES ☐ NO |
| Is baby’s urine dark? | ☐ YES ☐ NO |

Has a new born blood spot screen been performed? | ☐ YES ☐ NO
Are there any other concerns? | ☐ YES ☐ NO

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:

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)