



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation Order Set

(Reference: AAP Clinical Practice Guideline)

Nurse to assess for jaundice in newborns every 8-12 hours

- ☐ No Jaundice present, continue to monitor
- ☐ Jaundice present age < 24 hours draw lab for TSB
- ☐ Jaundice present age > 24 hours appears severe enough, draw lab for TSB

Use BiliTool to assess severity

Call MD if phototherapy indicated at any risk level

May also use guidelines for phototherapy graph

Assess for development of risk factors every 4 hours and prn. Notify MD if present. Risk factors include:

- Asphyxia
- Significant lethargy
- Temperature instability
- Sepsis (decreased circulation, decreased urine output)
- Acidosis
- Albumin < 3.0 g/dL (if measured)

Repeat TSB in 4 hours and daily if Phototherapy initiated. Contact MD if repeat TSB level increasing across percentile line.

Optional labs:

- ☐ G6PD
- ☐ Albumin
- ☐ Direct and Indirect Bilirubin
- ☐ CBC no Diff ☐ CBC with auto Diff ☐ CBC with manual Diff
- ☐ Urinalysis with microscopy
- ☐ Urinalysis without microscopy
- ☐ Urine Culture, Cath
- ☐ T3

- ☐ Breastfeeding infant: encourage nursing at least 8-12 times per day for the first several days
- ☐ Supplement breastfeeding with formula _____
- ☐ Bottle feed with _____

- ☐ Non Dehydrated infant - encourage oral intake with ordered diet
- ☐ Dehydrated infant - start IV _____ @ _____ cc/hour

TSB level prior to discharge on anticipated discharge date

TSB level in Outpatient testing (recommended at 48-120 hours of age) on _____

Teaching Sheet to parents prior to discharge

MD Signature: _____ **Date & Time:** _____

Nurse Signature: _____ **Date & Time:** _____

Revised: 11/14/13

DO NOT USE: U IU QD QOD MS MSO4 MgSO4