

1. Evidence: Is there sufficient evidence to draw any conclusions about the newborn's condition at this time?
2. Assumptions: Describe some underlying assumptions about the following:
 - a. Newborn jaundice in a healthy full-term infant
 - b. Serum bilirubin levels and the newborn's age in hours; other pertinent laboratory values (may refer to [Fig. 8-16, A](#)) to determine the risk zone for the serum bilirubin
 - c. Nutritional and excretory function and relation to bilirubin metabolism
 - d. The physical status of the infant per assessment data
3. What implications and priorities for nursing care can be drawn at this time?
4. Does the evidence objectively support your argument (conclusion)?

Discharge Planning and Home Care

With short hospital stays, mothers and infants may be discharged before evidence of jaundice is present. It is important for the nurse to discuss signs of jaundice with the mother because any clinical symptoms will probably appear at home. Home visits within 2 to 3 days after discharge to evaluate feeding and elimination patterns and jaundice are often routine for some health care organizations. Others may have an outpatient bilirubin clinic or laboratory where the infant can be evaluated by a nurse and weighed and a serum bilirubin can be drawn for evaluation. Assessment of breastfeeding