

such as hypocalcemia; and priapism. To prevent or minimize these effects, the temperature is monitored to detect early signs of hypothermia or hyperthermia, and the skin is observed for evidence of dehydration and drying, which can lead to excoriation and breakdown. Oily lubricants or lotions are not used on the skin while the infant is under phototherapy. Infants receiving phototherapy may require additional fluid volume to compensate for insensible and intestinal fluid loss. Breastfeeding or bottle feeding by the parent(s) and parental interaction (such as holding) is encouraged once phototherapy is initiated provided the infant receives adequate exposure to the treatment. Because phototherapy enhances the excretion of unconjugated bilirubin through the bowel, loose stools may indicate accelerated bilirubin removal. Frequent stooling can cause perianal irritation; therefore, meticulous skin care, especially keeping the skin clean and dry, is essential.

Safety Alert

Parents may be told by some practitioners to place the infant in the sunlight when the infant has jaundice; however, this practice is not recommended. If performed, the infant should only be placed in indirect sunlight (e.g., in a room where sunlight filters through a glass window), because direct sunlight may cause skin burns in a newborn.

After phototherapy is permanently discontinued, there is often a subsequent increase in the serum bilirubin level, often called the **rebound effect**. This is usually transient and resolves without resuming therapy; however, a follow-up serum bilirubin level should be checked.

Family Support

Parents need reassurance concerning their infant's progress. All the procedures are explained to familiarize them with the benefits and risks. Parents need to be reassured that the naked infant under the bilirubin light is warm and comfortable. Eye shields are removed when the parents are visiting to facilitate the attachment process. The parents can be reassured that the neonate is accustomed to