

## The Newborn with Jaundice

### Assessment

Assess for signs of clinical jaundice.

### Diagnosis (Problem Identification)

After the nursing assessment, a number of nursing diagnoses may be evident. Additional nursing diagnoses that may apply include:

- Risk for Neonatal Jaundice—risk factors include but are not limited to physiologic immaturity of the liver, increased production of unconjugated bilirubin, enterohepatic circulation
- Risk for Impaired Parent–Infant Attachment—risk factors include separation from parents for treatment of elevated bilirubin levels, eye shields, phototherapy, perception of fragile status of infant
- Interrupted Breastfeeding—related to increasing serum bilirubin levels
- Risk for Deficient Fluid Volume—risk factors include increased extracellular fluid (ECF) volume, immature kidney function, increased body temperature, decreased oral fluid intake, increased fluid losses in stool and urine
- Risk for Impaired Skin Integrity—risk factors include increased stooling, decreased oral intake, immature skin function, increased body metabolism and fluid losses
- Interrupted Family Processes—related to required treatment and physical separation from infant because of treatment (phototherapy)

### Planning

Expected outcomes include:

- Infant will receive appropriate monitoring for jaundice in the newborn period.
- Infant will receive appropriate therapy as needed to reduce serum