

Mode: Expanded View All

Transcutane... ☒Hyperbilirubin... ☒

Admission (Current) from 5/6/2017 in 4 NU...

5/7/17	5/8/17	5/9/17
0230	0438	0507 1500

Transcutaneous Bilirubin

4.4 5 6.1

TcB Level (mg/dL)

Hyperbilirubinemia Risk Factors

None Exclusiv...

Risks for Hyperbilirubinemia

None

None None

Risks for Neurotoxicity

None

Bilirubin Nomogram

Bilirubin Nomogram and Guidelines Management and Follow-up Guidelines Phototherapy Guidelines Exchange Transfusion Guidelines Training and References

Hyperbilirubinemia Risks: instructions

Unknown

None

Gestational Age: 40 1/7

Probability of developing a serum bilirubin ≥ 17 mg/dL: 0%

Follow-up Guideline: If discharging < 72 hours, follow up within 2-3 days.

Exclusively breastfeeding part

Previous siblings with jaundice

Cephalhematoma or bruising

East Asian

Phototherapy (blue)/Exchange Transfusion (red) threshold: Lower Risk (top curves)

Neurotoxicity Risks: instructions

Unknown

None

Ischemic hemolytic disease

G6PD deficiency

Asphyxia

Temperature instability

Sepsis

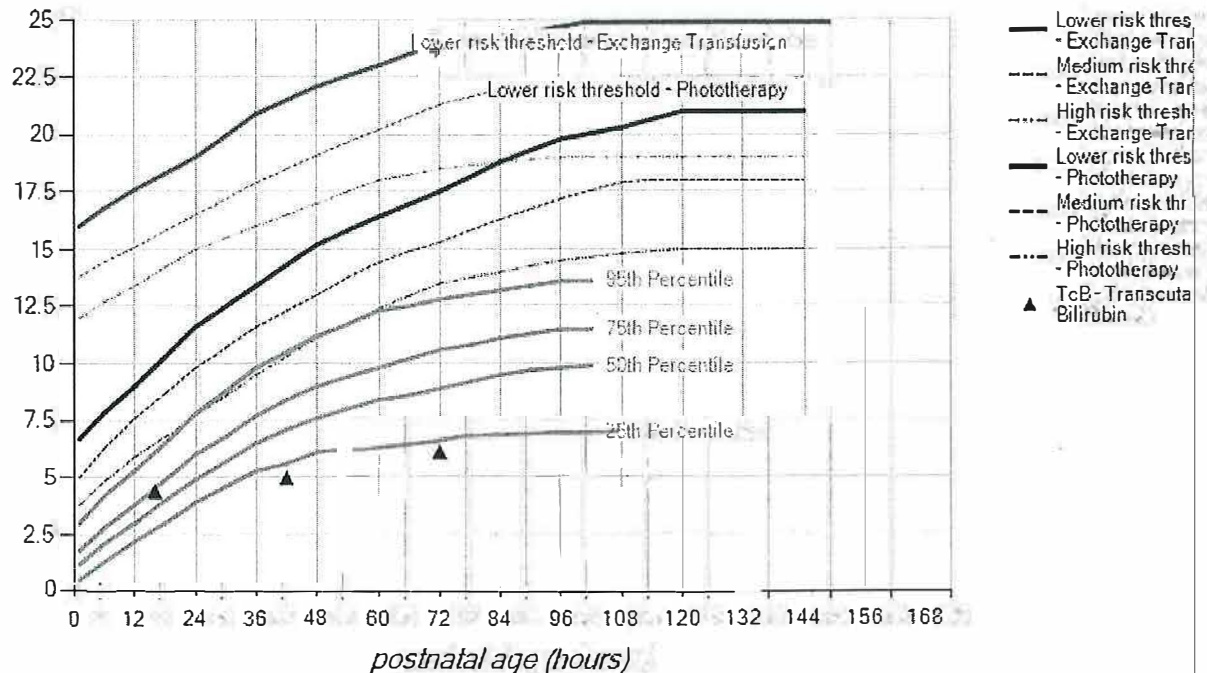
Acidosis

Albumin < 3.0 g/dL

File Data

Bilirubin (mg/dL)	Postnatal Age (hours)	TcB/TSB
4.4	16	TcB
5	42	TcB
6.1	67	TcB

Bilirubin Nomogram (mg/dL) and Guidelines



Uncheck All

Check All

Newborn Order Set-Beaumont Grosse Pointe

Order Sets

✓ Multiple Versions of User Order Sets

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▼ PROCEDURES

▶ ADMIT TO

1 of 1 selected

☒ Admit Patient

P Admission Service: Peds

▶ VITAL SIGNS

1 of 1 selected

☒ VITAL SIGNS

Routine, ONGOING First occurrence Today at 1253, Vital signs per Nursery Protocol

▶ DIET

0 of 2 selected

▼ NURSING - GP

☒ PHYSICIAN TO NURSE - Newborn assessment

Routine, ONCE First occurrence Today at 1253, Perform newborn assessment, determine Gestational age(AGA, SGA, LGA), Determine IDM, IGDM and mother's hepatitis B antigen status, Infants less than 35 weeks gestation admit to Special Care Nursery/NICU for observation

Procedure Name: Newborn assessment

☒ PHYSICIAN TO NURSE - Check glucose meter reading

Routine, ONGOING First occurrence Today at 1253, Check glucose meter reading for: · any infant exhibiting signs or symptoms of hypoglycemia · premature infant less than 37 weeks, infant with 5 minute Apgar less than 7, and SGA at 1, 2, 4,6,12,24 hours of age. · LGA and IDM infant's obtain blood glucose at 1, 2, 4,6,12 hours of age. Follow up: · If all greater than or equal to 45mg/dl, may discontinue monitoring. · If any glucose reading < 45mg/dl, notify a member of the medical team except in the first 4 hours of life. · If initial blood sugar birth to 4 hours <25mg/dl, feed formula or breast milk 10 mL/kg and recheck blood sugar in 1 hour after feeding finished.

Procedure Name: Check glucose meter reading

☒ HYGIENE CARE

Routine, ONCE First occurrence Today at 1253, Bathe when temperature stable and 2-4 hours of age

Bath Type: Other (specify in Comments box)

☒ CALL DOCTOR

Routine, AS NEEDED starting Today at 1252 Until Specified, If infant has respiratory distress or cyanosis: Give oxygen to maintain pink color, Do an oximetry check, notify physician

Reason: Other (specify in Comments box)

☒ SKIN ASSESSMENT

Routine, ONGOING First occurrence Today at 1253, Evaluate skin color for presence of jaundice on admission and every 8 hours thereafter

☒ TRANSCUTANEOUS BILIRUBIN - Per unit protocol

Routine, LAB ONCE First occurrence Tomorrow at 0000

☒ PHYSICIAN TO NURSE - Initiate GBS prevention screening / newborn

Newborn Order Set-Beaumont Grosse Pointe

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Routine, ONCE First occurrence Today at 1253

Procedure Name: Initiate GBS prevention screening / newborn

☒ CALL DOCTOR

Routine, ONGOING First occurrence Today at 1253, Notify physician if heel stick hematocrit is < 40% or > 65% , Obtain venous hematocrit if heel stick hematocrit is >65%.

Reason: Other (specify in Comments box)

☒ CALL DOCTOR

Routine, ONGOING First occurrence Today at 1253, Notify physician of any physical or physiologic abnormalities

Reason: Other (specify in Comments box)

☒ INTAKE AND OUTPUT

Routine, ONGOING First occurrence Today at 1253

Type: Intake & output

☒ CRITICAL CONGENITAL HEART DISEASE SCREEN (CCHD)

Routine, ONCE First occurrence Today at 1253, Complete Critical Congenital Heart Disease screen (CCHD) as close to 24 hours of life but before discharge.

☒ PHYSICIAN TO NURSE - Hearing screen prior to discharge

Routine, ONGOING First occurrence Today at 1253

Procedure Name: Hearing screen prior to discharge

☒ PHYSICIAN TO NURSE - Petroleum jelly (Vaseline) topically to buttocks for prevention of diaper irritation as needed with diaper change

Routine, AS NEEDED starting Today at 1252 Until Specified

Procedure Name: Petroleum jelly (Vaseline) topically to buttocks for prevention of diaper irritation as needed with diaper change

☒ PHYSICIAN TO NURSE - Draw neonatal bilirubin per protocol

Routine, CONTINUOUS starting Today at 1253 Until Specified, Place order & obtain a neonatal bilirubin level if infant is jaundiced at <24 hours of age or the TcB JM-103 reading is >95% at any age according to the Beaumont Hospital Nomogram

Procedure Name: Draw Total Serum bilirubin per protocol

☒ PHYSICIAN TO NURSE - Draw Type & Direct Antiglobulin Test/ COOMBS per protocol

Routine, ONCE First occurrence Today at 1253, If the TcB reading is >95% & Mother's blood group O, place an order & obtain a type and Direct Antiglobulin Direct Coombs.

Procedure Name: PHYSICIAN TO NURSE - Draw Type & Direct Antiglobulin Test/ COOMBS per protocol

☐ PHYSICIAN TO NURSE - Draw hematocrit for same sex twin

STAT, ONCE, Starting 5/25/17 for 1 occurrence