

**Pre-printed orders for the Care of
Neonatal Jaundice**

Original Date	01/2009	Revision Date		Withdrawn Date	
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Admit to Observation Room Services of: Dr. _____

Diagnosis: Hyperbilirubemia: Serum Bilirubin Level _____

Other: _____

Age of infant: _____ Hours
 Weight: _____ Kg
 Risk: Complete Bilirubin Risk Assessment
 Intake and Output: Weigh Diapers
 Daily Weights

IV: _____

Antibiotics: _____

Lab:

- Serum Total Bilirubin
- Recheck Serum Total Bilirubin every six hours after initiation of phototherapy until consecutive values show declining results or unless otherwise ordered. If values are increasing, notify a physician.
- Serum albumin levels
- Unconjugated bilirubin concentration
- Serum conjugated bilirubin concentration
- ABO and Rh
- Direct antibody test (Coombs' test)
- Hemoglobin and hematocrit determinations
- CBC with Differential
- Blood Cultures
- _____
- Complete blood count including manual differential white cell count
- Blood smear for red cell morphology
- Reticulocyte count
- Glucose-6-phosphate dehydrogenase screen
- Serum electrolytes and albumin or protein concentrations
- Thyroid studies _____

Phototherapy (If more than one checked due therapy is indicated):

- LED Phototherapy
- Bililights (overhead in isolate)
- Biliblanket

 Physician Signature Date ____/____/____ Time ____:____

PATIENT STICKER