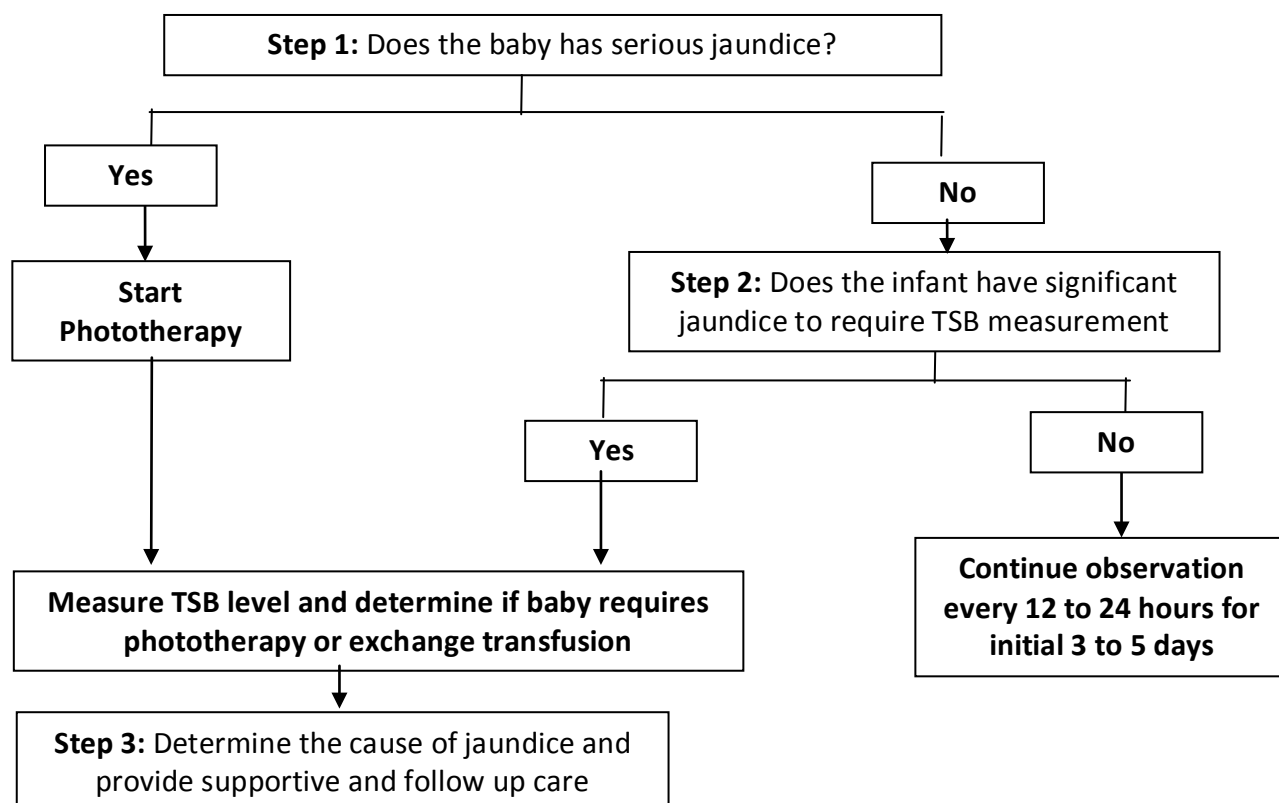


## APPROACH TO AN INFANT WITH JAUNDICE

Though recommended by AAP, universal screening of all infants with TSB in order to predict the risk of subsequent hyperbilirubinemia does not seem to be a feasible option in resource restricted settings

Perform visual assessment (VA) of jaundice every 8 to 12 h  
During initial 13 to 5 days of life  
VA can be supplemented with transcutaneous bilirubinometry (TcB), if available



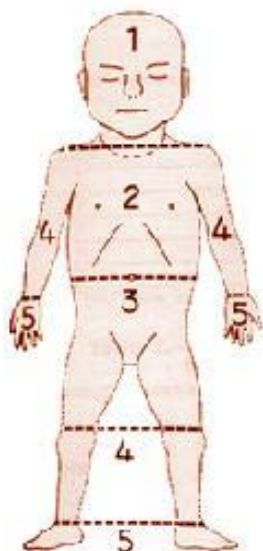
### Serious Jaundice:

- Presence of visible jaundice in first 24 hours
- Yellow palms and soles anytime
- Signs of acute bilirubin encephalopathy or kernicterus, hypertonia, abnormal posturing such as arching, retrocollis, opisthotonus or convulsion, fever, high pitched cry.
- TcB / TSB value more than 95<sup>th</sup> percentile as per age specific nomogram

### Measure Serum Bilirubin if:

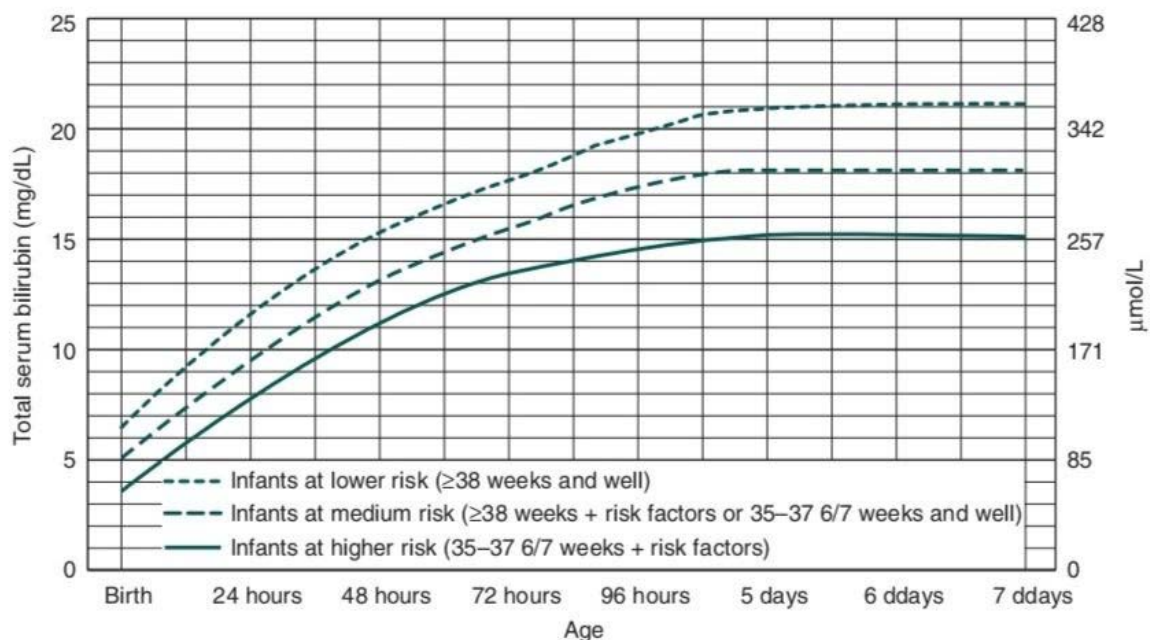
- Jaundice in first 24 hours
- Beyond 24 hr: if on visual assessment or by transcutaneous bilirubinometry, TSB is likely to be more than 12 to 14 mg/dL or approaching phototherapy range or beyond
- If you are unsure about visual assessment

## IDENTIFICATION OF JAUNDICE BY VISUAL INSPECTION



Kramer Zones	Approximate TSB Levels	
	MILD JAUNDICE (Lemon Yellow Color)	DEEP JAUNDICE (Orange Yellow Color)
1 (Face and Neck)	5 to 7 mg / dL	7 to 9 mg / dL
2 (Chest and Upper Abdomen)	7 to 9 mg / dL	9 to 11 mg / dL
3 (Lower Abdomen and Thighs)	9 to 11 mg / dL	11 to 13 mg / dL
4 4 (Legs and Arms/Forearms)	11 to 13 mg / dL	14 to 16 mg / dL
5 (Palm and Soles)	13 to 15 mg / dL	17 mg / dL or more

### GUIDELINES FOR PHOTOTHERAPY IN TERM NEWBORNS (BHUTANI CHART)



### GUIDELINES FOR EXCHANGE TRANSFUSION IN TERM NEWBORNS WITH JAUNDICE

