1.0 PURPOSE
To support the care of babies with hyperbilirubinemia.
To decrease infant serum bilirubin levels.
To maintain phototherapy treatment safely and effectively.
To minimize infant-maternal separation and facilitate breastfeeding.

2.0 POLICY
2.1 Follow readmitted phototherapy baby instructions found on unit.
All babies must be banded and a matching band given to the mother on admission.

2.2 Some considerations to reduce the possible side effects of hyperbilirubinemia are:
- Infants should be fed regularly with a maximum interval of four hours.
Or according to the physicians orders.

2.3 Vital signs are to be done q1h x 3, then q4h. This includes temp, apex and resps. (Phototherapy can increase infant temperatures. Normal temps are 36.5 – 37.2 axillary).

2.4 Weights are to be done on admission and daily.
- Physicians may order pre and post feeding weights.

2.5 Physician MUST be notified if:
- Baby is not feeding
- Persistent temperature instability
- Signs of dehydration
- Changes in babes levels of activity (lethargy)
- Vomiting of feeds

3.0 EDUCATION
3.1 All charting should be done on the newborn ongoing assessment variance sheet. (Example in the book).

3.2 Consider the following side effects of phototherapy.
- dehydration
- increased bilirubin induced diarrhea may cause peri-anal excoriation
- thermal instability
- possible maternal-infant separation and disruption of breastfeeding.
- All efforts should be made to minimize the amount of time babies are removed from phototherapy for feeding. Maximum of 40 minutes per feed.
- It is important to record accurately the number of wet and dirty diapers. Nurses should be checking all newborns for signs of dehydration.
- Babies with diarrhea should be changed frequently.

3.3 Encourage mothers who are breastfeeding to double pump after each feed and use for supplementation if required. *(Mothers should be encouraged to rest and hydrate as much as possible to maintain milk supply).*

3.4 Physician orders may read supplement after each feed. Ideally this should be expressed breast milk but formula may be used with parent permission.

3.5 Physicians should order serum bilirubin levels. TcB **must not** be used on babies who are under phototherapy. Please see serum bilirubin graph.

**REFERENCES**

