# A 7 day old term baby boy is brought to your emergency department because his mother is concerned that he looks jaundiced.

## List 6 causes for neonatal jaundice

- 1. Physiological jaundice
- 2. Prematurity
- 3. ABO incompatibility
- 4. G6PD or other red cell defect
- 5. Cephalohaematoma resorption
- 6. Increased enterohepatic circulation eg. bowel obstruction
- 7. Sepsis
- 8. Breast mild jaundice
- 9. Hypothyroidism
- 10. Conjugated hyperbilirubinaemia biliary atresia, hepatitis

## List 10 important questions in history

- 1. Family history of G6PD, jaundice in siblings
- 2. Maternal diabetes
- 3. Maternal blood group
- 4. Infections during pregnancy TORCH screen
- 5. Gestational age
- 6. Birth weight
- 7. Birth trauma cephalohaematomas
- 8. Vitamin K given at birth?
- 9. Day of onset of jaundice
- 10. Newborn screen done result checked
- 11. Breast fed Vs bottle fed
- 12. Gut transit time normal motions?
- 13. Vomiting or poor feeding
- 14. Fever
- 15. Pale stool

#### List 6 important features in physical assessment

- 1. Weight cw birth weight
- 2. Hydration status
- 3. Fever and/or other signs of infection
- 4. Hepatomegaly
- 5. Bowel obstruction
- 6. Urinalysis

This baby had lost 10% of birth weight and had been feeding poorly. He was obviously jaundiced but physical examination was otherwise normal.

#### List 6 investigations you would perform.

- 1. Serum total bilirubin used for treatment decisions, not fractionated level
- 2. Direct (conjugated bilirubin level) If >15% may go on to conjugated screen with LFTs, coagulation, viral serology, alpha 1 antitrypsin deficiency, hepatic US, etc)
- 3. Blood type and direct Coomb's test
- 4. Complete blood count and smear (for red cell morphology eg. hereditary spherocytosis)
- 5. Reticulocyte count (red cell production)
- 6. Urine culture, blood culture, CSF culture
- 7. G6PD measurement
- 8. Check Newborn Screen Test was actually done and normal as congenital hypothyroidism and galactosaemia are very important causes of jaundice to exclude.
- 9. TFTs may be done as newborn screening tests only for high TSH, not central cause of hypothyroidism
- 10. Urine reducing substances for metabolic screen

The total serum bilirubin was measured at 388 µmol/L. Use the attached Neonatal Jaundice Treatment Threshold Graph. List 4 features of treatment for this baby.



- 1. Phototherapy
- 2. Hydration
- 3. Maintain breast feeding if possible
- 4. Antibiotics for sepsis
- 5. Exchange transfusion for refractory hyperbilirubinaemia