Jaundice Referral From The Children's Clinical Decision Area (CCDA) Into The Children's Ambulatory Care Experience

(ACE) Service

Neonate with jaundice who has been reviewed by a ST4/ ANP in CCDA and requires phototherapy for physiologic jaundice. The baby has been assessed as well AND has a referral bilirubin and parameters within ACE referral criteria (below) AND parents/ carers consent for home phototherapy

	Appropriate referralparameters
Age	Gestation ≥36 weeks and
0-	< 2 weeks old
Respiratory Rate	40-60
But have desired	
Pre/post ductal	>94%
saturations	>94%
Heart Rate	120 - 160
ricalt Nate	120 - 100
Conscious level	Normal
Temperature	36.5-37.5
remperature	30.3-37.3
Weight	< 10 % weight loss
	
Feeding	3 hourly feeding; 8 feeds
_	a day, normoglycaemia
	Changing normal
Stool	coloured stool- NOTwhite/pale
31001	, p. 2.0

Additional input given at home visit by ACE team Support with feeding Parental confidence-building Monitoring effectiveness of treatment Identifying deterioration General health promotion e.g. smoking cessation advice



Call Children's ACE service on 01274 273354
Provide the latest bilirubin level (and when taken), the method of feeding and any concerns flagged up in the history or examination



Is there capacity in the Ace service? Does the ACE nurse have capacity to come see the family on the unit?



Ensure parent/guardian has
A copy of children's ACE service
information leaflet
Verbal safety-net advice
Consented to share information with ACE
The CCDA contact number



if parents/carers have beens hown how to use Bilisoft by the ACE team, allow the infant home to await telephone contact from ACE within 2 hours of initial referral to arrange home visit .



If parents have not been shown how to use the bilisoft a time must be agreed between the parents/carer and the ACE nurse to meet at the infants home to set up the bilisoft prior to discharge.

Exclusions:

- Suspected jaundice < 24 hours of age
- Prematurity ≤ 36 weeks gestation
- Weight loss ≥ 10%
- Neonates > 13 days
- Conjugated fraction > 25 μmol/l
- Infant with large cephalohaematoma
- First degree relative with Metabolic disorder
- First degree relative with liver disease
- Physiological parameters outside normal range
- Mother MRSA, C.Diff positive (or considered infectious from any other source)
- Family do not consent to undertake all safety checks and monitoring
- Risk of suspected sepsis

Review date - Feb 2027