Application of NICE Guidelines in the management of babies with prolonged jaundice

Aim: To follow NICE guidelines in the management of prolonged neonatal jaundice in order to get the best outcome in terms of the management of the babies and to make sure not to miss any case that needs further management.

Methods: Data from a random sample of 20 babies were collected from prolonged neonatal jaundice clinic . A checklist was created to make sure that we are following the standards. The checklist includes history taking, clinical examination and initial laboratory investigations such as FBC, DCT, LFTs, bilirubin, thyroid function tests and urine analysis. The second step is to classify the type of the prolonged jaundice whether unconjugated or conjugated. The last step is to contact the parents of the baby with conjugated jaundice for other sets of laboratory investigations aiming to get a diagnosis.

Results: The age of the 20 babies was ranging between 15 days and 5 weeks.

Weight gain	100% of the babies on formula	100% with mixed breast and formula	15% of the babies on exclusive breast milk
Stool and urine color	In 100% normal		
DCT	50% negative	15% not done	35% rejected sample
LFT and Thyroid functions	85% normal	15% not done	

Breast milk jaundice	Physiological jaundice	Conjugated jaundice	Needed phone consultation
50%	30%	5%	15%

15% of the babies had phone consultation after several times sample haemolysis.

15% of the collected sample required only a capillary blood gas sample of the bilirubin because they were not clinically jaundiced.

Consultation of the hepatic centre is done to arrange further investigations and follow ups in case of conjugated hyperbilirubinemia.

- **Conclusion:** Although some investigations were missed due to haemolysis or rejection but NICE guidelines were strictly followed and the case of conjugated jaundice was picked up. Additional support to the clinic by the phlebotomist to increase the efficiency of the samples and decrease the recall rate.

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