Proposed Prolonged Jaundice Pathway following national audit 2022-2023,

UK Multi-center practice and adaptation of Guidelines from NICE and Liver centre conjugated hyperbilirubinemia pathway. Copyright reserved to Dr Nagendra M Rao, Consultant Paediatrician, Doncaster and Bassetlaw NHS Foundation Trust, UK. 2023.

**Well Baby**
- Thriving well, feeding well (bottle or breast) gaining weight or gained birth weight, and **Passing yellow coloured stools**

**Term baby > 14 days old; Preterm baby > 21 days old**
(Term babies are born > 37 week old and preterm babies are born < 37 weeks old)

**Split Bili & FBC**

- **SBR < 250**
  - Conj Bili < 25 and or < 25% of Total Bili
  - **Reassurance HV/GP monitor clinically**

- **If It’s unconjugated hyperbilirubinemia > 250**
  - Monitor and Repeat in couple of days to ensure resolving trend of unconjugated bilirubin
  - If remain well or improving and SBR not raising – D/C back to HV or GP’s care

- **If It’s unconjugated hyperbilirubinemia > 250**
  - 2nd line investigations: Clotting, DCT, LFT, TFT, Consider GPD, GAL-1-PUT, A1AT & refer to BSPGHAN Guideline on Conjugated Hyperbilirubinemia

**Unwell baby**
- Not thriving, not feeding well, Not gaining or gained birth weight satisfactorily, and or **passing clay or pale / white coloured stools** (Refer to stool colour chart)

**Term or Preterm baby**

- **Unwell baby**
  - FBC, DCT, LFT & Split bili
  - Consider Urine c/s if clinically indicated or treat appropriate cause

- **In case of Preterm Baby even if** the SBR < 250 and Conj Bili < 25 and or < 25% of total bili
  - Monitor clinically in Hospital or CAU in couple of days and consider repeat Split bili in 1 week
  - If remain well or improving and SBR not raising – D/C back to HV or GP’s care

For Term baby:
- If **SBR < 250 & Conj Bili < 25** and or < 25% of Total bili
  - Monitor clinically in Hospital or CAU in couple of days and consider repeat Split bili in 1 week
  - If remain well or improving and SBR not raising – D/C back to HV or GP’s care

- For Term Baby: **if SBR <250 & Conj Bili < 25 and or < 25% of Total Bili**
  - Reassurance HV/GP monitor clinically