

OUR LADY'S CHILDREN'S HOSPITAL
NURSING CARE PLAN 34.
Care of infant receiving phototherapy for jaundice
Use care plan 1 ALs with this care plan



Care plan 34		Care of infant requiring phototherapy in the treatment of jaundice	
		Goals	Issue Date: September 2015 Review date: September 2018
..... is commencing phototherapy for treatment of jaundice.		<ol style="list-style-type: none"> 1. The need for phototherapy treatment will be determined and documented 2. Infant will receive phototherapy treatment in a safe manner using conventional phototherapy lights and or a biliblanket 3. Phototherapy will be discontinued when bilirubin levels are within normal levels. 	
Commenced date, time signature & grade	NO.	Nursing Intervention	Discontinued date, time, signature & grade
	1.	Determining need for phototherapy	
		<ul style="list-style-type: none"> • Perform full assessment of infant to determine extent of jaundice in bright natural daylight, where possible • Serum bilirubin levels should be taken once jaundice is observed • The infant's team will plot the serum bilirubin level, the gestational age and the postnatal age on the NICE Serum Bilirubin threshold graph for appropriate gestational age of the infant. • Explain procedure to parent/ guardian and provide written and verbal information • Single phototherapy=one phototherapy unit • Double or triple therapy = 2 or 3 phototherapy units used concurrently 	
	2.	Treatment of jaundice with conventional phototherapy lamps	
		<ul style="list-style-type: none"> • Warm incubator to appropriate temperature as per thermoregulation guidelines • Monitor infant's temperature at least 4 hourly 37 degrees centigrade for Preterm infant 35 degrees centigrade for a full term infant • Position the phototherapy lamp a minimum of: <ul style="list-style-type: none"> ➢ 38cms (15 inches) Giraffe Incubator Spotlight ➢ 25cms (10 Inches) Medela Phototherapy Lamp from the infant. There should be at least 3cms between the light unit and incubator • Nurse infant in nappy only • Reposition infants regularly to prevent skin breakdown. Use positional boundaries for very sick and premature infants • Place opaque eye shields of appropriate size over infant's eyes during phototherapy. Ensuring they do not slip or are too tight. • Perform eye care 4-6 hourly • Involve parents at all times and cluster care where possible • Monitor infant's intake and output observing for signs of dehydration • Assist and support mother with breastfeeding as required • Perform skin and nappy care regularly • Monitor serum bilirubin daily and visually assess infant for improvement or worsening of jaundice e.g. gums and sclera of eyes. 	

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3.	Treatment of jaundice with a Biliblanket	
	<ul style="list-style-type: none"> • Insert the light pad into a new disposable cover/vest and secure the fibre optic cable with the self-adhesive tabs • The disposable –covered, light emitting section of the biliblanket is placed directly against infant's skin (back/stomach) • Clothe infant or wrap in a blanket ensuring biliblanket remains in direct contact with skin • Clarify light intensity setting with infant's team • Ensure the infant is placed on pad only and not on the lead from the unit • Involve parents at all times and cluster care where possible • Monitor infant's intake and output • Assist and support mother with breastfeeding as required, • Weigh infant daily if condition allows • Perform skin and nappy care regularly • Change disposable cover/vest if soiled and between patients • Monitor serum bilirubin as indicated and visually assess infant for improvement or worsening of jaundice 	
4.	Discontinuing Phototherapy	
	<ul style="list-style-type: none"> • Observe for signs of jaundice and rebound jaundice and check serum bilirubin 6 to 12 hours post phototherapy cessation • Monitor temperature as infant may be at risk of cold stress or hypothermia when the phototherapy lights/biliblanket has been discontinued, maintain infants temperature between 36-37.5 degrees Celsius a neutral thermal temperature • Monitor the infant for signs of acute Bilirubin Encephalopathy observing for lethargy, hypo/hypertonia, high pitched cry, irritability (2012) 	