

Neonatal Hyperbilirubinemia Competency

The overall aim of this guideline is to “promote an approach that will reduce the frequency of severe neonatal hyperbilirubinemia and bilirubin encephalopathy and minimize the risk of unintended harm.” (American Academy of Pediatrics Statement). Prevention of hyperbilirubinemia requires the competent individual to screen, assess, recognize at-risk infants, implement appropriate interventions and ensure follow-up. The knowledge base and clinical skill of the care provider requires continuous updating.

This facility defines a competent provider as one who:

- Applies knowledge of physiologic and pathologic jaundice to the screening of at-risk populations.
- Applies knowledge of newborn physical assessment findings to identify need for early intervention.
- Identifies, interprets and implements appropriate interventions as a result of assessment findings.
- Incorporates knowledge of available resources to ensure appropriate follow-up for discharged infants.
- Provides education and support for the breastfeeding dyad.

Competency is demonstrated by:

Knowledge: Completion of self-paced learning module with successful completion of exam of at least 70%.

Skill: Care provider will:
Identify risk factors for severe hyperbilirubinemia.

Demonstrate the ability to identify root causes and determine physical findings for newborn jaundice by assessing infants for hyperbilirubinemia.

Measure total serum bilirubin or transcutaneous bilirubin levels in the first 24 hours and report to health care provider accordingly.

Interpret all bilirubin levels according to the infant’s age in hours and state bilirubin levels that are indicative of phototherapy or exchange transfusion.

Identify possible side effects of hyperbilirubinemia therapies.

Provide parents with educational materials about newborn infants that include information about jaundice.

State follow-up procedures of all newborns within 24-48 hours by a physician or pediatric nurse.

Judgment: Care provider will demonstrate judgment by participation in case scenarios presented in unit sponsored skills lab and/or 5 chart reviews.

Newborn Hyperbilirubinemia Chart Audit

Name: _____ Date: _____

	Chart Number				
Admission data complete					
Maternal/Neonatal blood type documented					
Risk factors identified					
Nursing assessment completed <ul style="list-style-type: none"> • Jaundice • TCB/TSB level • Breastfeeding • Weight gain • GA assessment • BIND score 					
Interventions and effects documented <ul style="list-style-type: none"> • Phototherapy • Exchange transfusion • Lactation Consultation 					
Documentation of appropriate patient education being completed					
Nutritional needs of newborn addresses					
Follow-up provided per policy					
Evidence of discharge planning throughout chart					

Recommendations: _____

Follow-up: _____

Reviewer: _____ Date: _____