

NURSING CARE PLAN No 34
Care of an Infant Requiring Phototherapy in the Treatment of Jaundice
Use careplan 1 ALS with this careplan

Full Name:

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Care Plan No 34 Problem	Care of an Infant Requiring Phototherapy in the Treatment of Jaundice Goals	Issue Date: April 2020 Review Date: April 2023
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..... is commencing phototherapy for treatment of jaundice.	<ul style="list-style-type: none"> The need for phototherapy treatment will be determined by the infants' serum bilirubin and documented by the medical team. Infant will receive phototherapy treatment in a safe manner using conventional phototherapy lights and or a biliblanket. Phototherapy will be discontinued when serum bilirubin levels are within normal levels for infants' gestational age as per NICE guidelines
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No	NURSING INTERVENTION	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
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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. Report increasing jaundice colour to NCHD. Serum bilirubin levels should be taken once jaundice is observed. The infant's medical/nursing team will plot the serum bilirubin level, the gestational age and the postnatal age on the serum '<i>Bilirubin Threshold Graph</i>' for appropriate gestational age of the infant (NICE 2010). Explain procedure to parent/ guardian and provide parental leaflet and verbal information Single phototherapy=one phototherapy unit Double or triple therapy = 2 or 3 phototherapy units used concurrently 		

2	Treatment OF Jaundice WITH Overhead Phototherapy Lamps		
	<ul style="list-style-type: none"> OLCHC 2017) <ul style="list-style-type: none"> ➤ Preterm – 37-degree celsius ➤ Full-term Infant – 35-degree celsius (Then reduce incubator temperature to maintain neutral thermal environment (NTE) 36.5 – 37.3-degree celsius) Monitor infant's temperature at least 4 hourly Position the phototherapy lamp a minimum distance from infant of: <ul style="list-style-type: none"> ➤ 25cms (10 Inches) Medela Phototherapy Lamp ➤ 30cms (12 inches) Drager Phototherapy Lamp (Wards) (Reposition after care / handling) ➤ 38cms (15 inches) Giraffe Incubator Spotlight (PICU and CHC only) <p><i>NB: There should be at least 3cms between the light unit and incubator</i></p> <ul style="list-style-type: none"> Nurse infant in nappy only, for maximum skin exposure 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. Check position, ensuring they do not slip or are too tight. Perform eye care 4-6 hourly <p><i>NB: Turn phototherapy off before removing eye shields</i></p> <ul style="list-style-type: none"> Always involve parents and cluster care where possible Monitor infant's intake and output observing for signs of dehydration as <i>infant may need extra fluids. (NB: Currently overhead lamps used in OLCHC are heat emitting)</i> Assist and support mother with breastfeeding as required 		

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3	TREATMENT OF JAUNDICE WITH A BILIBLANKET	Commencement , Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<p>DO NOT USE:</p> <ul style="list-style-type: none"> • Infants < 28 weeks gestation • Infants with broken / reduced skin integrity • 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) <i>NB: Ensure the infant is placed on pad only and not on the lead from the unit</i> • Dress infant or wrap in a blanket ensuring biliblanket remains in direct contact with skin • Clarify light intensity (low/ medium/ high) setting with infant’s neonatology medical team <i>NB: Ensure light is on at all times</i> • Involve parents at all times and cluster care where possible • Monitor infant’s intake and output • Assist and support mother with breastfeeding as required. <i>NB: Infant can be held for feeding</i> • Perform skin and nappy care regularly • Change disposable cover/vest if soiled and between patients • Monitor serum bilirubin 6-24 hourly, as per medical team. <i>(NB: Should infant have an increasing bilirubin level despite therapy it should be monitored 6 hourly)</i> • Plot serum bilirubin on ‘<i>Treatment Threshold Graph</i>’ for infants appropriate gestational age (NICE 2010). <p>Visually assess infant for improvement or worsening of jaundice e.g. gums and sclera of eyes in all infants, of different ethnic groups.</p>			
4	Discontinuing Phototherapy		
<ul style="list-style-type: none"> • Observe for signs of rebound jaundice, check serum bilirubin 12 hours post phototherapy use, to ensure serum bilirubin level remains within normal limits • Monitor temperature as infant may be at risk of cold stress or hypothermia when the phototherapy lights/biliblanket has been discontinued • Maintain infant’s temperature between 36.5-37.3 degrees celsius (neutral thermal temperature) <i>NB: Avoid cold stress temperature < 36 degrees celsius</i> 			

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