

NEWBORN HYPERBILIRUBINEMIA PATHOCHART

PATHOPHYSIOLOGY

Bilirubin is the yellow pigment that is left over when red blood cells break down. The liver normally absorbs and processes bilirubin, but in the immature newborn liver, there are not enough enzymes present to absorb and metabolize the bilirubin. Therefore, about the second to fourth day after birth, the skin and eyes become yellow-tinted. If the jaundice is not treated, high levels of bilirubin can lead to brain damage.



ASSESSMENT FINDINGS

- Difficulty with breastfeeding
- Loss of color in stools
- Yellowing of the skin and/or eyes (sclera)
- Greater than expected weight loss
- High-pitched cries or Fussiness
- Infant is difficult to awaken

DIAGNOSTICS

- Serum indirect bilirubin >5 mg/dL
- Presence of jaundice

NURSING PRIORITIES

- Assess and monitor neurological status
- Ensure adequate nutrition
- Prevent injury

THERAPEUTIC MANAGEMENT

- Phototherapy
- Monitor bilirubin levels
- Protect skin, eyes, and genitalia
- Tube feeding if difficulty breastfeeding
- Bleeding Precautions
- Assess LOC and reflexes

MEDICATION THERAPY

- Blood transfusions
- Phenobarbital