## Neonatal jaundice: a guide to the latest equipment

Neonatal hyperbilirubinaemia – jaundice – is a common condition that leads to a significant number of infants being referred to hospital in the first few weeks of life. Diagnosis of jaundice is made by measuring the level of bilirubin in the blood, either by taking a blood sample from the baby using a heel stick device for laboratory estimation of total serum bilirubin (TSB) or by using a handheld, non-invasive jaundice meter – a transcutaneous bilirubinometer (TcB).

The practice of treating neonatal jaundice with phototherapy is well established and traditional phototherapy light systems can be positioned over a cot or mounted on an incubator hood. Alternatively, fibre optic phototherapy blankets – 'biliblankets' – or cocoons can be used both at hospital and in the home.

With phototherapy it is important to frequently monitor the

baby's temperature as their environment will have altered; clothing/blankets are removed but the phototherapy equipment can act as a heat source. A baby's incubator may become warmer but babies treated in open cots will lose heat. Eye protection is essential for the baby, staff and parents during treatment; a variety of eye masks, light shield curtains, incubator covers and cot canopies are available. A radiometer can be used to check that the patient is receiving the correct amount/intensity of light.

If a baby has severe hyperbilirubinaemia they may need an exchange transfusion, although this is now a rarely performed procedure. In exchange transfusion, the blood should be prewarmed to 37°C using a blood warming device. Full cardiorespiratory monitoring is necessary.

Did you know that the Infant Supplier Guide provides a searchable database of equipment used for the care of sick and premature infants? **Visit: www.infantjournal.co.uk/supplierguide.html** 

