



Queensland
Government

Children’s Health Services

Royal Children’s Hospital

General Paediatrics

Gastroenterology

Consultant Clinics

Provision of
named referrals for
all patients
referred to the RCH
will expedite
patient access

Jaundice

Three types of jaundice are included in this guideline: Early jaundice, conjugated jaundice and persistent jaundice

Early jaundice – age one day old

Initial work-up

Refer when

- Jaundice in the first 24 hours is abnormal
- **Send urgently to RCH Emergency Department or the hospital of birth**

Early jaundice – age 2-7 days old

Defined as: Jaundice in a term baby which appears on day 2-4, the baby is well – afebrile, feeding well, alert, the baby is passing normal-coloured stools and urine, no other abnormalities and bilirubin levels are not above treatment threshold.

Initial work-up

Refer when

- Check the colour of stools – preferably break apart to check that the inner portion is not a light-grey, clay colour.
- Total (conjugated and non-conjugated) serum bilirubin. Normal (non-conjugated) is 85-120 $\mu\text{mol/L}$.

Results from the following tests can help with RCH priority & clinic triaging:

Urgent Priority:

- Blood sugar
- Urinary reducing substances

Helpful:

- Liver function tests (LFTs), thyroid function tests (TFTs)
- Urine culture

- **Pale light-grey stool suggests bile duct obstruction and warrants urgent referral by phone to RCH Dept of Gastroenterology. Tel (07) 3636 7816**
- Conjugated bilirubin $>30 \mu\text{mol/L}$
- Refer if serum bilirubin exceeds:
 - 25-48 hrs = $170 \mu\text{mol/L}$
 - 49-72 hrs = $260 \mu\text{mol/L}$
 - >72 hrs = $290 \mu\text{mol/L}$
- LFT/TFT results – referral dependant on results.

Conjugated jaundice

Any baby with persistent jaundice with a pale stool or dark urine should have investigation to exclude or detect conjugated jaundice.

Initial work up

- History and physical examination
- Bilirubin (total and conjugated)
- Liver function tests*
- Full blood count*
- Urine metabolic screen*

* Should usually be performed by tertiary service

Refer when

- **Refer urgently all patients with conjugated hyperbilirubinaemia where the conjugated bilirubin >30 µmol/L**

Persistent jaundice

Unconjugated hyperbilirubinaemia is common and usually physiological or due to breast milk jaundice. Pathological causes are infrequent but include hypothyroidism, haemolytic disorders and vitamin E deficiency. Persistent jaundice is when it is clinically apparent at one month of age.

- History and physical examination
 - Weight and nutrition
 - Adequacy of breast or bottle feeding
- Possibly bilirubin (total and conjugated)
- Thyroid function test
- Full blood count

- Total bilirubin >350 µmol/L
- Conjugated bilirubin >30 µmol/L
- Pale stool or dark urine

Clinical Advice: Tel (07) 3636 3777 and ask for Paediatric Registrar or Paediatric Gastroenterology Registrar or A/H (07) 3636 9005 Emergency Department

Referral Form Download: http://www.health.qld.gov.au/rch/professionals/gp_referrals.asp

**Send Referrals to: Medical Objects Address – QHEALTH, ROYAL CHILDREN'S HOSPITAL Fax: (07) 3636 7811 Mail: Outpatients Department
HealthLink Address - qldrchld Royal Children's Hospital
Herston Rd, HERSTON 4029**

See final page for references, copyright, disclaimer and further contact details.

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Contact us

RCH Switchboard	(07) 3636 3777
Emergency Department	
<ul style="list-style-type: none"> • GPs only (clinical advice) 	(07) 3636 9005
<ul style="list-style-type: none"> • General enquiries 	(07) 3636 8085
<ul style="list-style-type: none"> • Triage nurse 	(07) 3636 7900
<ul style="list-style-type: none"> • ED Admission enquiries 	(07) 3636 7700
Admission Enquiries	(07) 3636 8307
Admission Enquiries After Hours (via the RCH Main Switch)	(07) 3636 3777
Poisons Information Centre	131126
Seriously Unwell Child: RCH Emergency Department	(07) 3636 9005

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These guidelines were reviewed and developed by specialists at the Royal Children’s Hospital and reviewed by a working group of metropolitan general practitioners in Queensland.

Feedback or suggestions welcomed. Contact the **Centre for Healthcare Excellence**: CHS_CHE@health.qld.gov.au

Last reviewed: August 2011

References

Paediatric Handbook (2003) *Gastrointestinal Conditions, Chapter 24* (pp369-389). Mark Oliver and Lionel Lubitz, Seventh Edition, Blackwell Publishing. By the staff of the Royal Children’s Hospital, Melbourne, Australia

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