In the presence of risk factors (sepsis, haemolysis, acidosis or asphyxia) use the lower line.

1. If baby presents with TSB above threshold and the TSB is not expected to be below the threshold after 6 hours of intensive phototherapy, an exchange transfusion is indicated.

2. If there are signs of bilirubin encephalopathy an immediate exchange transfusion is recommended.

3. Babies under phototherapy:
   a. Consider measuring the TSB 4–6 hourly until the rise of serum bilirubin is known to be controlled, then measure TSB 12–24 hourly.
   b. If the TSB is greater than 50 micromol/L below line, stop phototherapy and recheck in 12–24 hours.

4. If baby is greater than 12 hours old with total serum bilirubin (TSB) 1–50 micromol/L below the line, repeat the TSB within 6–24 hours.

5. If if there are signs of bilirubin encephalopathy an immediate exchange transfusion is recommended.

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**Nomogram: Jaundice Management**

For baby 35+0 to 37+6 weeks gestation

1. In the presence of risk factors (sepsis, haemolysis, acidosis or asphyxia) use the lower line.

2. If baby is greater than 12 hours old with total serum bilirubin (TSB) 1–50 micromol/L below the line, repeat the TSB within 6–24 hours.

3. Babies under phototherapy:
   a. Consider measuring the TSB 4–6 hourly until the rise of serum bilirubin is known to be controlled, then measure TSB 12–24 hourly.
   b. If the TSB is greater than 50 micromol/L below line, stop phototherapy and recheck in 12–24 hours.

4. If baby presents with TSB above threshold and the TSB is not expected to be below the threshold after 6 hours of intensive phototherapy, an exchange transfusion is indicated.

5. If there are signs of bilirubin encephalopathy an immediate exchange transfusion is recommended.