Quick Guide to taking Community Calls (refer to Badger guidance if in any doubt)

If baby requires review/bloods please discuss with NCOT team when this can be arranged. Once a date and time has been arranged, please book the baby into the appropriate virtual clinic appointment so that results can be chased and auctioned. **Any baby who sounds potentially unwell should be directed immediately to ED at RHCYP.**

Prolonged Jaundice (babies who are jaundiced at or beyond 14 days (term) or 21 days (preterm))

Advise same day attendance at RHCYP ED any baby who is/has:

- unwell, rash/bruising, feeding poorly, low tone, other neurological signs or lethargic

Advise next working day attendance to RHCYP ED (ideally by 10am) any baby who:

- has pale (or 'suspect') stools and/or dark urine at any time –THIS IS THE MOST IMPORTANT SIGN TO OBSERVE and EMPHASISE ONGOING DAILY ASSESSMENT BY PARENTS
- has a FHx of recurrent jaundice or blood disorder, or parents are consanguineous
- has been formula feeding **exclusively** without any breastmilk in the last 7 days
- has not regained birthweight by 14d and where there is evidence that weight gain is not reassuring; or, where weight gain has become poor since regaining birthweight
- has had previous NNU admission for intensive PTX due to suspected haemolysis
- ALL babies being referred up to ED (who are not acutely unwell) should be discussed with the NNU consultant (HDU or on-call) and ED at RHCYP should be alerted to their expected attendance

All other babies:

- do not need to be referred to hospital or seen at this stage
- MW should give parents worsening advice and the new PJ information leaflet
- MW should ensure parents know to assess stool colour daily using the PiL stool chart (if in colour) or online link. THIS IS THE MOST IMPORTANT SIGN TO OBSERVE and EMPHASISE ONGOING DAILY ASSESSMENT BY PARENTS
- MW or HV should review babies weekly until no longer jaundiced and refer back as pathway above

Author: Version 1.0 JC Becher 05.10.20, Updated Angela Davidson
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NB: all babies who remain jaundiced at 28 days (term or preterm) should be reviewed by NCOT. Discuss with NCOT time and date of review and then book baby into the corresponding virtal clinic Trak appointment so that results can be chased and actioned.

Early jaundice

Jaundice <24h: baby requires to be assessed in ED RHCYP and have their SBR measured.

<table>
<tr><td colspan="4">Minolta reading</td></tr>
<tr><td>Any gestation any time point</td><td colspan="2">---</td><td>Baby requires to come urgently to NNU for assessment, SBR and phototherapy. Alert SC TL to prepare a space and do not delay seeing the baby.</td></tr>
<tr><td>Gestation</td><td>35+0-36+6w</td><td>≥37w</td><td></td></tr>
<tr><td>24-48h</td><td>≥120</td><td>≥170</td><td rowspan="2">Baby requires SBR
• Discuss with NCOT and book baby for virtual appt (Contact: bleep 22587 or 07720508696)
Note: guidance is that SBR result should be available within 6 hours of noting jaundice. If NCOT cannot do SBR until late in the day then discuss with the HDU or oncall consultant as it may be appropriate to refer baby to ED at RHCYP
Note: it is useful to also do a DCT for jaundiced babies coming to clinic to facilitate assessment for home PTX. Remember babies should be managed on home PTX where possible if they meet criteria.</td></tr>
<tr><td>>48h</td><td>≥200</td><td>≥270</td></tr>
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Weight Loss

Any baby with weight loss ≥13% please follow the large weight loss guideline).
A baby with weight loss <13% does not require to be referred or to be seen *unless there are other concerning features*. Any plan to see these babies should be discussed with consultant beforehand.

Other

Get full information and give advice as you feel able, but state you will discuss plan with your consultant and that they or you may contact midwife if plan changes. Take a note of midwife mobile number.
A baby with any signs suggestive of infection should be referred directly to ED at RHCYP.

Document all plans resulting from community referrals under '**progress notes'** on babies' Trak records as this is where the community midwives will look.

All referrals and clinic visits must be documented in the baby Trak record.

Your point of contact for CMW Referrals is the PNW Consultant on bleep 4133