

Section: Division of Nursing  
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\* **PROCEDURE** \*  
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**NEWBORN SERVICES/3-SOUTH**  
(Scope)

**TITLE: PHOTOTHERAPY FOR HYPERBILIRUBINEMIA WITH OLYMPIC BILI BASSINET, OR BILI BLANKET PHOTOTHERAPY**

**I. PHOTOTHERAPY FOR HYPERBILIRUBINEMIA WITH OLYMPIC BILI BASSINET OR BILI BLANKET**

**PURPOSE:** To outline procedure to properly institute phototherapy and provide optimum nursing care of the infant with hyperbilirubinemia thus reducing the amount of bilirubin in the blood. Treatment is thought to reduce serum bilirubin levels by facilitation biliary excretion of unconjugated bilirubin.

**SUPPORTIVE DATA:** Physician's order is necessary to institute the treatment as well as signed parental consent.  
(See 6170.076b)

**EQUIPMENT:**

1. Bili Bassinet, Bili Blanket, as ordered
2. Eye shields kit. All supplies to be kept in drawer of bili bassinet.
3. Consent from parents with explanation of time schedule (in drawer of Bili Bassinet)
4. Paper chart forms/packet.

**CONTENT:**

**PROCEDURE STEPS:**

1. Explain procedure to parents and witness "Consent for Photo Therapy" on flow sheet as signed by the mother.
2. Place velcro pads on temples using prep provided.
3. Cover bassinet mattress with disposable cover. Undress infant except for diaper and place on bed.
4. Apply eye shield carefully to protect the infant's delicate eye tissues from the Bili light.
5. Place infant in supine position on bili bassinet. After positioning lights on bili bassinet, turn lights on.
6. Turn the infant frequently to expose all the skin areas. Infant should never be placed on abdomen.

**KEY POINTS:**

Physician to notify parents of need to phototherapy. Parents may be given pamphlet on jaundice, hyperbilirubinemia

Change the eye pads every 12 hours and record the change on the flow sheet. Explain to parents the importance of eye pads.

Physician to order brightness level.

Infants should be turned every two (2) hours and chart on flow sheet.

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| 7. Monitor blood reports of bilirubin, hemoglobin, hematocrit, and reticulocyte count as ordered  | Under phototherapy, total and direct bili levels are done every 12 hours or as ordered.  |
| 8. Monitor infant's body temperature every four (4) hours and report any abrupt change.   | Bili Bassinet construction prevents drafts and maintains temperature.  |
| 9. Document elimination on flow sheet. Observe stools for color, consistency, frequency and amount. Observe urine for color and amount. | Chart stools/wet diapers and amount of time on breast and/or amount of formula consumed.   |
| 10. Encourage oral intake ie. Breast, bottle, with water in between protein feedings as ordered   | Poor caloric intake and/or dehydration may contribute to the development of hyperbilirubinemia.  |
| 11. Infants may be removed from Bili lights for feeding and for any tests or treatments. Use biliblanket as ordered.                    | Remove the eye shield when the infant is taken out of the isolette. Record on Phototherapy Flow Sheet each time infant is removed from Bili lights. Light intensity is checked by biomed with bili meter. Bulbs are replaced by biomed department. |
| 12. Clean bili bassinet with germicide as needed and at discharge.  |  |

**II. BILI BLANKET PHOTOTHERAPY**

- PURPOSE:** To outline procedure to use biliblanket to reduce hyperbilirubinemia
- SUPPORTIVE DATA:** Physicians order necessary to initiate treatment, as well as signed parental consent.
- EQUIPMENT LIST:**
1. Bili Blanket
  2. Disposable vest/cover

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| <b>CONTENT:</b> | <b>PROCEDURE STEPS:</b>  | <b>KEY POINTS:</b>   |
|                 | 1. Explain procedure to parents and witness "Consent for Photo Therapy" on flow sheet as signed by the mother.   | Physician to notify parents of need to phototherapy. Parents may be given pamphlet on jaundice, hyperbilirubinemia.  |
|                 | 2. Insert the fiber optic pad into a new disposable cover or vest. Secure the cover vest around the pad with the self-adhesive tabs.   | The white, thin side of the cover goes over the illuminating side of the fiber optic pad.  |
|                 | 3. Remove the infant's undershirt and place the infant's back directly over the covered fiber optic pad with the tip of the pad at the baby's shoulders and the pad cable towards the baby's feet. | Make sure as much of the infant's skin is in direct contact with the lighted section of the pad. Keep the diaper on the infant.  |
|                 | 4. Put the undershirt back on the baby and wrap the baby with the blanket.   | Bili Blanket may stay on infant for feeding or testing. Encourage parent to keep light on infant at all times to facilitate reduction of bilirubin. Physician to order brightness level. |
|                 | 5. Monitor blood reports of bilirubin, hemoglobin, hematocrit, and reticulocyte count as ordered.  | Under phototherapy, total and direct bili levels are done every 12 hours or as ordered.  |
|                 | 6. Observe and chart both urine and stools.  |  |

7. Encourage oral intake ie. Breast, bottle, with water in between protein feedings as ordered

Poor caloric intake and/or dehydration may contribute to the development of hyperbilirubinemia.

8. Infants may be left at the mother's bedside while undergoing phototherapy.

Instruct the mother to notify the RN at once if the light bulb goes out.

9. After use, let the illuminator bulb cool and wipe the blanket with germicide.

The Bili Blanket pad can be used in conjunction with Bili bassinet. Phototherapy. When the baby is out of the bili bassinet for feedings or tests, the bili blanket can be used so there is no disruption in therapy.

**Reference:**

Manufacturers instruction manuals.

Mattson, Susan, PhD, RNC, CTN; Smith, Judy E. PhD, RN, WHNP-C, Core Curriculum for Maternal-Newborn Nursing, Elsevier, 2004, 517-532.

