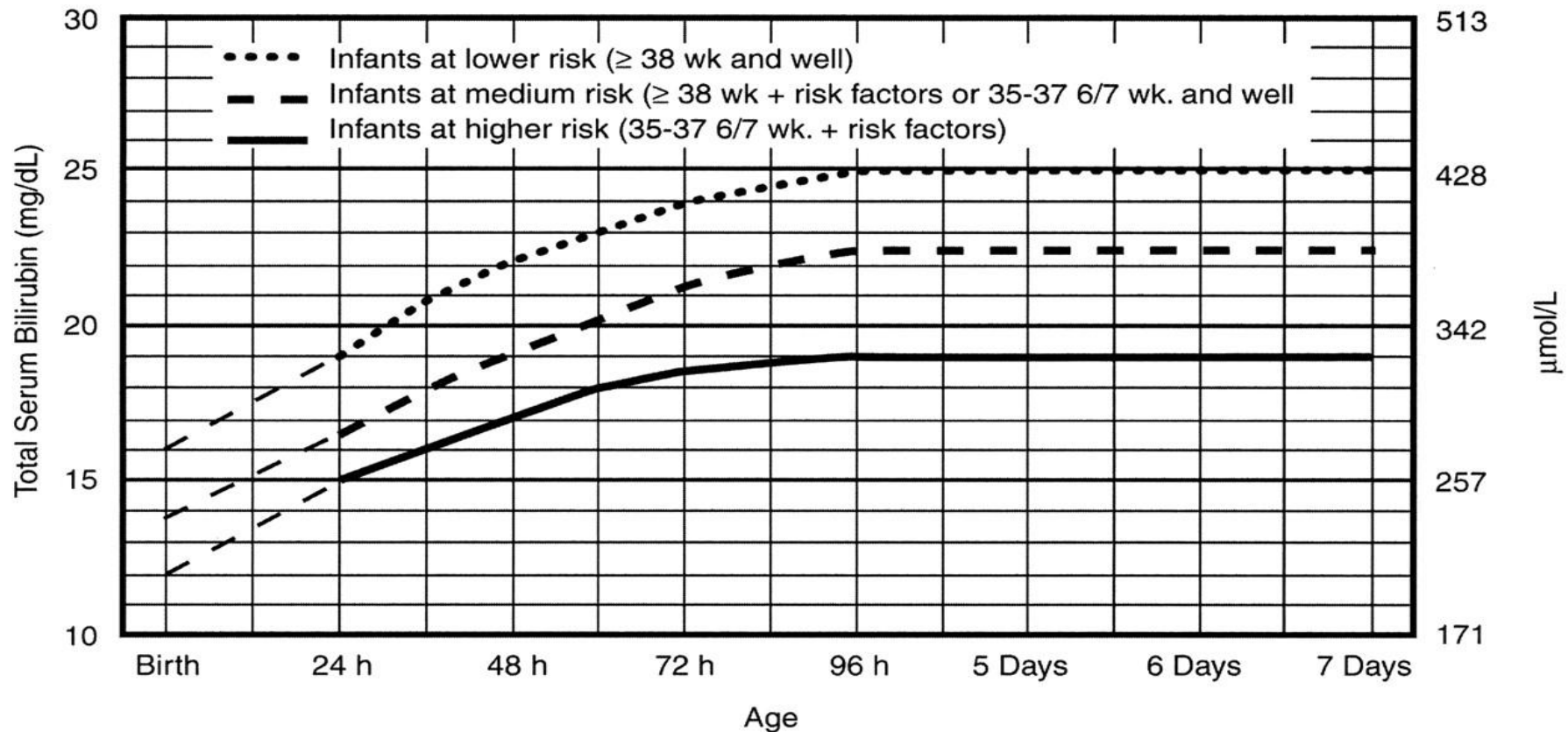


NOMOGRAM FOR EXCHANGE TRANSFUSION IN INFANTS' ≥35 WEEKS GESTATION.

AAP Subcommittee on Neonatal Hyperbilirubinaemia. Management of Hyperbilirubinaemia in the Infant ≥35 Gestation. Clinical Practice Guideline. *Pediatrics*. 114(1):297-316, 2004 July.



- The dashed lines for the first 24 hours indicate uncertainty due to a wide range of clinical circumstances and a range of responses to phototherapy.
- Immediate exchange transfusion is recommended if infant shows signs of acute bilirubin encephalopathy (hypertonia, arching, retrocollis, opisthotonos, fever, high pitched cry) or if TSB is ≥5 mg/dL (85 μmol/L) above these lines.
- Risk factors - isoimmune hemolytic disease, G6PD deficiency, asphyxia, significant lethargy, temperature instability, sepsis, acidosis.
- Measure serum albumin and calculate B/A ratio (See legend)
- Use total bilirubin. Do not subtract direct reacting or conjugated bilirubin
- If infant is well and 35-37 6/7 wk (median risk) can individualize TSB levels for exchange based on actual gestational age.