HOME HEALTH CARE PHOTOTHERAPY ORDERS

Birth Weight _________ KG ( _____ LB ______ OZ) Current Weight ________ KG ( _____ LB _____ OZ)

Gestational Age___________ weeks Hour/Time of Birth ____________________________________________

Total Serum Bilirubin Level _____________mg/dl Date: _____________ / Time: ______________ level obtained

Nutrition:  ❑ Breastfed  ❑ Formula: type ____________________________

Allergies:  ❑ None  ❑ Drug/Contrast  ❑ Food  ❑ Product/Latex Specifics: ____________________________

Diagnosis: ___________________________________________________________________________________

Clinical Criteria for Home Phototherapy

1. Total Serum Bilirubin level must be obtained no more than eight (8) hours prior to time of the referral.
2. Patient’s Total Serum Bilirubin level falls within recommended range for home phototherapy (no more than 1 point above phototherapy threshold), based on hours of age and gestational age. (Refer to the American Academy of Pediatrics Clinical Practice Guidelines, 2022.)
3. Infant is 36 weeks gestation or greater and is between 48 hours and 7 days of age.
4. Infant shows no signs/symptoms of dehydration, significant lethargy, or temperature instability.
5. Infant shows no signs/symptoms of sepsis or acidosis.
6. If the infant is exclusively breast feeding, there are no signs/symptoms of poor nursing and weight loss is less than 10%.
7. There is no evidence of active hemolysis.
8. No previous phototherapy (unless continuous from birth hospital).
9. Albumin if measured is greater than 3.0.
10. Infant will be able to have labs checked daily or as ordered by the prescribing physician.

Home Phototherapy Orders

1. Equipment for home phototherapy to be provided by CCHMC Home Health Care. Set unit to HIGH intensity.