

Prolonged Jaundice Screen Form

Name: Chi: Address:

Date: **Time:** **Consultant of week:**

Parent name: **Contact number:**

Person taking referral:

History

Gestation at birth Current age
Birth weight Current weight

Relevant antenatal/delivery/ postnatal information:

Feeding: Formula Breast milk waking for feeds? Yes No

Treated for jaundice as inpatient? Yes No

Vitamin K given? Yes No

D5 Guthrie screening completed? Yes No

Any significant family history? Yes No

Details:

At risk of G6PD ? Yes No

Stool colour: Pale Pigmented

Urine colour: Clear Dark

Any parental concerns? Yes No

Details:

Assessment by CCN visiting the family:

Observation of skin colour including sclera

Clarification of stool colour, observed if possible

Discussion re feeding, waking for feeds, amounts / times taken

Concerns over increased lethargy or feeling of 'just not right'

Comments:

CCN Signature:

Date:

Blood results:

Conjugated/Unconjugated bilirubin:

Follow up required: Yes No

Details:

GP letter done:

Parents phoned:

Name:

Signature:

Designation:

Date: