

Guía clínica para indicación de fototerapia según edad gestacional.

Recomendaciones para indicar fototerapia en RN \geq 35 semanas EG: ver figura.

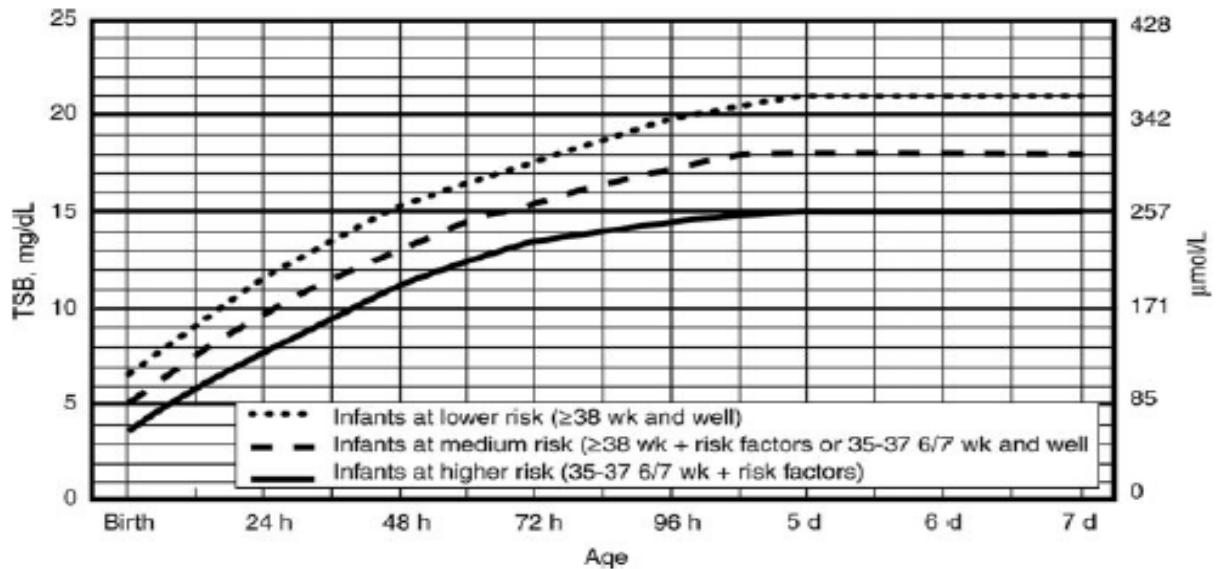


FIGURE 1

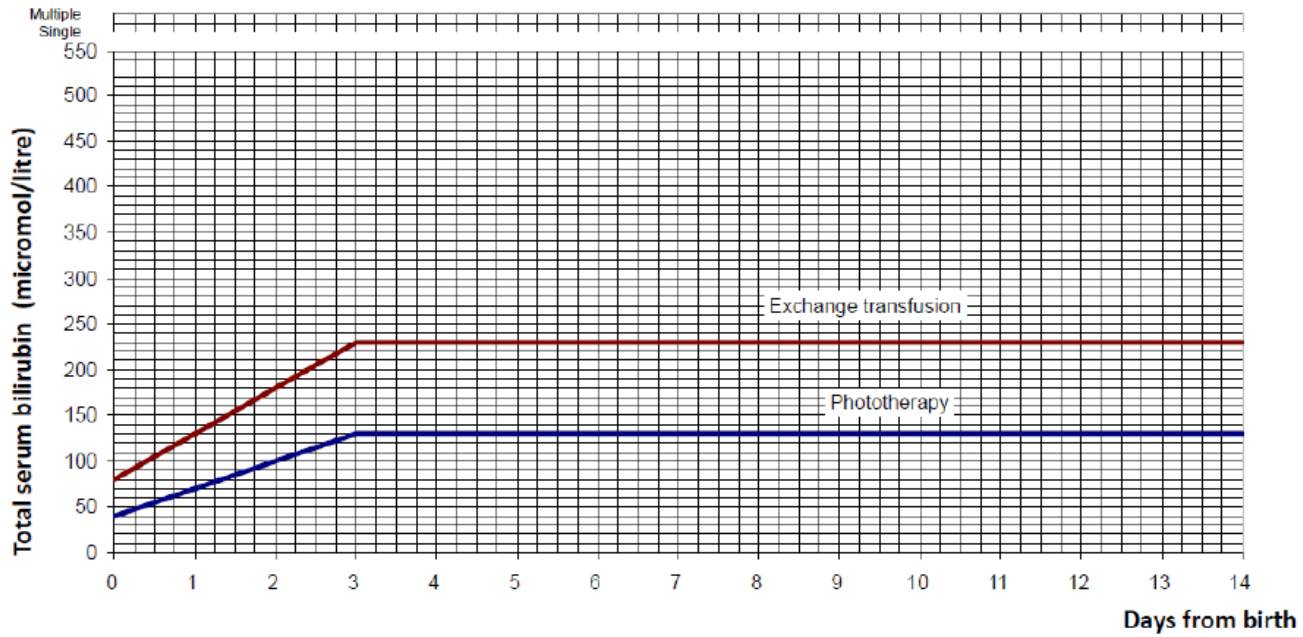
Guidelines for phototherapy in hospitalized infants \geq 35 weeks' gestation. Note that these guidelines are based on limited evidence and that the levels shown are approximations. The guidelines refer to the use of intensive phototherapy, which should be used when the TSB level exceeds the line indicated for each category.

- Use total bilirubin. Do not subtract direct-reacting or conjugated bilirubin.
- Risk factors are isoimmune hemolytic disease, G6PD deficiency, asphyxia, significant lethargy, temperature instability, sepsis, acidosis, or an albumin level of <3.0 g/dL (if measured).
- For well infants at 35 to 37 $\frac{6}{7}$ weeks' gestation, one can adjust TSB levels for intervention around the medium-risk line. It is an option to intervene at lower TSB levels for infants closer to 35 weeks' gestation and at higher TSB levels for those closer to 37 $\frac{6}{7}$ weeks' gestation.
- It is an option to provide conventional phototherapy in the hospital or at home at TSB levels of 2 to 3 mg/dL (35–50 μ mol/L) below those shown, but home phototherapy should not be used in any infant with risk factors.

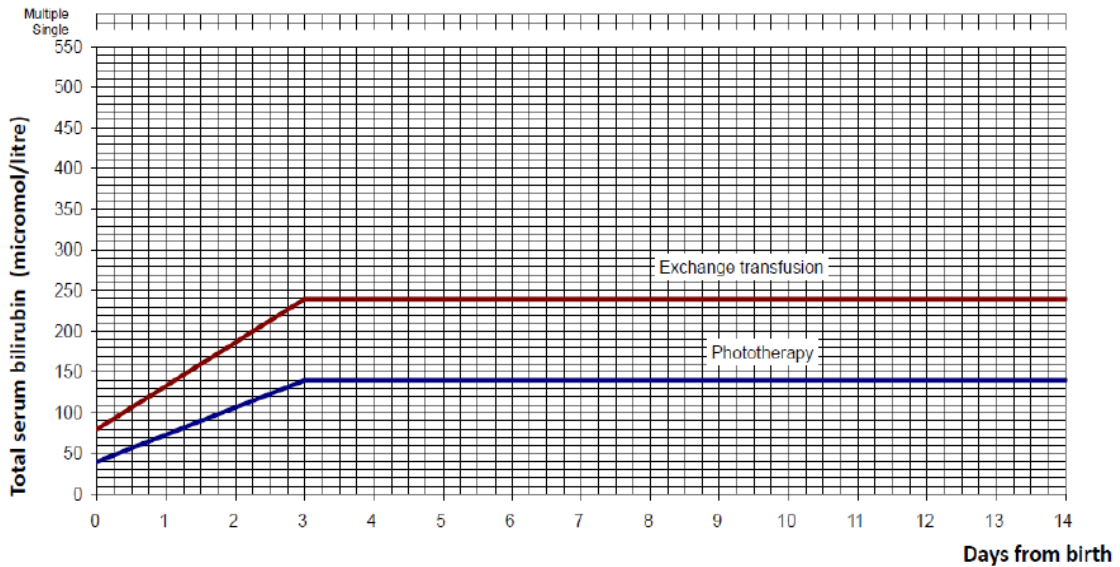
Recomendaciones según guías NICE, para indicar fototerapia en menores de 35 semanas EG.

Debe convertir bilirrubinemia de micromoles/lit a mg/dL , para lo cual, se debe dividir los micromoles por 17.1

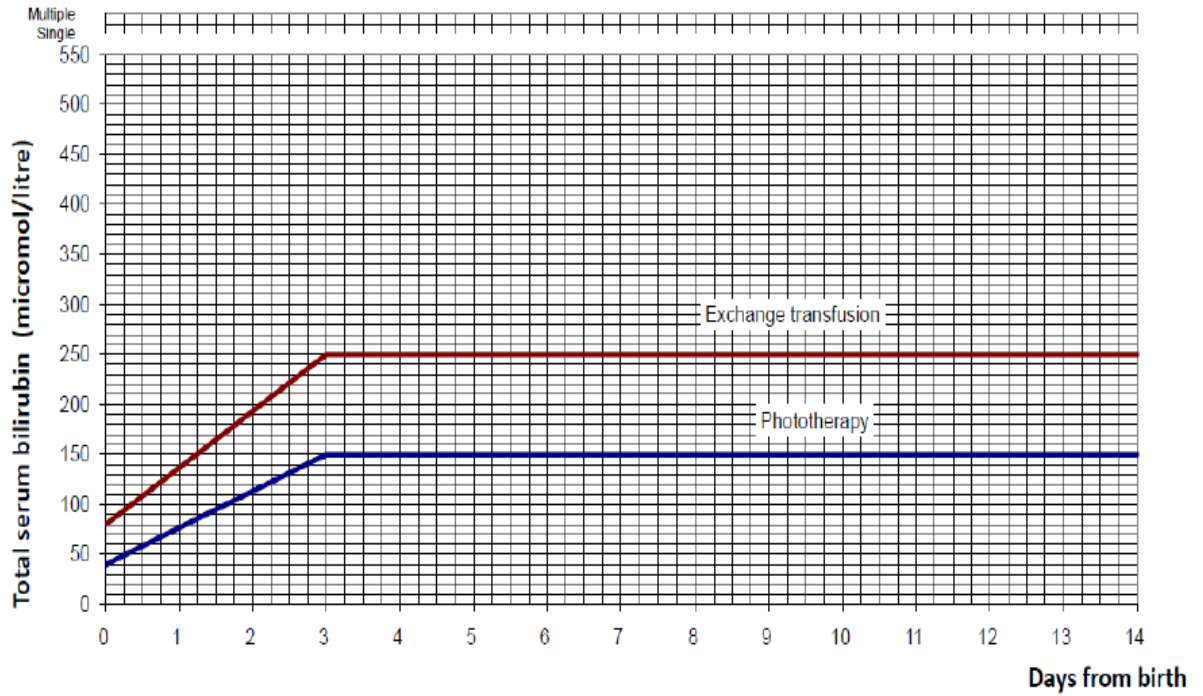
23 semanas



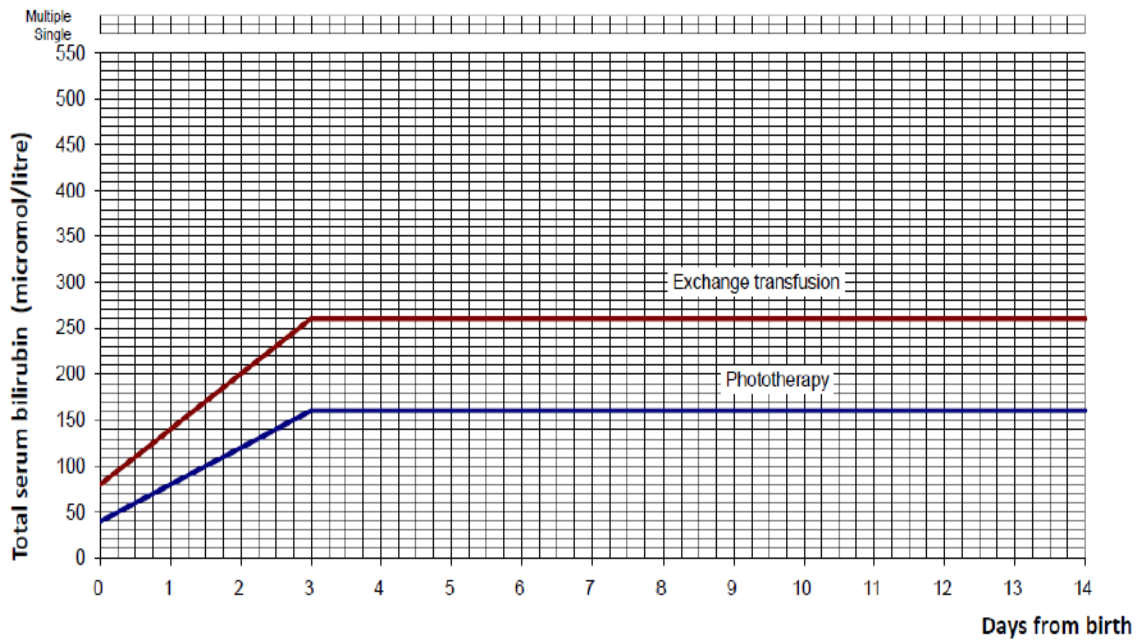
24 sem



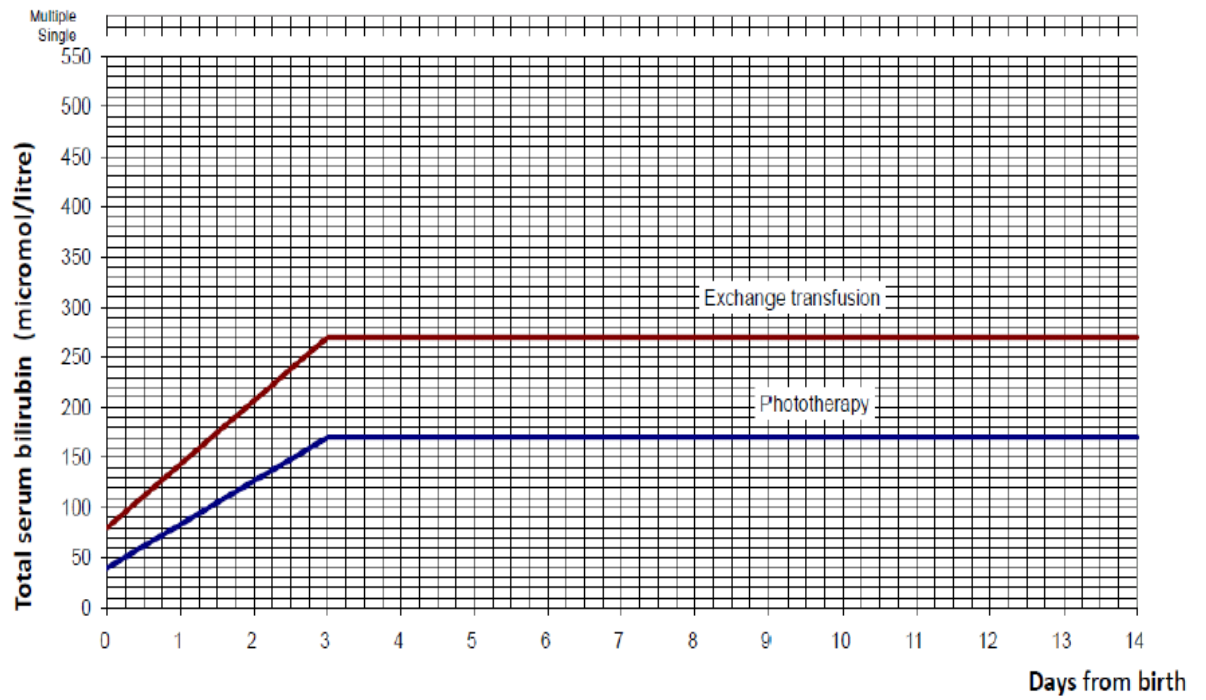
25 sem



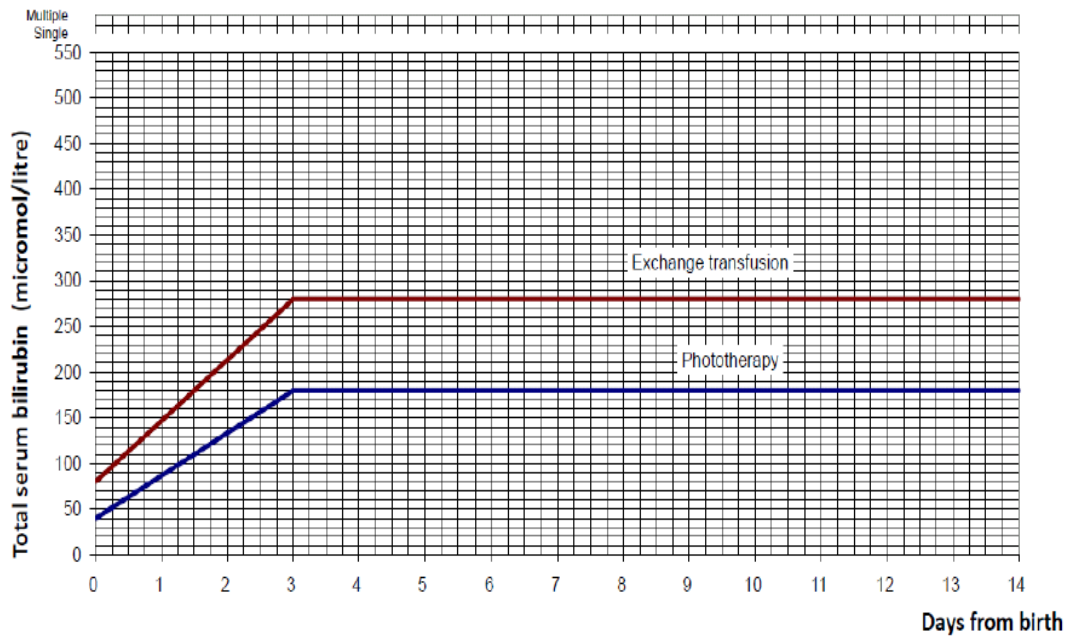
26



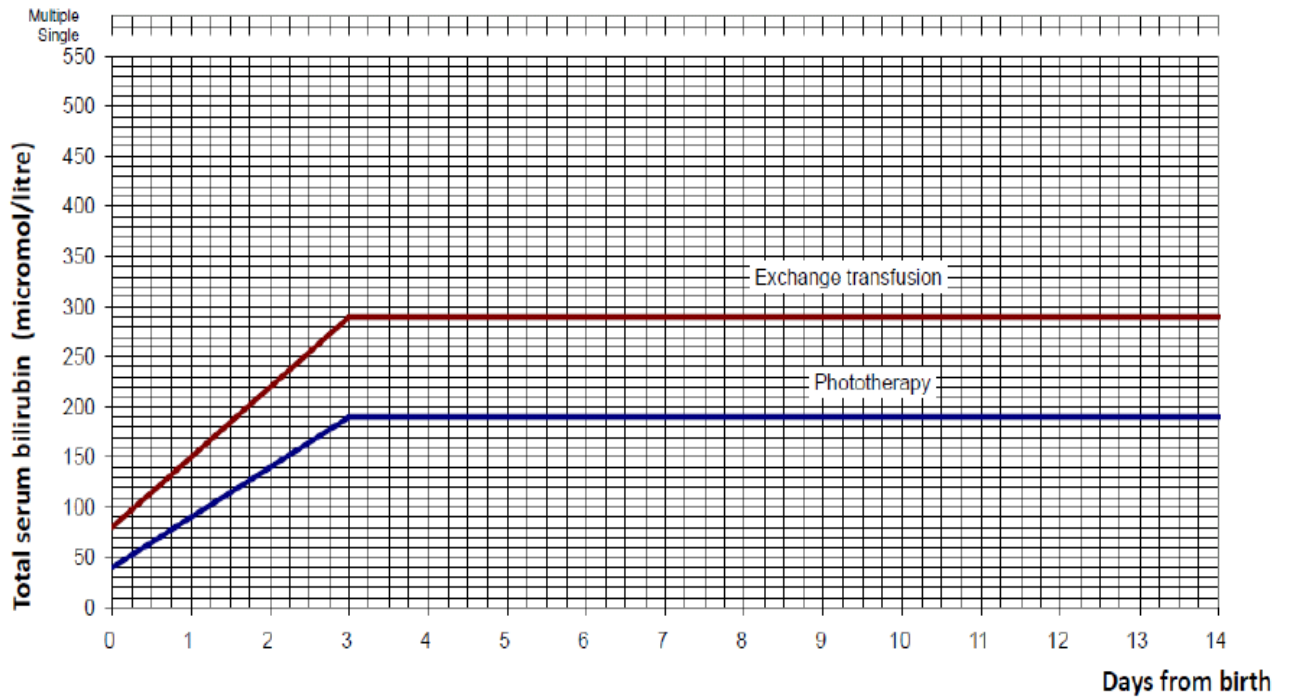
27 sem



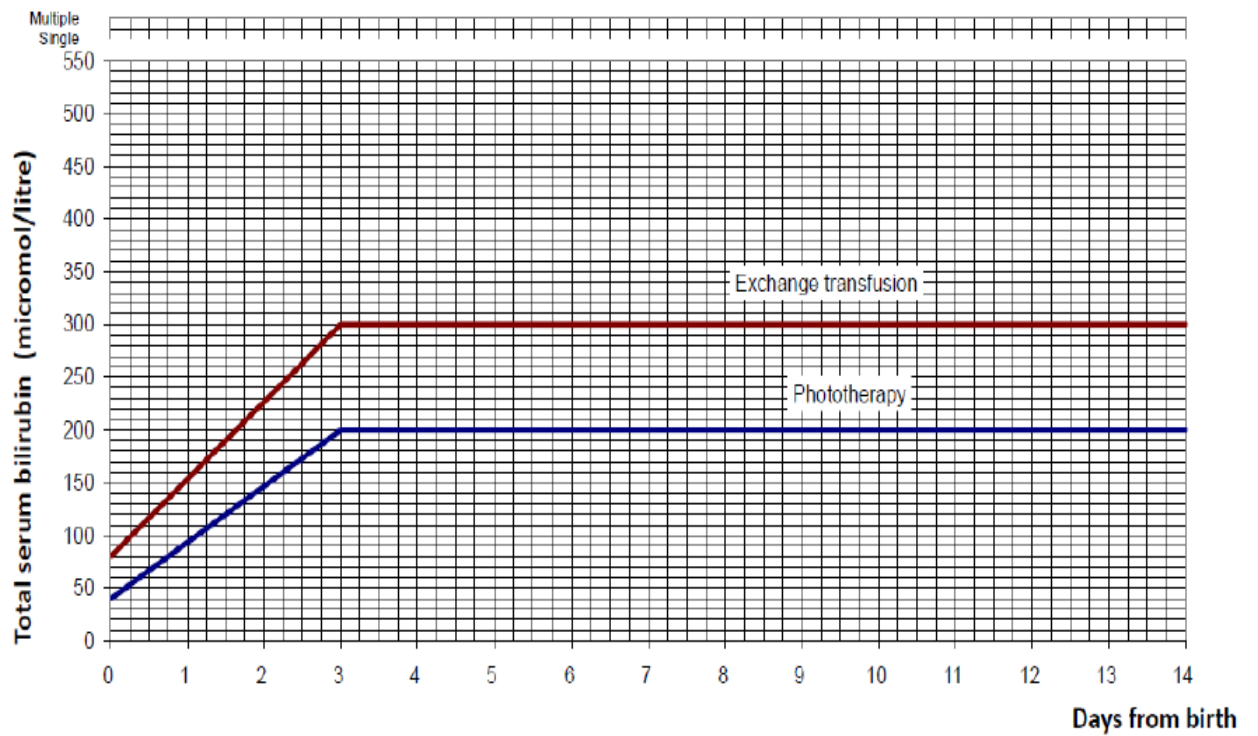
28 semanas



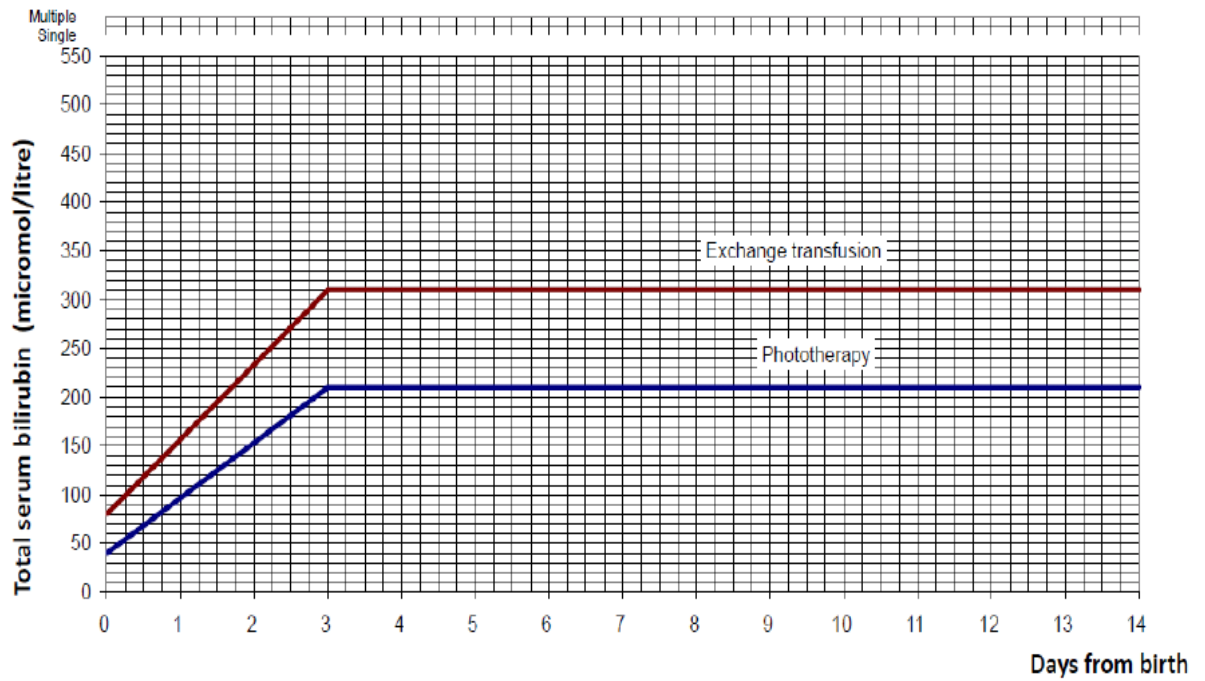
29 semanas



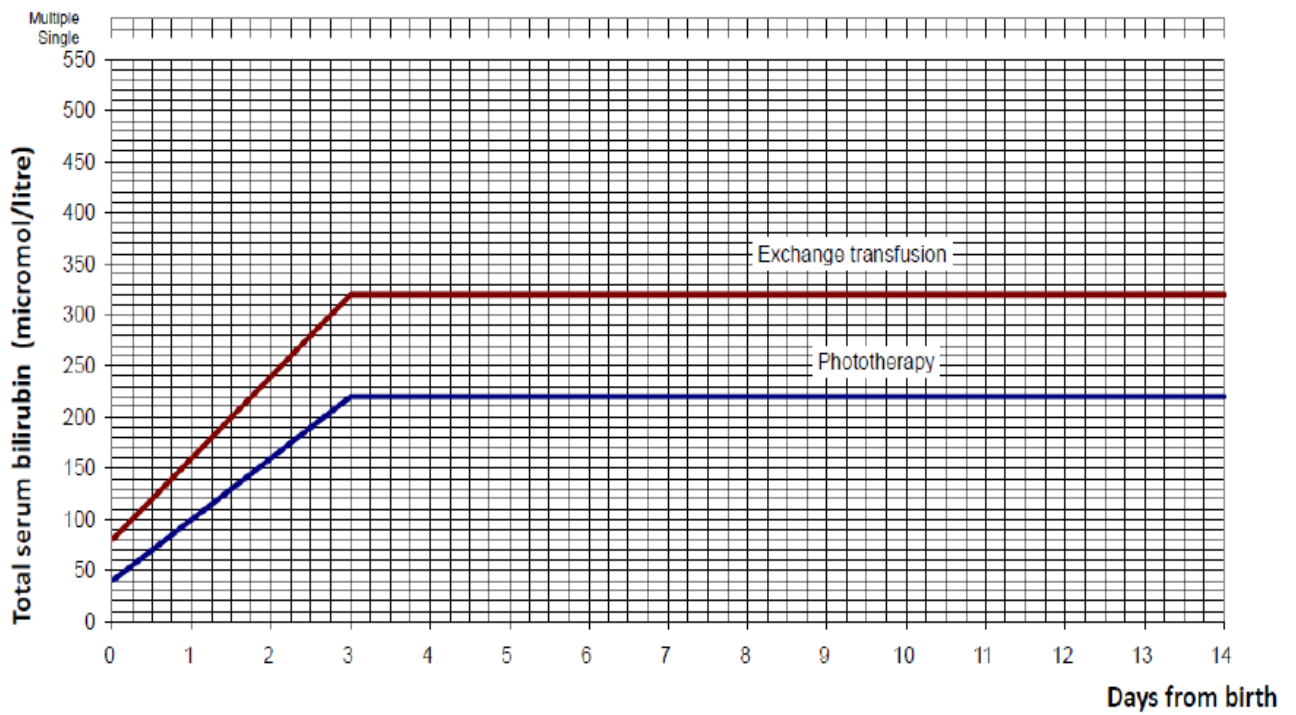
30 semanas



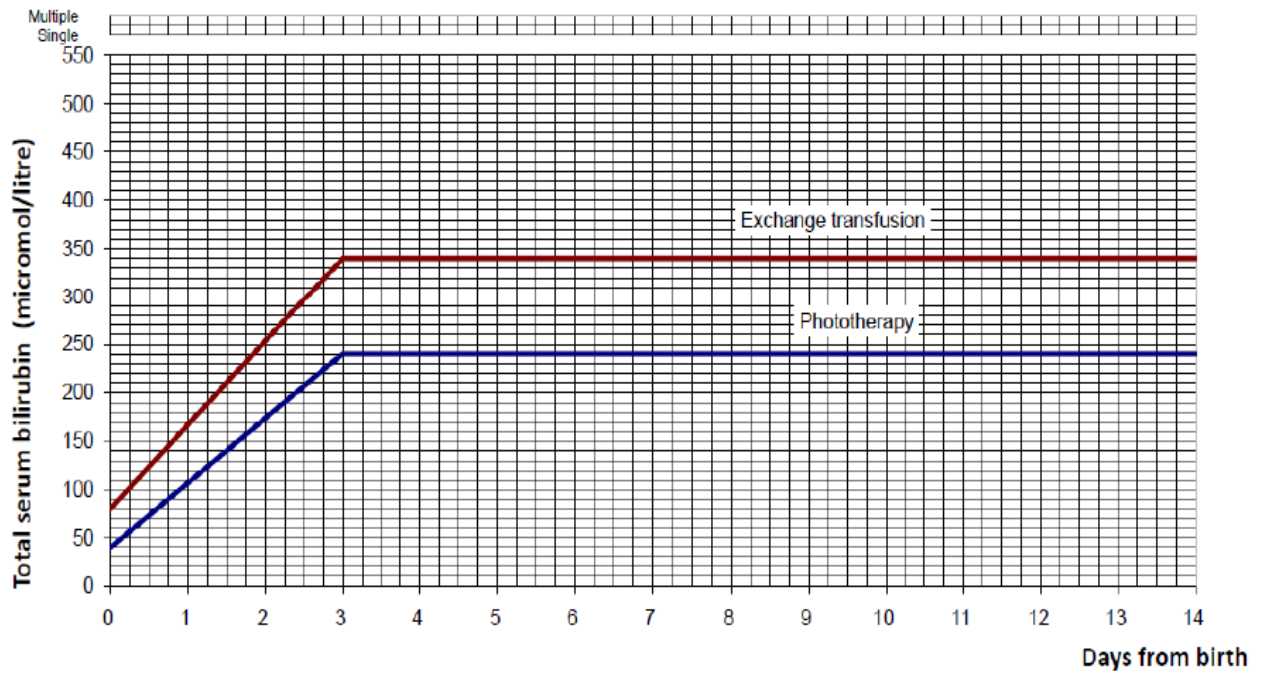
31 semanas



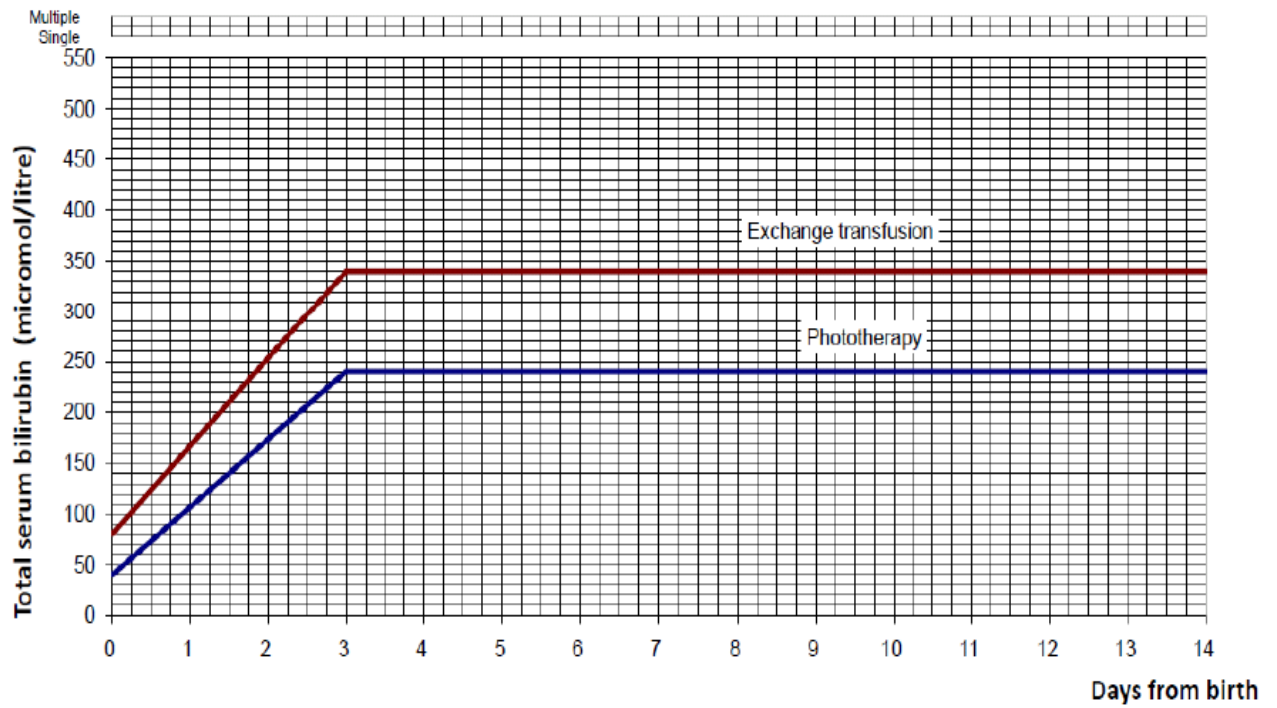
32 semanas



33 semanas



34 semanas



Uso de Inmunoglobulina para RN con ictericia con incompatibilidad de grupo o RH:

La evidencia actual es controversial. No está recomendado el uso de rutina en caso de RN con incompatibilidad de grupo ABO o RH. En nuestra unidad indicaremos precozmente el uso de inmunoglobulina (antes de las 12 hrs de vida) en caso excepcional, dado por enfermedad hemolítica por RH o incompatibilidad de grupo ABO, si la velocidad de ascenso de la bilirrubina es ≥ 1 mg % por hora. Se puede considerar caso a caso, si la velocidad de ascenso de bilirrubinemia es > 0.5 mg% x hora.

Guía para indicar exanguineotransfusión para RNPT ≥ 35 Semanas EG:

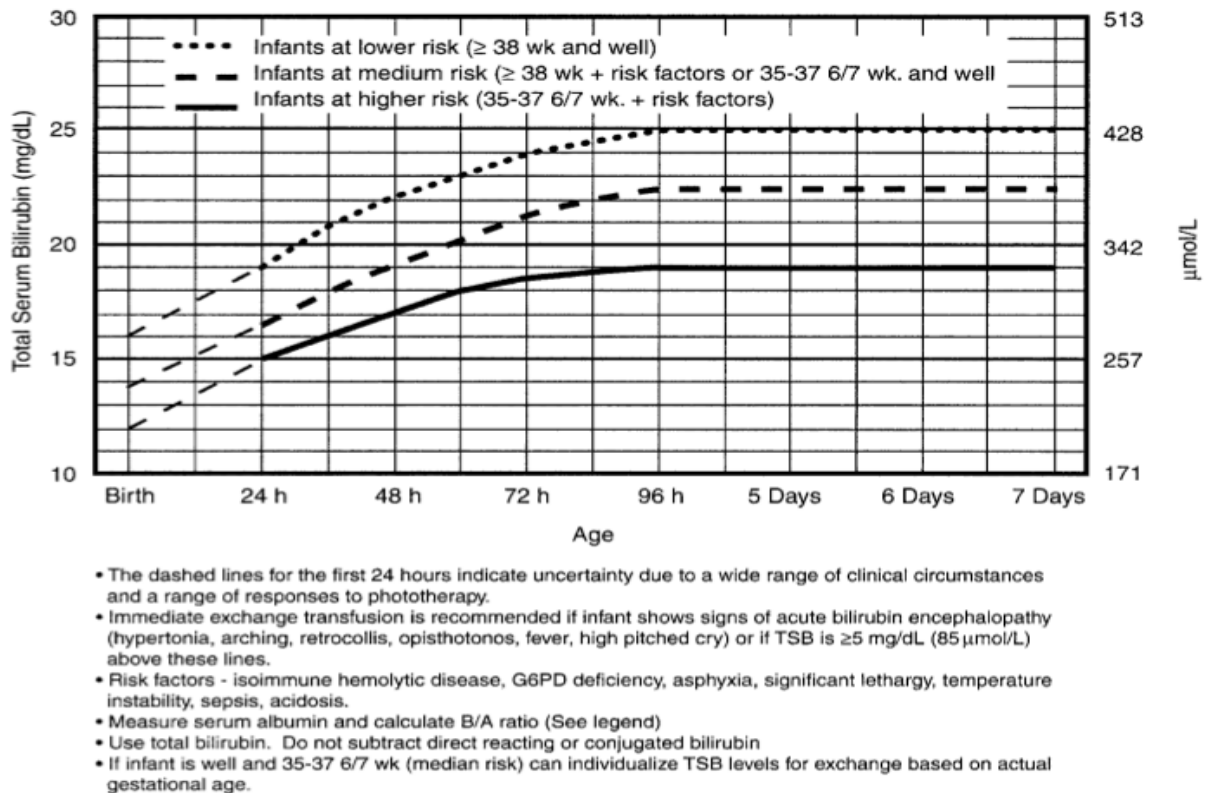


Fig 4. Guidelines for exchange transfusion in infants 35 or more weeks' gestation.

Note that these suggested levels represent a consensus of most of the committee but are based on limited evidence, and the levels shown are approximations. See ref. 3 for risks and complications of exchange transfusion. During birth hospitalization, exchange transfusion is recommended if the TSB rises to these levels despite intensive phototherapy. For readmitted infants, if the TSB level is above the exchange level, repeat TSB measurement every 2 to 3 hours and consider exchange if the TSB remains above the levels indicated after intensive phototherapy for 6 hours.

Bibliografía:

1. Base de datos Cochrane
2. Mitra. Neonatal jaundice: aetiology, diagnosis and treatment. BR J HOSP MED (LOND) 2017 Dec 2;78(12):699-704.
3. Matthew B. Clin Perinatol 40 (2013) 679-688
4. Neonatal jaundice/Guidance and guidelines/NICE 2010
5. KJ Barrington. Management and prevention of hyperbilirubinemia in term and late preterm newborn infants. Paediatr Child Health 2007;12(Suppl b) 1B-12B
6. American Academy of Pediatrics, Subcommittee on Hyperbilirubinemia. Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation. Pediatrics 2004; 114(1);297-316