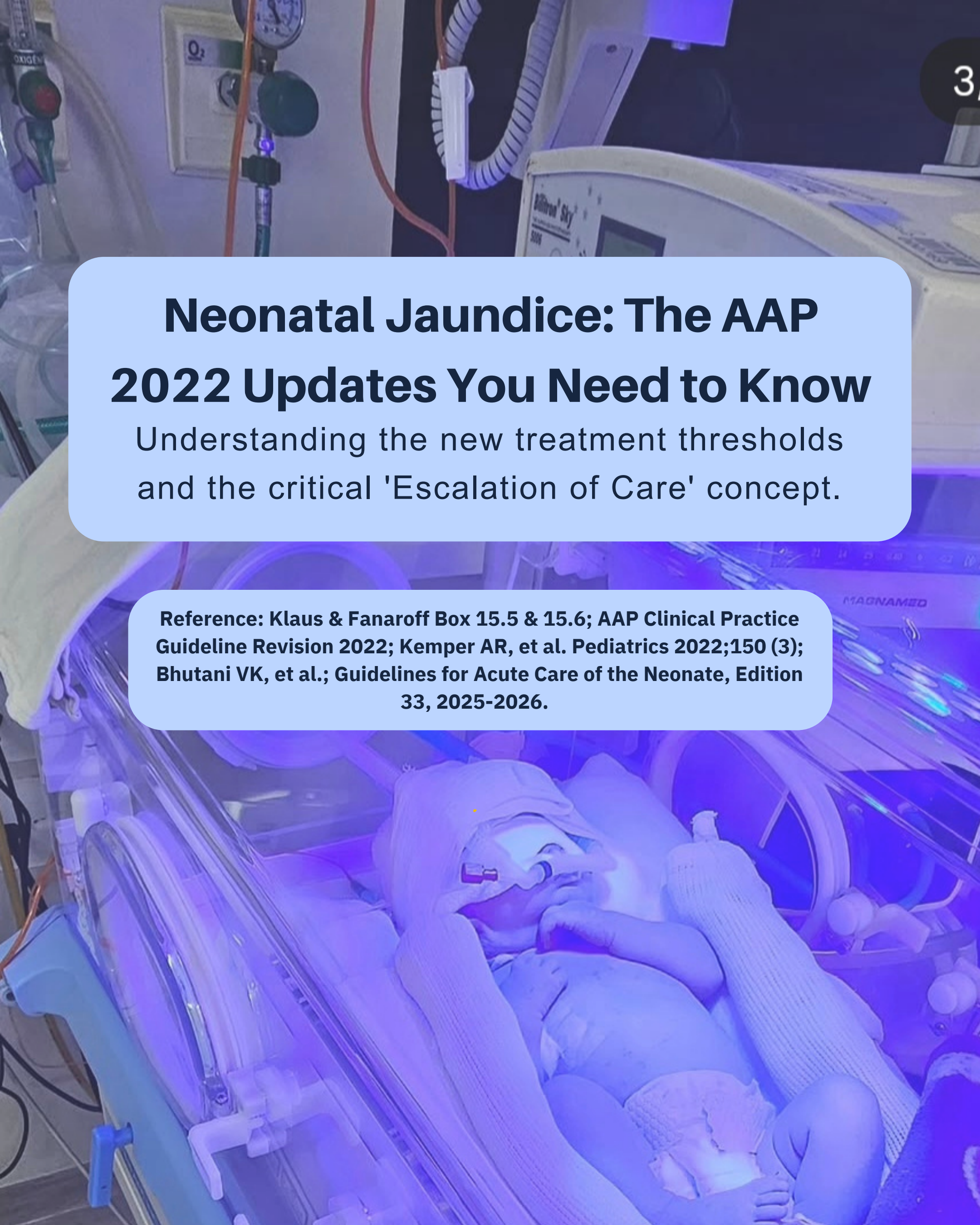




Neonatal Jaundice: The AAP 2022 Updates You Need to Know

Understanding the new treatment thresholds
and the critical 'Escalation of Care' concept.

**Reference: Klaus & Fanaroff Box 15.5 & 15.6; AAP Clinical Practice
Guideline Revision 2022; Kemper AR, et al. Pediatrics 2022;150 (3);
Bhutani VK, et al.; Guidelines for Acute Care of the Neonate, Edition
33, 2025-2026.**

The Paradigm Shift: Higher Thresholds, Safely

The 2022 AAP revision slightly raised the treatment thresholds for both phototherapy and exchange transfusion.



Why the change?

Evidence confirms that bilirubin neurotoxicity (Kernicterus) generally occurs at much higher levels than previously recommended. The new curves allow for safer management, preventing unnecessary interventions and keeping mothers and babies together without compromising safety.

Identify Risk Before Discharge



Gestational Age

Risk increases significantly with each additional week under 40 weeks.



Suboptimal Feeding

Exclusive breastfeeding coupled with weight loss $>7\%$ (increases enterohepatic circulation).



Hemolysis & Genetics

Isoimmune disease (positive direct antiglobulin test), G6PD deficiency, or Asian genetic ancestry.



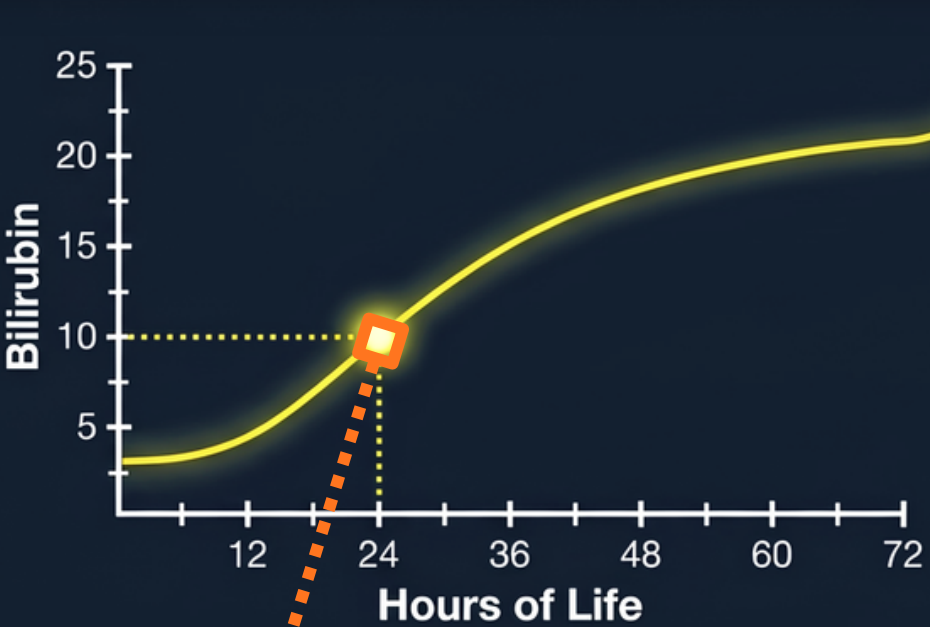
Birth Trauma

Scalp hematoma (cephalohematoma) or significant bruising.

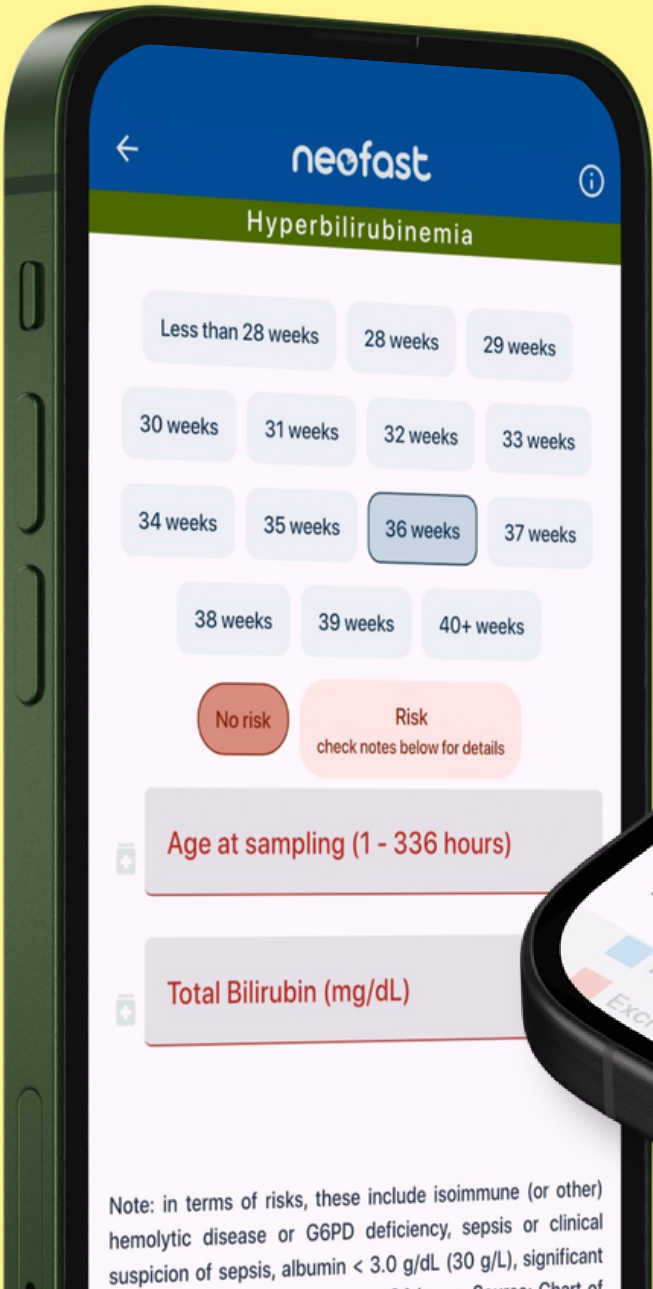
Plotting the Pre-Discharge TSB/TcB

All infants > 35 weeks require a Transcutaneous (TCB) or Total Serum Bilirubin (TSB) measurement between 12-24 hours of life.

[TcB/TSB Level]
+
[Hours of Life]
+
[Clinical Risk Factors]
=
Best Prediction of Severe Hyperbilirubinemia



Hemolysis is likely if the rate of rise exceeds 0.2 mg/dL per hour.



Entering the 'Escalation of Care' Zone



Triggered when TSB reaches
2 mg/dL below
the exchange transfusion threshold.

1. Direct Admit

Urgent transfer directly to the NICU.



2. Intensive Photo

Maximize irradiance immediately.



3. Hydration

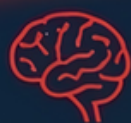
PO + IV hydration to flush bilirubin.



4. STAT Labs

Type & crossmatch, albumin, TSB, direct bilirubin, and CBC.

Do Not Wait: Urgent Exchange Transfusion



Clinical Triggers

Acute Bilirubin Encephalopathy (ABE)

Hypertonia, retrocollis, opisthotonos, high-pitched cry.

Immediate action required regardless of phototherapy response.



Lab Triggers

Threshold Crossed

TSB is ≥ 5 mg/dL above the exchange threshold graph line, or rising despite intensive phototherapy.

Pro-Tip: Use the **Bilirubin/Albumin (B/A) Ratio** as an additional metric to guide exchange intervention, especially when serum albumin is low.

The Outpatient Checklist

Follow-up is the ultimate key to preventing Kernicterus. Before sending them home:

✓ Screen Everyone:	Measure TSB/TcB in all newborns before discharge.
✓ Use the Right Tools:	Apply the new AAP 2022 hour-specific graphs (app like NeoFast).
✓ Listen to Mothers:	Always value and investigate maternal complaints of breastfeeding difficulties or poor intake.

