

Treatment threshold graph for babies with neonatal jaundice

Baby's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Hospital number \_\_\_\_\_ Time of birth \_\_\_\_\_ Direct Antiglobulin Test \_\_\_\_\_

Shade for phototherapy \_\_\_\_\_ Baby's blood group \_\_\_\_\_ Mother's blood group \_\_\_\_\_

Click below and choose gestation

**30** weeks gestation



