

National Institute for Health and Clinical Excellence

Clinical guideline: Neonatal Jaundice

PRE-PUBLICATION CHECK ERROR TABLE

Organisation	Order number	Section number in FULL guideline	Page number	ERROR REPORT	
Royal College of Paediatrics and Child Health	1	Table of contents	iii	Line 4. Contents column is incorrect.	Thank you for your comment this has now been amended. Copy editing will continue until publication
Royal College of Paediatrics and Child Health	2	1 (Graphs)	9-10, 114-115	We note that these graphs cannot be printed for use in this format; they are illegible and possibly unsafe in clinical practice. Separate graphs for each gestation showing phototherapy and exchange transfusion levels would be much safer.	Thank you for your comment. Separate graphs for each gestational age will be included in the full guideline and available on the NICE website.
Royal College of Paediatrics and Child Health	3	1 (38)	13	In the section, Monitoring the baby during phototherapy, under During multiple phototherapy, we note this currently reads, "continue administering intravenous/oral feeds". Should this instead read, "continue administering intravenous/enteral feeds"?	Thank you for your comment, this has now been amended as suggested to "continue administering intravenous/enteral feeds"
Royal College of Paediatrics and Child Health	4	1 (Pathways)	20-22	These algorithms need to be checked. Some boxes and arrows have slipped and the writing in one box is not fully visible. The algorithms refer to "serum bilirubin". Should this instead refer to "TcB or TSB"?	Thank you for your comment. The algorithms have been corrected and will be copy edited prior to publication. Amendments have also been made to the algorithm which now refer to "bilirubin" rather than "serum bilirubin" or "TcB or TSB"
Royal College of Paediatrics and Child Health	5	1 (Exchange transfusion pathway)	22	In the "Start emergency management" box, should the line, "start IV feeds" instead read, "start IV fluids"?	Thank you for your comment. The recommendation reads "Continue administering intravenous/enteral feeds" and for clarity has been repositioned "earlier" in the care pathway with other multiple phototherapy recommendations. However, an amendment to "fluids" rather than "feeds" was not made as the recommendation relates to the maintenance of hydration

					and prevention of dehydration in neonates, rather than treatment for dehydration with IV fluids.
Natus Medical	1	14.01	28	My suggestion was to take our all reference to specific devices. neoBLUE was inserted as an example of how devices differ. You are still however, recommending fiberoptic blankets without regard for the three factors that truly matter; intensity, surface area and spectrum.	Thank you for your comment. However, your comment relates to an issue other than a factual error. Therefore we cannot respond to it.
Natus Medical	2	14.02	36, 184	The move over the past few years has been away from the number of devices and more geared to the intensity delivered over the maximum surface area. Should be stated in terms of intensity and surface area. There was also a reference to the use of fiberoptic blankets for preemies. Depending on the bilirubin level of the premature infant, more intensive phototherapy over a greater surface area may be indicated	Thank you for your comment. However, your comment relates to an issue other than a factual error. Therefore we cannot respond to it.
Natus Medical	3	14.04	159, 164	NICE neglected to include one of the most widely referenced, peer-reviewed publications on the subject, Subcommittee on Hyperbilirubinemia. American Academy of Pediatrics clinical practice guideline: Management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. <i>Pediatrics</i> . 2004; 114(1):297-316. The guideline states: <i>“All nurseries and services treating infants should have the necessary equipment to provide intensive phototherapy...”</i> <i>“Intensive phototherapy implies the use of high levels of irradiance in the 430–490 nm band (usually 30 μW/cm²/nm or higher) delivered to as much of the infant’s surface area as possible.”</i> <i>“The most effective light sources currently commercially available for phototherapy are those that use special blue fluorescent tubes or a specially designed light-emitting diode light (Natus Inc., San Carlos, CA).”</i> <i>“Blue-green spectrum is most effective. At these wavelengths, light penetrates skin well and is absorbed maximally by bilirubin.”</i>	Thank you for your comment. However, your comment relates to an issue other than a factual error. Therefore we cannot respond to it.

			<p><i>“When bilirubin levels are extremely high and must be lowered as rapidly as possible, it is essential to expose as much of the infant’s surface area to phototherapy as possible.”</i></p> <p>NICE guidelines ignore this very important, peer-reviewed publication that states phototherapy should be used based on intensity, surface area and spectrum.</p> <p>The AAP Guideline also stated very clearly that LED phototherapy is <i>The most effective light sources currently commercially available</i></p>	
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