NICE Clinical Guideline (2010)  
**Key findings:**
- Always use serum bilirubin measures in babies with jaundice in the first 24 hours of life, or in babies with jaundice who are less than 35 weeks gestational age.
- Serum bilirubin measures are to be used if a transcutaneous bilirubinometer is not available for measuring bilirubin levels in babies with a gestational age of 35 weeks or more, or a postnatal age of more than 24 hours.
- Ensure phototherapy equipment is maintained and used according to manufacturer’s guidelines.
- Use phototherapy when the serum bilirubin measurement is in the treatment threshold tables/graphs utilised.
- Use conventional ‘blue light’ phototherapy or multiple phototherapy treatment for significant hyperbilirubinaemia in babies with a gestational age of 37 weeks or more.

Bhutani, V.K. & the Committee on Fetus and Newborn (2011), Pediatrics128;4; 1046-1052  
**Key findings:**
- Effectiveness of phototherapy devices is maximized by ensuring that the light source is not blocked from reaching the neonate, by maximizing the exposed body surface area to the light source, and by ensuring the irradiance meets recommended standards.
- Effectiveness of phototherapy is measured by demonstrating a decrease in total serum bilirubin concentrations during the first 4-6 hours of exposure.

**Key findings:**
- Early detection is key.
- Clinical assessment of colour is a poor determinant of actual SBR levels.
- Cephalocaudal progression accompany increasing SBR levels.
- List of major risk factors/minor risk factors/causes.
- Definition of pathological jaundice - “too early”, “too high” and “too long” assessments.
- Phototherapy must be initiated and SBR followed closely with plotting to determine treatment success.