Infant Bilirubin Chart

INFANT BILIRUBIN CHART

Use the reference values below as a guide only. Always check the figures against current product information and your own practice protocols.

INFANT BILIRUBIN REFERENCE VALUES

Gestation (weeks): _____ Measurement: _____

Range / notes

Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

Range / notes

Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

Range / notes

Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

Range / notes

Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

Range / notes

Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

Range / notes

Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

Range / notes

Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

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Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

Range / notes

Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

Range / notes

Source and date checked: _____ Gestation (weeks): _____

Measurement: _____

Range / notes

Source and date checked: ______________________ Gestation (weeks): ______________________

Measurement: ______________________

Range / notes

Source and date checked: ______________________ Gestation (weeks): ______________________

Measurement: ______________________

Range / notes

Source and date checked: ______________________ Approved by: ______________________

Date approved: ______________________ dd / mm / yyyy

RECORDING

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Time: ______________

Measurement: ______________

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Time: ______________

Measurement: ______________

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Time: ______________

Measurement: ______________

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Time: ______________

Measurement: ______________

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Time: ______________

Measurement: ______________

Time: ______________

Measurement: ______________

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Time: ______________

Measurement: ______________

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Time: ______________

Measurement: ______________

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Time: ______________

Measurement: ______________

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Time: ______________

Measurement: ______________

Date: ______________ dd / mm / yyyy

Gestation (weeks): ______________

Recorded by: ______________

Date: _____ dd / mm / yyyy

Time: _____

Gestation (weeks): _____

Measurement: _____

Recorded by: _____

Date: _____ dd / mm / yyyy

Time: _____

Gestation (weeks): _____

Measurement: _____

Recorded by: _____

Date: _____ dd / mm / yyyy

Time: _____

Gestation (weeks): _____

Measurement: _____

Recorded by: _____

NOTES

Notes