

# Hyperbilirubinemia of the Newborn (Jaundice)

Self Learning Module

Post Test

Southern Health – Santé Sud

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2014





Question 1

What is physiological jaundice?

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Question 2

What is the difference between breastfeeding failure jaundice and breast milk jaundice?

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Question 3

Why is pathological jaundice more severe than physiological jaundice?

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Question 4

What is the definition of hyperbilirubinemia?

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Question 5

Name three causes of hyperbilirubinemia.

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Question 6

Name three risk factors

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Question 7

Why is indirect (unconjugated) bilirubin more dangerous than direct (conjugated) bilirubin?

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### Question 8

What signs may lead you to hypothesis that the jaundice of a newborn is pathological and not physiological?

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### Question 9

Place in order of occurrence

- A) Conjugation – bilirubin conjugates with glucuronic acid forming direct bilirubin
- B) Bilirubin is taken up by albumin again
- C) Bilirubin is taken to the liver by the albumin – Hepatic uptake
- D) Bile, with the conjugated bilirubin, is excreted into the digestive tract where it is unconjugated due to the lack of bacteria in the newborns gut
- E) Bilirubin is attached to albumin
- F) Breakdown of hemoglobin from red blood cells to form bilirubin
- G) Unconjugated bilirubin passes out the intestinal wall to be recycled into circulation (enterohepatic circulation)

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### Question 10

Would you start phototherapy on an infant who was born at term, with a TB level of 260 at 37 hours of age?

- A) Yes
- B) No

### Question 11

Lumirubin is primarily excreted in the \_\_\_\_\_ while urobilin is primarily excreted in the \_\_\_\_\_.

Question 12

What test(s) would you order if a newborn was jaundice under 24 hours and the mother was Rh negative? Why

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