Aims Prolonged jaundice is common, occurring in 2–15% of all neonates. NICE guidelines published in 2010 on screening babies with prolonged jaundice were debated and were felt to result in an excess of unnecessary investigations in healthy babies with an otherwise unremarkable examination. These investigations included total and conjugated bilirubin, urine culture, G6PD where ethnically appropriate, full blood count, blood group determination and Coomb’s test.

We initially audited 50 of our patient assessments and investigations against advised national guidelines. Subsequently, we introduced a simple proforma to assist clinicians in assessing for red flag features on history and examination, and reduced recommended investigations to total and conjugated bilirubin only if baby did not have any concerning features on review.

The purpose of this re-audit was to assess whether this change in practice was safe, or had it hampered our ability to identify pathological jaundice, and did it result in better use of resources and improved patient/parent satisfaction.

Methods This prospective re-audit study analysed 105 proformas over a six month period for data on a number of parameters including gestation, age at referral, feeding, weight gain, urine and stool colour.

Outcomes for patients with unconjugated or conjugated hyperbilirubinaemia or those who were admitted were followed up.

The gastroenterology team was consulted for information on any patients who were screened during the audit period and subsequently diagnosed with pathological jaundice.

Results No patients with a diagnosis of pathological jaundice were ‘missed’ during either audit cycle. One patient with conjugated hyperbilirubinaemia was diagnosed with alpha-1-antitrypsin deficiency having been flagged up by the streamlined screening process.

Our rate of follow-up investigations increased from 10% to 24.7% in the re-audit cycle.

3.8% of patients were screened too early.

Conclusions The proforma was effective in identifying patients with potentially pathological causes of prolonged jaundice. Reducing investigations resulted in significant savings (potentially £107 per patient) and better use of NHS resources.

We have since updated our intranet guidelines, aiming to educate practitioners and reduce unnecessary referrals.

We plan to assess whether we can safely reduce our follow-up investigation rate.