



An Affiliate of Methodist Health System

THE PATHOLOGY CENTER

P O BOX 24424
OMAHA, NE 68124-0424

(402) 354-4540
(888) 432-8980
FAX (402) 354-4535

Bulletin

Technical

****NEW TEST AVAILABLE****

TRANSCUTANEOUS BILIRUBIN (TcB) for NEWBORNS

The Pathology Center is pleased to announce the availability of Transcutaneous Bilirubin. This non-invasive point of care technology utilizes a hand-held, portable device to painlessly obtain a neonatal bilirubin result in approximately 30 seconds.

Starting Wednesday, January 2, 2002, Transcutaneous bilirubin (TcB) testing will be available for Methodist Hospital inpatients and Pathology walk-in outpatients. Testing will be available seven days a week, 24 hours a day. Patient results will be recorded in Cerner and may be viewed in Powerchart as "Bilirubin Tc" under Chemistry results. **All requests must be ordered specifically for transcutaneous bilirubin (TcB).** Both non-invasive transcutaneous bilirubin and traditional neonatal serum bilirubin obtained by capillary puncture are offered by our laboratory.

Indications:

1. Transcutaneous bilirubin is approved for use on newborns of 27-42 weeks gestational age, 0-20 days post-natal age, and 950-4995 grams infant weight. The method is approved for use on infants of all races.
2. Transcutaneous bilirubin testing is NOT indicated for bilirubin >20.0 mg/dL, for newborns who have received phototherapy, newborns currently undergoing phototherapy with a light bank, or newborns who have received an exchange transfusion.
3. Reportable range for TcB is 0.0 – 20.0 mg/dL. **A capillary puncture and traditional serum bilirubin testing will be performed on all patients with TcB results >14.0 mg/dL. The capillary puncture will be automatically reflexed by the laboratory, and the appropriate reflex order will be placed by nursing.** TcB results >10.0 mg/dL on patients less than 24 hours old will also receive reflex capillary testing when requested by the physician. All TcB results >17.0 mg/dL are considered critical and will be reported immediately to the ordering physician or patient's nurse.

Implementation of non-invasive, transcutaneous bilirubin testing should provide substantial patient care benefits to our neonatal population by significantly reducing the number of heel sticks, facilitating excellent turn-around-time for neonatal bilirubin testing, and eliminating most infection control issues associated with capillary punctures. For any comments or concerns regarding the methodology or implementation of transcutaneous bilirubin testing, please contact Thomas Williams, MD, Laboratory Medical Director; Teresa Darcy, MD, Pathologist; or Brenda Franks, Point of Care Testing Coordinator, at Methodist Pathology Center 354-4540.