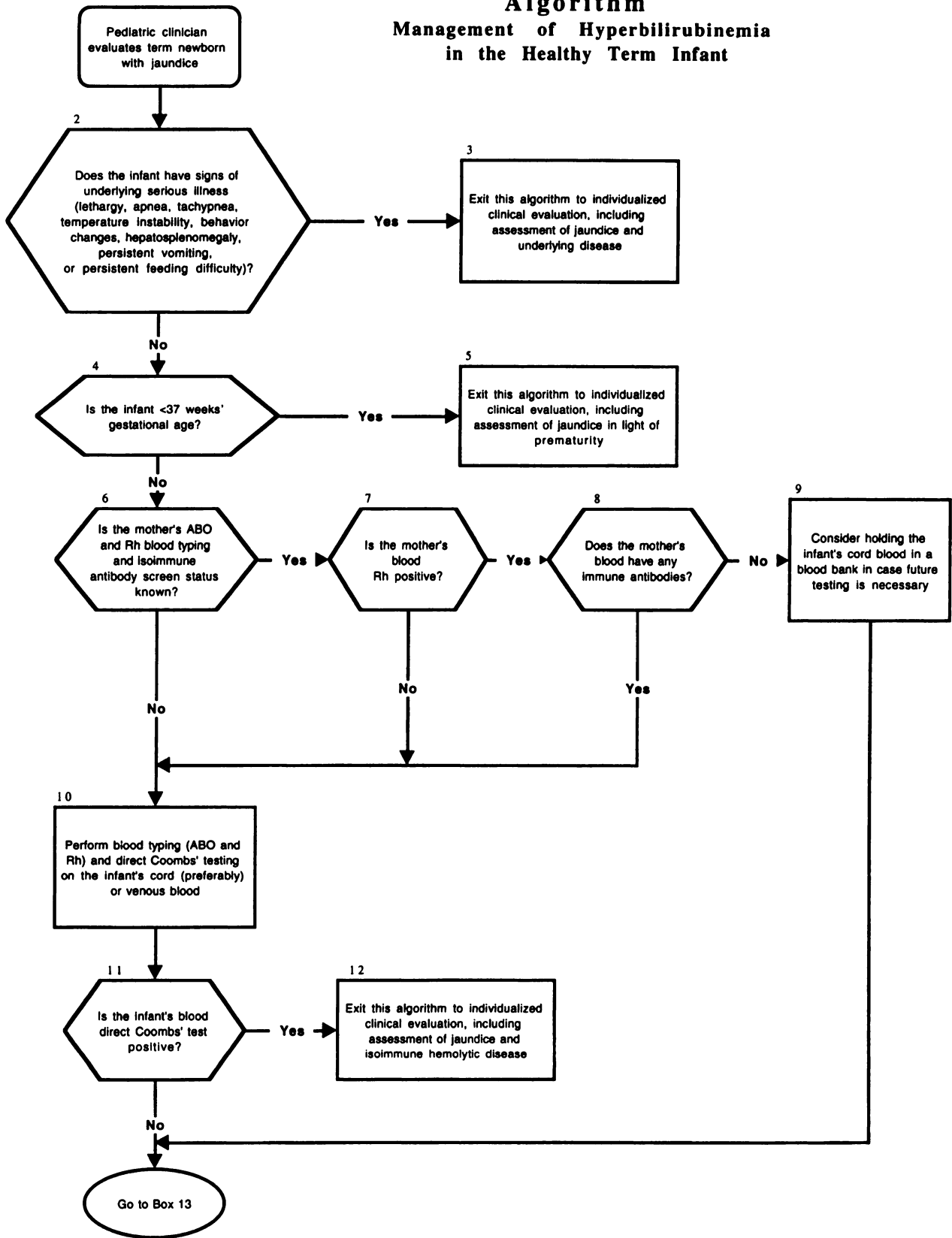


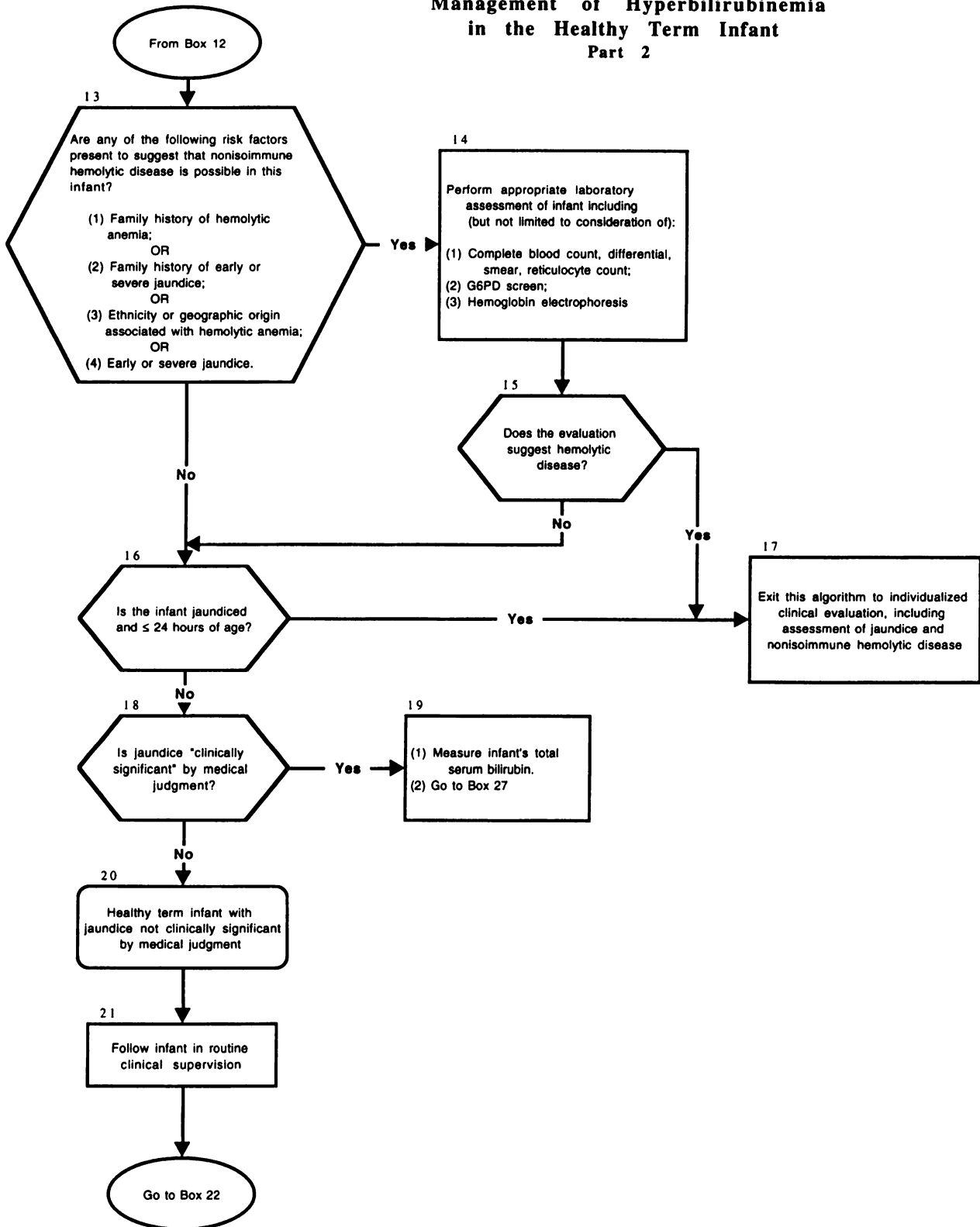
ERRATUM

In the Academy statement entitled "Practice Parameter: Management of Hyperbilirubinemia in the Healthy Term Newborn," that appeared in the October 1994 issue of *Pediatrics*, there were some errors in the Algorithm that appeared on pages 563–565. A corrected Algorithm follows:

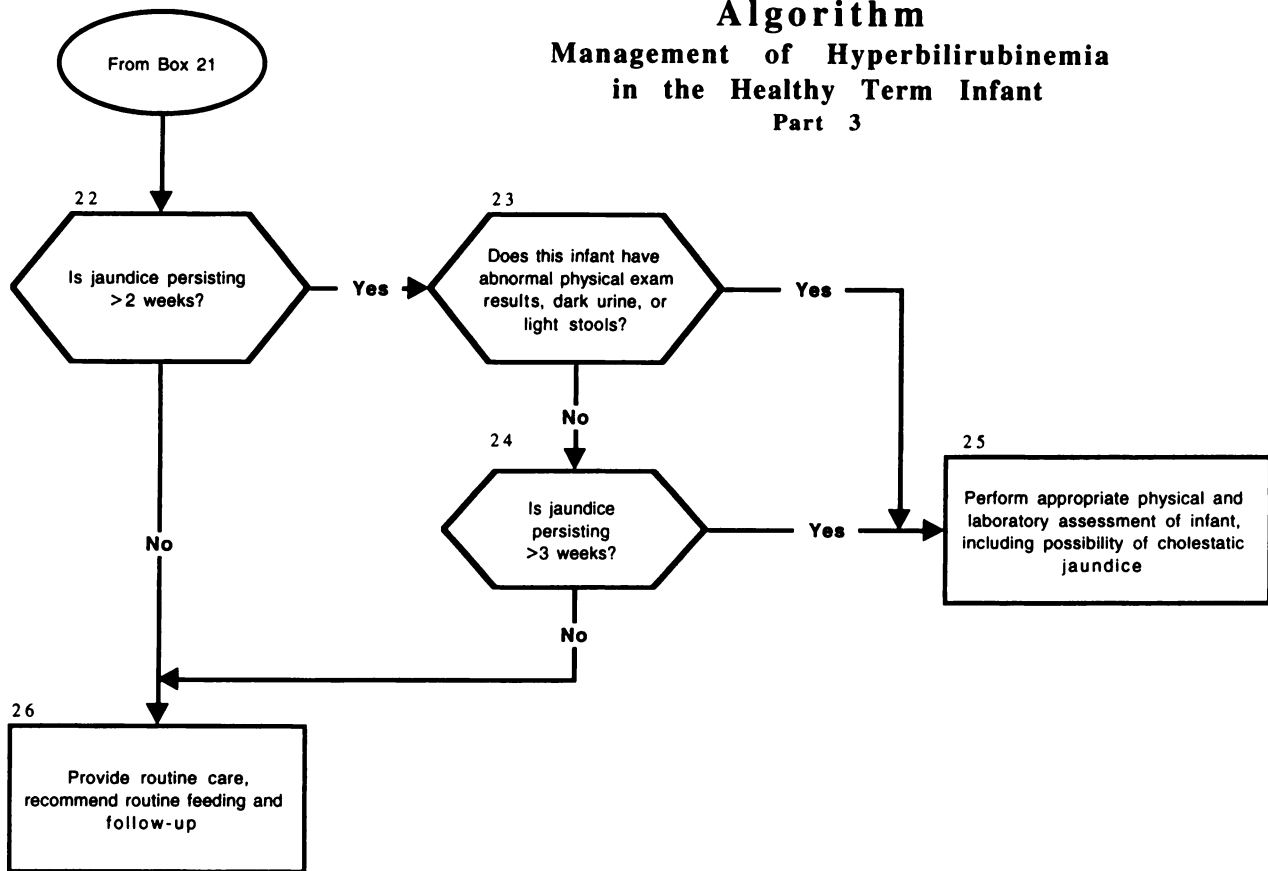
Algorithm Management of Hyperbilirubinemia in the Healthy Term Infant



Algorithm Management of Hyperbilirubinemia in the Healthy Term Infant Part 2



Algorithm Management of Hyperbilirubinemia in the Healthy Term Infant Part 3



From Box 19

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TABLE 2. Management of Hyperbilirubinemia in the Healthy Term Newborn*

Age, hours	TSB Level, mg/dL (μmol/L)			
	Consider Phototherapy†	Phototherapy	Exchange Transfusion if Intensive Phototherapy Fails‡	Exchange Transfusion and Intensive Phototherapy
≤24§
25–48	≥12 (170)	≥15 (260)	≥20 (340)	≥25 (430)
49–72	≥15 (260)	≥18 (310)	≥25 (430)	≥30 (510)
>72	≥17 (290)	≥20 (340)	≥25 (430)	≥30 (510)

* TSB indicates total serum bilirubin.
 † Phototherapy at these TSB levels is a clinical option, meaning that the intervention is available and may be used on the basis of individual clinical judgment. For a more detailed description of phototherapy, see the Appendix.
 ‡ Intensive phototherapy (Appendix) should produce a decline of TSB of 1 to 2 mg/dL within 4 to 6 hours and the TSB level should continue to fall and remain below the threshold level for exchange transfusion. If this does not occur, it is considered a failure of phototherapy.
 § Term infants who are clinically jaundiced at ≤24 hours old are not considered healthy and require further evaluation (see text).

ERRATUM
Pediatrics 1995;95;458

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