

**Newborn Hepatic**  
*Nursing 201: Nursing Care of Special Populations*

**A&P Review**

- Liver occupies \_\_\_\_\_% of newborn abdominal cavity
- Functions:
  - Limited liver function causes:
    - Decreased ability to conjugate bilirubin
      -
    - Decreased ability to regulate blood glucose
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    - Deficient production of prothrombin and other coag factors dependent upon Vit K for synthesis
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  - Jaundice
    - Normal bilirubin at birth < \_\_\_\_\_
    - Conjugate = convert to \_\_\_\_\_
    - Naturally serum rises for the first few days after birth
  - Bilirubin
    - 
  
    - Unconjugated (indirect)
  
  
    - Conjugated (direct)

- Pathological Jaundice
  - Occurs **within** 24 hours of birth
  - Total bili >12.9 or increase >5 mg/dl per day
  - Caused by:
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- Physiological Jaundice
  - Occurs **after** 24 hours of birth
  - 
  - High rate of bili production
    - 
    -
  - Self-limiting
- Assessment Findings/ Diagnostics
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  - Serum bilirubin levels
  - Transcutaneous Bilirubin Measurements
  
- Treatment
  - Early feeding
    - 
    -
  - Observe and educate
  - Phototherapy
  
- Complications: Kernicterus
  
- Nursing Considerations

- Biliary Atresia
  - Inflammatory process that causes bile duct fibrosis resulting in eventual ductal fibrosis
    - Often associated with polysplenia, intestinal atresia, malrotation of intestine, females
  - Causes: unknown, possible viral/immune, acquired late in gestation
  - S/SX:
  
- Diagnostics
  - Earlier dx the better
  - Bili levels
  - LFT's
  - US of abd/liver
  - Liver Bx for definitive diagnosis
  
- Treatment: