

## Memo Template for Paediatrician for Initiation of Home Phototherapy

To: Doctor Anywhere Home Care Team

Date: \_\_\_\_\_

### Patient Details

- Name: \_\_\_\_\_
- NRIC: \_\_\_\_\_
- Date of birth: \_\_\_\_\_
- Gestational age at birth: \_\_\_\_\_

### Indication

- Neonatal Jaundice: Most recent bilirubin level: \_\_\_\_\_  $\mu\text{mol/L}$
- Date of most recent bilirubin level: \_\_\_\_\_
- Other relevant medical history: \_\_\_\_\_

### Home Phototherapy Device

- Device: Bistos BT-450 Home Phototherapy Unit
- Description: LED-based blanket phototherapy with two power settings:
  - Low:  $30 \pm 10 \mu\text{W/cm}^2/\text{nm}$
  - High:  $60 \pm 10 \mu\text{W/cm}^2/\text{nm}$
- Battery life: Up to 10 hours per full charge, charging time 4 hours

### Treatment Schedule

- Power Setting (tick one):  Low  High
- Duration (max 10 hours per charge): \_\_\_\_\_
- Recommended start date / time: \_\_\_\_\_
- Recommended end date / time: \_\_\_\_\_



- Other instructions: \_\_\_\_\_
- Date of next appointment with PD: \_\_\_\_\_

PD / Neonatologist Contact:

- Name: \_\_\_\_\_
- MCR Number: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

Signature of PD / Neonatologist: \_\_\_\_\_

Date: \_\_\_\_\_