

Home Record Sheet Instructions

While your baby receives phototherapy from the **bili-hut™**, it is important to record information about your baby's treatment as outlined below.

Treatment records may influence treatment decisions for your baby and supplement records for your baby's physician. Use a new **Home Record Sheet** each day of treatment.

Top Section: At the start of each treatment day, fill out the **top section** of the record sheet: **Date**, **Baby's Full Name**, **Birth Weight** (in lbs/oz or kg on the appropriate line), **Date of Birth**, and **Time of Birth** (circle am or pm). Print your **Name** (or the name of another caregiver) in the **lower right corner of the Bottom Section**. If there is more than one caregiver, make sure to print both caregivers' names.

1st Column (Start/Resume Time): When your baby begins receiving treatment from the illuminated **bili-hut™** (the power switch is turned on after your baby is properly positioned within the **bili-hut™**), record the start time in the first column of the first row of the sheet (circle am or pm).

Each time an interruption occurs, complete the following columns of the next available row:

2nd Column (Time Removed from bili-hut™): Record the time you removed your baby from the **bili-hut™** (circle am or pm).

3rd Column (Armpit Temp): Record your baby's armpit temperature. Check the box at the top of the column for Celsius or Fahrenheit.

Also fill out one or more of the following columns (if relevant to the interruption):

4th Column (Feeding): If you removed your baby for feeding, record either a bottle amount (circle either oz or ml) or the amount of time spent breastfeeding (min). Check the box corresponding to which type of feeding was done.

5th Column (Diaper Change): If you removed your baby for a diaper change, record whether the diaper had urine and/or stool in it by checking the appropriate box(es) in that column.

6th Column (EHTW): If you removed your baby for an Environment High Temperature Warning (EHTW) of the **bili-hut™**, check the "EHTW" box.

7th Column (Other — Specify): Record any other reason for removing your baby (interrupting treatment) by checking the "Other" box and specifying the reason.

When placing your baby back in the **bili-hut™**, complete the following column of the next row:

1st Column (Start/Resume Time): Record the time the treatment is resumed (circle am or pm).

Upon completion of treatment, complete the following columns:

2nd Column (Time Removed from bili-hut™): Record the time you removed your baby from the **bili-hut™** (circle am or pm).

7th Column (Other — Specify): Note the end of treatment (EoT).

Save the completed sheet in a safe place to give to your healthcare provider.

bili-hut™ Home Record Sheet

Date: ___/___/___ MM/DD/YYYY

Birth Weight: ___/___ lbs/oz

Date of Birth: ___/___/___

Baby's Full Name _____

OR Birth Weight: _____ kg

Time of Birth: _____ am/pm

Treatment		Interruptions						
Start/Resume Time	Time Removed from bili-hut™	Armpit Temp	Feeding		Diaper Change		EHTW	Other (Specify)
		<input type="checkbox"/> °C <input type="checkbox"/> °F	Bottle Amt (oz/ml)	Breastfeeding Amt (min)	Urine	Stool		
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