

PROCEDURE FOR: Classification of Patients

- POLICY:**
1. All Nursery patients will be classified daily according to their clinical condition. This classification may change in accordance with changes in clinical status.
 2. The daily classification will be entered into IDX.

- DOCUMENTATION:**
1. Classification of Patients Log
 2. Patient Assignment Sheet
 3. Midnight Census Sheet

- PROCEDURE:**
1. Assign patient classification according to the following criteria:

a. Level I Criteria:

- This level of care is for normal newborn infants requiring basic well newborn care while their mothers are in the hospital.

b. Level II Criteria: (Charge Code 3100043)

- Oxygen saturations normal in room air.
- Cardiorespiratory monitoring required to ensure that infant is free of apnea and bradycardia prior to discharge.
- Taking full feeds orally or by intermittent gavage.
- Intake and output (diaper counts) needed.
- Antibiotic therapy is needed, either IV via saline lock or IM for completion of a therapeutic course.
- Dressed and/or swaddled in open crib or incubator to maintain body temperature.
- Phototherapy needed for treatment of hyperbilirubinemia.
- History of prenatal substance exposure requiring abstinence scoring and environmental regulation or maintaining low abstinence scores during maintenance or weaning medication doses.
- Non-invasive diagnostic work up (e.g., cardiac, renal) needed in an otherwise stable, non-symptomatic infant.

c. Level III Criteria:

- Oxygen therapy with nasal cannula or oxyhood; FiO₂ decreasing or stable.
- Frequent episodes of apnea and bradycardia or oxygen desaturation requiring intervention.

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- Medications such as diuretics, aerosols, steroids are needed.
- Continuous intravenous fluid therapy is needed (hypoglycemia management, fluid and glucose management pending diagnostic work-up, nutritional support with parenteral nutrition lipids).
- Continuous orogastric or nasogastric feedings are needed.
- Nutrition assessment and management is needed while advancing to full enteral feedings.
- Radiant warmer or incubator are needed for thermal management.
- History of prenatal substance exposure or History of prenatal substance exposure or iatrogenic opioid use resulting in severe abstinence with nutritional concerns and/or significant neurologic/behavioral findings or seizures.
- Extensive discharge teaching needed (assessment and symptom management, medication administration, complex feeding management, specialized care such as gastrostomy tube, tracheostomy or home oxygen).
- Sepsis work-up with lumbar puncture required.
- Procedure requiring conscious sedation.
- Admission to NICU requiring initial stabilization, IV fluids, lab analysis and observation.

d. Level IV Criteria:

- Unstable cardiorespiratory status with fluid management or vasopressor support of blood pressure or decongestive management of congestive heart failure.
- Unstable cardiorespiratory status with frequent FiO₂ or ventilator or CPAP changes to maintain appropriate saturations.
- Endotracheal intubation or CPAP needed.
- Acute management of pneumothorax or other type of pulmonary air leak.
- Unstable electrolytes, blood sugar, or blood gases requiring frequent adjustments.
- Acute renal failure with acid base and/or electrolyte abnormalities.

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- Intensive phototherapy needed for hyperbilirubinemia during exchange transfusion.
 - Assessment and management of acute Necrotizing Enterocolitis (NEC) requiring systemic support with potential for surgery.
 - Multiple blood components needed for DIC, thrombocytopenia, septic shock, NEC.
 - Perioperative assessment and immediate post-operative care.
 - Critically ill admissions.
- e. Level IV Plus Criteria: (Charge Code 3100045 - for documentation purposes only)
- Infants who require more than 1 to 1 nursing care for an extended period of time (8 hours or more). These infants are typically highly unstable with PPHN, or septic or other forms of shock requiring hemodynamic support, and frequent fluid, volume and blood component infusions and changes to maintain physiologic stability. Respiratory status is compromised and frequent blood gases and ventilator adjustments are needed. Multisystem organ compromise and/or failure is possible.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 2/80

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