

**** Classification will reflect current status and that of the *previous 24h***
LEVEL OF SERVICE - NEONATAL DAILY CLASSIFICATION TOOL *



SITE _____

DATE _____

INFANT'S NAME _____

PATIENT HOSPITAL NUMBER _____

DATE OF BIRTH _____	TIME OF BIRTH _____
GESTATIONAL AGE AT BIRTH _____	CORRECTED AGE _____ / DAY OF LIFE _____

DATE OF ADMISSION _____

DATE OF DISCHARGE _____

VARIABLES	NORMAL MOTHER BABY DYAD	LEVEL I	LEVEL II (A)	LEVEL II (B) +	LEVEL III	LEVEL III +
Corrected Age	<input type="checkbox"/> ≥ 37 weeks	<input type="checkbox"/> 34 - 36 ⁺⁶ weeks	<input type="checkbox"/> 32 - 33 ⁺⁶ weeks	<input type="checkbox"/> 30 - 31 ⁺⁶ weeks	<input type="checkbox"/> < 30 weeks	
Weight If older than 14 days default to current weight	<input type="checkbox"/> BW ≥ 2500g	<input type="checkbox"/> BW 1800 to 2499g <input type="checkbox"/> If older than 14d, CW ≥1500g	<input type="checkbox"/> BW 1500 to 1799g <input type="checkbox"/> If older than 14d CW ≥ 1200g	<input type="checkbox"/> BW 1200 to 1499g <input type="checkbox"/> If older than 14d, CW ≥1000g	<input type="checkbox"/> BW < 1200g <input type="checkbox"/> If older than 14d, CW < 1000g	
Respiratory Status		<input type="checkbox"/> Low flow oxygen via nasal prongs <input type="checkbox"/> SpO2 monitoring <input type="checkbox"/> Mild acute respiratory distress (ACoRN) with FiO2 < 0.35	<input type="checkbox"/> Apnea and desaturation episodes, self- resolving or requiring gentle stimulation to recover <input type="checkbox"/> On caffeine or off within past 4 days	<input type="checkbox"/> Moderate Respiratory Distress ACoRN) with FiO2 < 0.5 <input type="checkbox"/> CPAP <input type="checkbox"/> High flow via nasal prongs	<input type="checkbox"/> Apnea and desaturation requiring intervention (requiring bag and mask) <input type="checkbox"/> Mechanical Ventilation or extubated for < 24h <input type="checkbox"/> Chest tube <input type="checkbox"/> Critical Airway	<input type="checkbox"/> Inhaled Nitric oxide <input type="checkbox"/> High frequency Ventilation <input type="checkbox"/> ECMO
Cardiovascular Status				<input type="checkbox"/> PICC/CVC/UVC access <input type="checkbox"/> Clinically stable CHD after cardiology consultation	<input type="checkbox"/> Arterial access <input type="checkbox"/> Inotropic support <input type="checkbox"/> Volume Resuscitation	<input type="checkbox"/> Unstable CHD <input type="checkbox"/> Unstable arrhythmia

VARIABLES	NORMAL	LEVEL I	LEVEL II (A)	LEVEL II (B) +	LEVEL III	LEVEL III +
Neurological Status	<input type="checkbox"/> Prenatal Substance exposure no medication required MOTHER BABY DYAD		<input type="checkbox"/> HIE stage 1 <input type="checkbox"/> Controlled seizures on therapy <input type="checkbox"/> Prenatal Substance Exposure on drug therapy		<input type="checkbox"/> HIE stage 2 or 3 <input type="checkbox"/> Uncontrolled seizures	
Fluid & Glucose Requirements		<input type="checkbox"/> D10% W infusion <input type="checkbox"/> Routine blood glucose monitoring with stable normoglycemia <input type="checkbox"/> Gavage feeds \geq q3h, well tolerated	<input type="checkbox"/> Blood glucose monitoring for unstable glycemia	<input type="checkbox"/> On Parenteral nutrition <input type="checkbox"/> Gavage feeds < q3h or continuous <input type="checkbox"/> Stable Gastrostomy 7-10 days post-op	<input type="checkbox"/> > D10%W infusion (incl. TPN Solution, with > D10%W) <input type="checkbox"/> Gastrostomy, < 7-10 days jejunostomy,	
Other	<input type="checkbox"/> Single phototherapy <input type="checkbox"/> Post cesarean section <input type="checkbox"/> N/S lock for prophylactic ABx <input type="checkbox"/> Terminal Palliative Care, with no invasive interventions required	<input type="checkbox"/> Double phototherapy <input type="checkbox"/> Therapeutic IV Abx	<input type="checkbox"/> Transfusion		<input type="checkbox"/> Exchange transfusion, and 24 h hours after exchange transfusion <input type="checkbox"/> Day of surgery and up to 48 hours after surgery <input type="checkbox"/> Day of dx imaging **	<input type="checkbox"/> Tracheostomy <input type="checkbox"/> Intestinal failure <input type="checkbox"/> Acute NEC <input type="checkbox"/> Active ROP \geq Stage III

Check here if the highest level of intervention required was part of the initial resuscitation/stabilization

* The level of care of any specific baby is based on the highest applicable score, based on the above table; it is appropriate for some neonatal units to sometimes have patients who classify > unit stated level for short periods

** Refers to advanced diagnostic imaging, usually in radiology dept \pm anesthesia/sedation (excludes non contrast radiology and ultrasound)

Comments

Completed by: Primary Care RN Charge Nurse Physician

February 2011
Perinatal Services BC

LEVEL OF SERVICE CLASSIFICATION:

Normal / Level 1 / Level 2A / Level 2B / Level 3 / Level 3+