

### Neonatal Daily Classification – Case Application

Case	Level and Indicator(s)
<b>Case 1</b> C/S well term baby. Mom unavailable to provide care due to her medical condition.	Level 1a <ul style="list-style-type: none"> <li>Indicator: Boarder baby</li> </ul>
<b>Case 2</b> Upper GI today and feeding study in 4 days.	Level 3a on day of tests <ul style="list-style-type: none"> <li>Indicator: Day of advanced diagnostic imaging</li> </ul>
<b>Case 3</b> Requires morphine for prenatal substance exposure. Baby is being weaned from the morphine.	Level 2a <ul style="list-style-type: none"> <li>Indicator: Prenatal substance exposure requiring drug therapy</li> </ul>
<b>Case 4-1</b> Pierre Robin syndrome, no trach. No apneas/bradycardias noted on monitor. Plan to discharge home in a couple of days.	Level 1b ( <i>Diagnosis alone does not classify the baby</i> ) <ul style="list-style-type: none"> <li>Indicator: Under observation with continuous cardiorespiratory and/or SpO2 monitoring</li> </ul> <i>Note: The baby does not have a significant airway obstruction requiring expectant management</i>
<b>Case 4-2</b> Pierre Robin syndrome; difficult to position to maintain patent airway.	What is the degree by which the airway is compromised? ( <i>Diagnosis alone does not classify the baby</i> ) Level 3b if: <ul style="list-style-type: none"> <li>An ENT assessment is needed.</li> <li>Has been deemed to have a critical airway.</li> <li>There is an actual or potential need for an airway.</li> </ul> Level 3a if: <ul style="list-style-type: none"> <li>Has been assessed and it has been determined that baby is at risk for airway obstruction but does not require intervention beyond laryngoscopic intubation to stabilize the airway.</li> </ul>
<b>Case 5</b> Feeding issues – undergoing feeding assessment.	Level 2b <ul style="list-style-type: none"> <li>Indicator: Subspecialty support for nipple feeding</li> </ul>
<b>Case 6</b> Preterm baby with postmenstrual age now 38 weeks; being monitored for mild to moderate apnea/bradycardia episodes; not receiving caffeine, full feeds.	Level 1b <ul style="list-style-type: none"> <li>Indicator: Under observation with continuous cardiorespiratory and/or SpO2 monitoring</li> </ul>
<b>Case 7</b> Stage 3 ROP, laser surgery once, followed by ophthalmology. Full feeds.	<b>The frequency of follow-up classifies the baby</b> Level 2b <ul style="list-style-type: none"> <li>Indicator: Less than weekly checks by ophthalmologist</li> </ul> Level 3a <ul style="list-style-type: none"> <li>Indicator: Weekly checks by ophthalmologist</li> </ul> Level 3b <ul style="list-style-type: none"> <li>Indicator: More than weekly checks by ophthalmologist</li> </ul>
<b>Case 8</b> Preterm baby born at 35 weeks gestation and is now 3 days old. Breastfeeding with HMF supplementation.	Level 2a <ul style="list-style-type: none"> <li>Indicator: HMF</li> </ul>
<b>Case 9</b> Well term baby waiting placement by social services.	Level 1a <ul style="list-style-type: none"> <li>Indicator: Boarder baby</li> </ul>

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<b>Case 10</b> Postmenstrual age is 31 weeks gestation, IV fluids infusing, gavage feeds by gravity.	Level 2b <ul style="list-style-type: none"> <li>Indicator: Postmenstrual age 30 to 32+6 weeks</li> </ul>
<b>Case 11</b> Post-surgical NEC, working up on feeds, antibiotics, TPN, hemodynamically stable.	Level 3a <ul style="list-style-type: none"> <li>Indicator: Post op with enteral feeds less than full feeds</li> </ul> <i>Note: If enteral feeds are less than 50%, this would be a Level 3b</i>
<b>Case 12</b> Term baby, breast feeding well, receiving phototherapy for jaundice.	Level 1a <ul style="list-style-type: none"> <li>Indicator: Phototherapy</li> </ul>
<b>Case 13</b> Postmenstrual age is 34 weeks gestation, HFOV, almost full feeds.	Level 3a <ul style="list-style-type: none"> <li>Indicator: Ventilation</li> </ul> <i>Note: The mode of ventilation by itself is not a clinical indicator</i>
<b>Case 14-1</b> Baby requires cardiac investigation for suspected CHD: echo, 12 lead ECG. Hemodynamically stable, no prostaglandin infusion.	Level 3b <ul style="list-style-type: none"> <li>Indicator: CHD unstable or stable, during diagnostic and stabilization phase</li> </ul> <i>Note: If it is determined that the baby does not require a cardiac evaluation, he is not 3b and will be classified by other indicators.</i>
<b>Case 14-2</b> Baby above (14-1) now seen by cardiologist who has determined that baby has stable CHD which requires surgery at 1 year of age	Level 2b <ul style="list-style-type: none"> <li>Indicator: CHD: diagnosed, stabilized and considered hemodynamically stable</li> </ul>
<b>Case 15</b> Baby born at 24 weeks gestation, 585 gms, now 1 day of age, ventilated, UVC, UAC, NPO, Primene.	Level 3b <ul style="list-style-type: none"> <li>Indicator: Postmenstrual age less than 26 weeks gestation</li> </ul> <i>Note: This is a baby who is complex, is multisystem, high acuity, and requires multispecialty care.</i>
<b>Case 16-1</b> Term baby, breast feeding on demand, mom receiving antibiotics for infection.	Level 1a <ul style="list-style-type: none"> <li>Indicator: Greater than 37 weeks</li> </ul>
<b>Case 16-2</b> Well term baby receiving prophylactic antibiotics due to risk factors.	Level 1b <ul style="list-style-type: none"> <li>Indicator: Antibiotics in a well baby with risk factors</li> </ul>
<b>Case 17</b> Baby born at 37+3 weeks. Discharged home and readmitted to NICU at 26 days of life for sepsis. LP, urine for culture and other tests obtained. Colour, tone and temperature “unstable”. NPO. IV fluid infusion. Antibiotics. Urine positive for E.coli.	Level 2a <ul style="list-style-type: none"> <li>Indicator: Intravenous fluids until other indicators such as ventilation classify the baby higher</li> </ul> <i>Note: Baby is less than 28 days old at the time of admission and therefore requires daily classification for the entirety of their stay.</i>
<b>Case 18</b> 24 weeks gestation, 7 days old. Jet ventilation, dopamine and morphine infusions, hydrocortisone.	Level 3b <ul style="list-style-type: none"> <li>Indicator: Postmenstrual age less than 26 weeks gestation</li> </ul>
<b>Case 19</b> 5,000 gram baby - sugars being monitored; has an IV and is receiving measured feeds for borderline sugars.	Level 2a <ul style="list-style-type: none"> <li>Indicator: Intravenous fluids</li> </ul>