



Neonatal Daily Classification – FAQs

General

Do all our babies need to be classified?

- *Yes. Babies admitted or transferred to a maternity (including single room maternity care), postpartum, pediatric, special care or neonatal intensive care unit are to be classified on admission and then daily, including the day of discharge.*

Do ALL babies need to be classified daily for the entirety of their stay?

- *Yes. All babies need to be classified daily for the entirety of their stay.*

What about babies that are RE-ADMITTED to a maternity (including single room maternity care), postpartum, pediatric, special care or neonatal intensive care unit? Do those babies need to be classified?

- *Yes - if the baby is 28 days old or younger at the time of re-admission, daily classification is required for their entire stay.*
- *No – if the baby is 29 days old or older at the time of re-admission, daily classification is not required.*

At what time should the classification be completed?

- *Classification of babies should be done on admission and daily, including the day of discharge, at the start of the morning shift.*
- *For babies needing resuscitation, initial classification is done immediately following the post birth resuscitation period as part of the NICU admission assessment.*

Where is the Neonatal Daily Classification Level charted?

- *The classification level is recorded on the BC Newborn Clinical Path, which has recently been updated (v3 May2014 PSBC 1593) to include an area for recording the Neonatal Daily Classification level.*

Note: For those who are still using their current/older stock of the BC Newborn Clinical Path, please chart the classification level on the Monthly Record until you make the transition to the updated BC Newborn Clinical Path.

Our unit clerk does the classification. Is this OK?

- *No. Neonatal classification is based on clinical assessments requiring specialized skills, knowledge, experience and judgment and is therefore done by a trained health care provider (Nurse, Midwife, Physician).*

How many variables are required to classify a baby at a specific level? Most staff will classify a baby by only one variable but it remains unclear to us if this is the process.

- *One. Classification level is based on the highest single variable identified.*

Post Menstrual Age

The term post menstrual age (PMA) is confusing; how is this different than corrected gestational age?

- *The PMA takes into account the baby's gestational age at birth plus the postnatal age (days of life).*
- *The term "corrected age" is used for preterm babies after the perinatal period up to 3 years of age. Corrected age represents the age of the baby from the expected date of delivery.*

Today's Weight

How do I classify the baby when normal weight loss is the only indicator that places him at a higher level on day 4 of life?

- *Classify the baby based on the highest single variable identified, even if it causes a change from the day before based on normal weight loss.*

Respiratory Status

How do we classify premature babies with mild to moderate apnea/bradycardias who are not receiving caffeine?

- *Other variables such as “under observation with continuous cardiorespiratory and/or SpO₂ monitoring” (Level 1b) will capture the baby.*

How do you classify a baby who required an intervention such as bag mask ventilation for a brief duration during resuscitation/stabilization?

- *If the baby requires brief PPV or CPAP during resuscitation only, the baby is classified on other clinical indicators.*

How do you classify a baby who requires bag mask ventilation (BMV) for apnea, brady and/or desaturation episode(s)?

- *You don't. If the BMV is used as a “rescue” intervention and the baby does not get CPAP or ventilated, then the BMV for apneic episode(s) alone does not classify the baby higher.*
- *The baby would be classified based on the intervention that follows resuscitation/stabilization, i.e.: started on CPAP (Level 2b) or intubated and ventilated (Level 3a).*

How would you classify an 8-day old baby on low flow nasal prongs set to, for example, 250 cc?

- *The baby would be classified under “continuous supplemental O₂ at more than 4 hours of age” (Level 2a).*

Cardiovascular Status

Why aren't arterial catheters on the classification tool?

- *Because other variables apply. If the baby has a UAC because it is ventilated, then the level is 3a due to ventilation. If the baby has a UAC because it is on inotropes, then the level is 3a because of the inotropes. Most non-ventilated babies do not need a UAC.*

How do I classify a baby with a patent ductus arteriosis (PDA)?

- *Other indicators such as “ventilation” (Level 3a) or “CPAP” (Level 2b) will capture the baby.*

Nutritional Requirements

Regarding the variable “post-op with enteral feeds less than 50%”: What operations are included? What is the timeline for the post-op period?

- *Babies are classified using this criteria regardless of the surgical intervention and the number of days post-op (for example, the baby could have had a gastroschisis repair 30 days ago and is receiving 40% enteral feeds).*

How do I classify a baby needing a swallow study? Would the baby classify under the Speech and Language consult?

- *A swallow study involves the use of contrast and radiological expertise, thus the baby would classify under “day of advanced diagnostic imaging” (Level 3a) on that day.*
- *For the other days, the baby would fall under “subspecialty support for nipple feeding” (Level 2b) if needing Speech and Language consult.*

The indicator “Intravenous fluids” does not specify if the infusion is for to keep vein open (TKVO) or a higher rate.

- *The indicator “intravenous fluids” applies whether the IV is for an infusion or TKVO.*

How do I classify a baby who is receiving an infusion of D12.5NS or D12.5 half saline? It is not greater than D12.5W nor is it a usual IV solution.

- *These are unusual IV solutions that need clinical justification, but do not in themselves increase the classification level. Administration of any IV solution classifies under “intravenous therapy” (Level 2a). The exceptions are solutions greater than D12.5%W (Level 3a) and TPN (Level 2b).*

How do I classify a saline lock?

- *Saline locks are generally used to administer antibiotics to a well baby with risk factors (Level 1b) and thus are captured as such for that variable.*

How do I classify a baby whose blood glucose levels are being monitored frequently for unstable glycemia? The baby is requiring an IV solution less than D12.5%W and q2h feeds.

- *The variable “intravenous fluids” (Level 2a) also includes babies who have an intravenous infusion initiated for hypoglycemia.*

Does parenteral nutrition include amino acid in dextrose solutions (eg. Primene C)?

- *Yes.*

How do I classify a stable baby with an atresia, on full enteral feeds, and is waiting for surgical repair?

- *Surgery may be delayed because the baby is too small or of very low post menstrual age. The baby should be classified based on other variables. At a minimum, the baby would be classified by things such as: “under observation with continuous cardiorespiratory and/or SpO₂ monitoring”(Level 1b) or “gastrostomy tube” (Level 2b if the gastrostomy tube is more than 10 days postop or Level 3a if it is less than 10 days postop).*

How do I classify a baby requiring management of hypoglycemia? Are they automatically classified under 2a because it is assumed that they would have IV therapy?

- *The baby would be classified based on the intervention required: measured feeds (Level 1b), intravenous fluids (Level 2a), dextrose concentration greater than D12.5%W (Level 3a) or medications for hypoglycemia (Level 3a).*

Other

Babies with prenatal substance exposure who are symptomatic can be challenging and thus require increased time and observation from staff. How do we use the daily classification to reflect this?

- *The neonatal daily classification tool is not a workload measurement tool. The baby would be classified based on the intervention: asymptomatic, not being scored and not on drug therapy (Level 1a); symptomatic and being scored (Level 1b); or symptomatic, requiring drug therapy (Level 2a).*

Where do I classify a baby who requires infection control precautions such as isolation?

- *Infection control practices are not a clinical indicator. Other variables will capture the baby.*

How do I classify a healthy baby who is admitted and is awaiting a foster home placement?

- *This baby is considered a 'boarder baby' (Level 1a).*

What about a baby who accompanies its mom to the hospital and is rooming in?

- *If this baby is not receiving care from the nursing staff, it is considered a "companion baby" and daily classification is not required.*