

Neonatal Daily Classification

The daily classification level is entered onto the baby's Neonatal Daily Classification Monthly Record OR BC Newborn Clinical Path form

SYSTEM VARIABLES	LEVEL 1a Baby requires normal newborn care	LEVEL 1b Baby requires increased observation	LEVEL 2a Baby requires increased observation and increased care	LEVEL 2b Baby requires acute management	LEVEL 3a Baby has high acuity	LEVEL 3b Baby has high acuity, or is at risk of high acuity, and requiring multispecialty care
Post Menstrual Age	Greater than/equal to 37 weeks	☐ 35 to 36 ⁺⁶ weeks	☐ 32 to 34 ⁺⁶ weeks	☐ 30 to 31 ⁺⁶ weeks	☐ 26 to 29 ⁺⁶ weeks	☐ Less than 26 weeks
Today's Weight	Greater than or equal to 2500 g	☐ 1800 to 2499 g	☐ 1500 to 1799 g	□ 1200 to 1499 g	☐ Less than 1200g	
Respiratory Status		 Under observation with continuous cardiorespiratory and/or SpO₂ monitoring Supplemental O₂ less than 30% and less than 4 hours of age 	 □ Supplemental O₂ 30% or greater □ Continuous supplemental O₂ at more than 4 hours of age □ Heated humidified high flow by nasal cannula □ On caffeine, or off within past 5 days 	☐ CPAP	 □ Ventilated (includes IPPV) □ Extubated for less than 24 hours □ Inhaled nitric oxide □ Chest tube □ Unstable airway 	☐ OI greater than 25 if greater than 34 weeks☐ Critical airway☐ Tracheostomy☐ ECMO / ECLS☐
Cardiovascular Status				CHD: diagnosed, stabilized and considered hemodynamically stable including those awaiting eventual cardiac surgery	☐ Inotropes / vasopressors	□ CHD: unstable or "stable", including arrhythmia during diagnostic and stabilization phase □ Prostaglandin dependent
Neurological Status	☐ Prenatal Substance exposure not requiring drug therapy and is asymptomatic	☐ Prenatal substance exposure and is symptomatic	☐ HIE stage 1 (mild) less than 72 hours ☐ Prenatal substance exposure requiring drug therapy	HIE stage 2 (moderate) or 3 (severe) older than 10 days	☐ HIE stage 2 (moderate) or 3 (severe) less than 10 days of age ☐ Anticonvulsant therapy less than 10 days	□ Neurosurgical (1st week post-op) □ Uncontrolled seizures despite anticonvulsants
Nutritional Requirements	□ Ad-lib feeds □ At-risk of hypoglycemia with blood glucose greater than 2.6 mmol/ L	☐ Measured oral feeds☐ Gavage feeds by gravity	☐ Intravenous fluids ☐ HMF ☐ Gavage feeds by pump ☐ Colostomy	 Parenteral nutrition Specialized additives beyond HMF Subspecialty support for nipple feeding Stable gastrostomy greater than 10 days post-op 	 □ Dextrose concentration greater than D12.5%W for hypoglycemia □ Medications for hypoglycemia □ Post op with enteral feeds less than full feeds □ Gastrostomy less than 10 days post-op □ Jejeunal tube □ Ileostomy 	 □ Jejunostomy □ Post op with enteral feeds less than 50% □ Mucous fistula refeeds
Other	 □ Phototherapy □ Post cesarean section □ Terminal palliative care, with no invasive interventions required □ Boarder baby 	☐ Antibiotics in a well baby with risk factors	 □ ROP: less than weekly checks □ Antibiotics in a baby with positive cultures □ Transfusion of blood/ IVIG □ Hemolytic disease of the newborn under phototherapy □ Wound care 	PICC / CVC / UVC	 □ ROP: weekly checks □ Bili at exchange level □ At phototherapy level in first 24 hours of life per CPS charts □ Day of and up to 24 hours after exchange transfusion □ Day of advanced diagnostic imaging □ OR day up to 48 hrs post-op 	 □ ROP: more than weekly check by ophthalmologist □ Acute pre-surgical and surgical NEC, GI obstructions, urologic, etc (daily access to surgical services) □ Acute metabolic disorder being stabilized □ Others requiring immediate in-unit access to multispecialty care

Abbreviations

ASD atrial septal defect

AVSD atrioventricular septal defect

CPAP continuous positive airway pressure

CHD congenital heart defect

CVC central venous catheter

ECHO echocardiogram

ECLS extracorporeal life support

ECMO extracorporeal membrane oxygenation

EEG electroencephalography

HMF human milk fortifier

iNO inhaled nitric oxide

IVIG intravenous immunoglobulin

MRI magnetic resonance imaging

NEC necrotizing enterocolitis

OI oxygenation index

PICC peripherally inserted central catheter

PMA post menstrual age

PT physiotherapy

ROP retinopathy of prematurity

SNRI serotonin–norepinephrine reuptake inhibitors

SSRI selective serotonin re-uptake inhibitors

TKVO to keep vein open

OT occupational therapy

UVC umbilical venous catheter

VP ventriculoperitoneal

VSD ventricular septal defect