



Wisconsin Association for Perinatal Care Levels of Care Self-Assessment Initiative

Level II Neonatal Services

		GPC ref*	My facility
Level II neonatal services	Admit and care for patients ≥ 32 0/7 weeks gestation and ≥ 1500 grams with physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis	14	Y <input type="checkbox"/> N <input type="checkbox"/>
A. Administration			
1. Medical	Board certified pediatrician with subspecialty certification in neonatal-perinatal medicine	24	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Nursing	RN with demonstrated expertise in neonatal care	31	Y <input type="checkbox"/> N <input type="checkbox"/>
B. Staffing			
1. Neonatal care			
a. Family practitioner		11	Y <input type="checkbox"/> N <input type="checkbox"/>
b. Neonatal nurse practitioner		12	Y <input type="checkbox"/> N <input type="checkbox"/>
c. Neonatologist		12	Y <input type="checkbox"/> N <input type="checkbox"/>
d. Pediatric hospitalist		12	Y <input type="checkbox"/> N <input type="checkbox"/>
e. Pediatrician	A general pediatrician should have the expertise to assume responsibility for acute, although less critical care, of newborns	11, 25	Y <input type="checkbox"/> N <input type="checkbox"/>
f. Other (please specify)			Y <input type="checkbox"/> N <input type="checkbox"/>
2. Nursing	Must possess demonstrated knowledge in the observation and treatment of newborns, including cardiorespiratory monitoring. The nurse should be specially trained and able to initiate, modify, or stop treatment when appropriate, according to established protocols, even when a physician or advanced practice nurse is not present.	31, 32	Y <input type="checkbox"/> N <input type="checkbox"/>
a. See Appendix I for recommended staffing			
C. Services			
1. Neonatal components			
a. Neonatal resuscitation capability at every delivery per NRP guidelines	At least one person whose primary responsibility is for the newborn and who is capable of initiating neonatal resuscitation should be present at every delivery. Either that person or someone else who is <u>immediately</u> available should have the skills required to perform endotracheal intubation and administer medications.	11, 13-14, 23-24	Y <input type="checkbox"/> N <input type="checkbox"/>
b. Evaluate and provide postnatal care to stable newborn infants > 35 weeks		14	Y <input type="checkbox"/> N <input type="checkbox"/>
c. Stabilize and provide care for infants born at or beyond 32 weeks gestation or at above 1500 grams who have physiologic immaturity or who are moderately ill with problems that are expected to resolve rapidly and are not anticipated to need subspecialty services on an urgent basis		14	Y <input type="checkbox"/> N <input type="checkbox"/>
d. Stabilize newborn infants who are born at < 32 weeks		12	Y <input type="checkbox"/> N <input type="checkbox"/>

gestation and less than 1500 grams until transfer to a neonatal intensive care unit			
e. Provide care for infants convalescing after intensive care		12	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Support			
a. Blood gas laboratory	Continuously available	25	Y <input type="checkbox"/> N <input type="checkbox"/>
b. Blood typing, cross matching, and availability	Available on a 24 hour basis	34	Y <input type="checkbox"/> N <input type="checkbox"/>
c. Clinical laboratory services	Techs and equipment available on a 24 hour basis	25	Y <input type="checkbox"/> N <input type="checkbox"/>
d. Infection control		34	Y <input type="checkbox"/> N <input type="checkbox"/>
e. Nutrition		310	Y <input type="checkbox"/> N <input type="checkbox"/>
f. Parent education program		25, 34	Y <input type="checkbox"/> N <input type="checkbox"/>
g. Pharmacy services			Y <input type="checkbox"/> N <input type="checkbox"/>
h. Radiology services	Techs and equipment available on a 24 hour basis	34	Y <input type="checkbox"/> N <input type="checkbox"/>
i. Respiratory therapy	Available continuously	25	
1) Experienced personnel capable of providing CPAP and/or mechanical ventilation continuously available		12,14	Y <input type="checkbox"/> N <input type="checkbox"/>
2) In units where neonates receive mechanical ventilation, medical, nursing, or respiratory therapy staff with demonstrated ability to intubate the trachea, manage assisted ventilation, and decompress a pneumothorax should be continuously available on-site		25, 34	Y <input type="checkbox"/> N <input type="checkbox"/>
3) Conventional ventilator support for < 24 hours, AND/OR		12	Y <input type="checkbox"/> N <input type="checkbox"/>
4) CPAP		12	Y <input type="checkbox"/> N <input type="checkbox"/>
j. Social work			Y <input type="checkbox"/> N <input type="checkbox"/>
k. Interpreters or language support services			Y <input type="checkbox"/> N <input type="checkbox"/>
D. Education			
1. In-service sessions covering diagnosis and management of perinatal emergencies, as well as the management of routine problems and family-centered care		35	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Regular multi-disciplinary conferences at which patient care problems are presented and discussed		35	Y <input type="checkbox"/> N <input type="checkbox"/>
E. Quality assurance			
1. Data collection, storage, and retrieval		10, 66	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Initiation of quality improvement programs		10, 66	Y <input type="checkbox"/> N <input type="checkbox"/>
3. Coordinated quality improvement programs with receiving facilities	Strongly recommended		Y <input type="checkbox"/> N <input type="checkbox"/>
F. Policies, procedures, and protocols			
1. Formal transport plans with referring/receiving hospitals		79	Y <input type="checkbox"/> N <input type="checkbox"/>
2. Criteria for consults for higher level of care			Y <input type="checkbox"/> N <input type="checkbox"/>
3. Criteria for practice credentials for attending physicians		22	Y <input type="checkbox"/> N <input type="checkbox"/>

4. Criteria for practice of allied health professionals (e.g., nurse practitioners)		22	Y <input type="checkbox"/> N <input type="checkbox"/>
5. Method of risk identification and assessment for consult/transport		79	Y <input type="checkbox"/> N <input type="checkbox"/>
6. Disaster preparedness and evacuation plan		54	Y <input type="checkbox"/> N <input type="checkbox"/>
7. Discharge planning		306	Y <input type="checkbox"/> N <input type="checkbox"/>
8. Early discharge		306	Y <input type="checkbox"/> N <input type="checkbox"/>
9. Family-centered and culturally sensitive care		2	Y <input type="checkbox"/> N <input type="checkbox"/>
10. Infant abduction policy		305	Y <input type="checkbox"/> N <input type="checkbox"/>
11. Initial evaluation of newborn by physician		281	Y <input type="checkbox"/> N <input type="checkbox"/>
12. Newborn security system		305	Y <input type="checkbox"/> N <input type="checkbox"/>
13. Ongoing care of newborn	Including late preterm care recommendations.	16	Y <input type="checkbox"/> N <input type="checkbox"/>
14. Policies and procedures to ensure the readiness of neonatal resuscitation equipment and personnel	(also to provide periodic review and evaluation of the effectiveness of the system)	267	Y <input type="checkbox"/> N <input type="checkbox"/>
15. Prioritized list of known or anticipated maternal and fetal complications requiring routine, urgent, and emergency delivery room presence of individual(s) qualified in all aspects of newborn resuscitation		267	Y <input type="checkbox"/> N <input type="checkbox"/>
16. Protocols for CPAP and/or mechanical ventilation			Y <input type="checkbox"/> N <input type="checkbox"/>
17. Sibling visitation policy		304	Y <input type="checkbox"/> N <input type="checkbox"/>
18. Stabilization (transitional care) of newborn		283	Y <input type="checkbox"/> N <input type="checkbox"/>

*GPC ref. American Academy of Pediatrics and American College of Obstetricians of Gynecologists. (2012). *Guidelines for Perinatal Care, 7th Edition*.

Comments: _____

Revised Dec 2013

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