

Origination 03/2014
 Last Approved 01/2023
 Effective 01/2023
 Last Revised 01/2023
 Next Review 01/2026

Owner **Jean Millar:**
 Executive
 Director Clinical
 Institute
 Policy Area Neonatal
 Intensive Care
 Unit
 Applicability CA - Divisional/
 Regional
 References LA Region

To find another policy, use the browser BACK button to return to your Ministry.

Neonatal Intensive Care Unit (NICU) Levels of Care

PURPOSE

In keeping with the mission and values of Providence St. Joseph Health the purpose of the policy is to determine appropriate levels of care are identified and documented for the neonatal intensive care unit (NICU) patient. It is the policy of Providence Health System-Southern California to adopt this regional clinical standard for use in the following*:

Providence Little Company of Mary Medical Center Torrance:	
X	Acute Care
	Transitional Care Center
	Providence Little Company of Mary Home Health
Providence Holy Cross Medical Center:	
X	Acute Care
	Sub Acute Care Unit
	Rehabilitation Unit
Providence Saint Joseph Medical Center:	
X	Acute Care
	Providence Home Care
	Providence St. Elizabeth's

	Rehabilitation Unit
	Roy and Patricia Disney Family Cancer Center
Providence Tarzana Medical Center:	
X	Acute Care
Providence Saint John's Health Center:	
X	Acute Care

*An "x" identifies inclusion and the absence of an "x" indicates exclusion or exception.

POLICY

In keeping with the mission and values of Providence Health & Services, this procedure establishes guidelines for the nursing care of infants in the Neonatal Intensive Care Unit (NICU).

- A. Nursing documentation of care of the NICU patient will reflect the elements that support the designated level of care.
- B. Nursing care will be based on the AAP/ACOG Perinatal Care Guidelines and Title 22 California Code of Regulations, California Children's Services Provider standards.

PROCEDURE/GENERAL INSTRUCTIONS

CARE LEVEL CRITERIA

1. **Intensive care** is defined as care which is provided to neonates and infants who require:
 - A. Twelve hours or more of nursing care by a registered nurse in a 24 hour period.
 - B. Continuous cardiopulmonary monitoring.
 - C. Other specialized care technology for their multisystem programs.
 - D. **Intensive Care (Revenue Code 174)**
 - The following criteria define the level **Intensive Care for a NICU per Revenue Code 174**
 - Any infant with severe pulmonary disease and respiratory instability requiring the constant attention of the nurse and respiratory therapist due to variable support needs (Usually on positive pressure ventilation).
 - Active air leak -requiring frequent re-evaluation, x-rays, needle aspiration and/or chest tube insertion/maintenance.
 - Hemodynamically unstable infants.
 - Requiring vital sign monitoring every hour or more frequently.
 - Variable BP requiring frequent changes in vasoactive agents.

- Infant on paralyzing agents or ProstaglandinE.
 - Preparations for immediate surgery, attendance in operating room, and immediately post-op.
 - During performance of an Exchange Transfusion, or conscious sedation for invasive procedure.
 - Infants experiencing continuous seizures or apnea & bradycardia, or events occurring more frequently than every 30 minutes.
 - Infant receiving Therapeutic Hypothermia.
- **Intensive Care (Revenue Code 174) is also considered to be:**
 - Infant stable on ventilator or Nasal CPAP.
 - Infant receiving oxygen (via hood or nasal cannula) with variable needs.
 - Infant with umbilical, peripheral arterial or central lines.
 - Inotropic drug requirements.
 - Frequent and/or severe apnea & bradycardic spells requiring tactile stimulation & bagging (less frequently than every 30 minutes).
 - Infant with chest tubes.
 - Post-op patients (≥ 12 hrs).
2. **Intermediate care** is defined as care which is provided to neonates and infants who require:
- A. Six to twelve hours of nursing care by a registered nurse per 24 hour period.
 - B. Other medically necessary support.
 - C. The following criteria define the **Intermediate Care for a NICU per Revenue Code 173**
 - Requires 6-12 hours of nursing care per day.
 - Infant with peripheral IV.
 - Infants with central line at TKO rate or heparin lock on full feedings.
 - Infant with chronic lung disease who may be receiving oxygen, with Blood gases and oxygen adjustment no more frequently than on a daily basis.
 - Infant under phototherapy.
 - Breast, nipple or gavage feeding.
 - Infants with infrequent apnea, occasionally requiring stimulation.
3. **Continuing care** is defined as care which is provided to neonates and infants who require:
- A. More care than a normal newborn.

- B. May have previously received intermediate or intensive care but who no longer require intermediate or intensive care.
 - The following criteria define the **NICU CONTINUING LEVEL II for a NICU per Revenue Code 172**
 - Neonates and infants who are not sick but require observation, or frequent feeding.
 - Infants who require more hours of nursing than do normal neonates.
 - Infants who have previously had intensive or intermediate care but no longer require these levels of care

DOCUMENTATION

- A. All patient assessments and interventions will be documented in the electronic health record (EHR).
- B. Specific documentation to substantiate the level of care:
 - i. Number of apneas, bradycardias, desaturations during the shift and the intervention required.
 - ii. Amount of time the patient required per feeding, and why.
 - iii. Education of the family with each encounter.
 - iv. Any special procedures requiring additional nursing time or monitoring after the procedure.
 - v. Any interventions requiring additional time for patient care outside the norm for total patient care- i.e. frequent bed changes due to multiple emesis or diarrhea.

REFERENCE(S)/RELATED POLICIES

American Academy of Pediatrics/American College of Obstetricians and Gynecologists (2017).
Guidelines for Perinatal Care, 8th Ed.

California Children's Services Manual of Procedures (2021). 3.25.2 Community NICU General Information.

Title 22 (2011). §70481-70489.

UB Manual Accommodation Review Codes Definitions per A. Fuesterer RN 11-2013, Accommodation Review Codes (010X-021X).

COLLABORATION

This policy was developed in collaboration with the following involved Departments; NICU Nursing Leaders, Educators, CNSs from PHS Medical Centers including St. Joseph's, Tarzana, Holy Cross and Little Company of Mary Torrance, Regional Business Office and Regional Revenue Integrity leaders.

Approval Signatures

Step Description	Approver	Date
Regional Site Adminsitrator	Wen Yun Chang: Senior Business Analyst	01/2023
Division CNO - South	Daniel Kelly: Chief Nursing Officer	01/2023
Exec Dir Clin Ops SoCal Reg	Kevin Streeter: Executive Director Clinical Operations	01/2023
Regional Site Adminsitrator	Wen Yun Chang: Senior Business Analyst	01/2023
Regional Policy Owner	Jean Millar: Executive Director Clinical Institute	01/2023

Applicability

CA - Regional/Divisional

Standards

No standards are associated with this document