

Texas Administrative Code

[TITLE 25](#) HEALTH SERVICES
[PART 1](#) DEPARTMENT OF STATE HEALTH SERVICES
[CHAPTER 133](#) HOSPITAL LICENSING
[SUBCHAPTER J](#) HOSPITAL LEVEL OF CARE DESIGNATIONS FOR NEONATAL AND MATERNAL CARE
RULE §133.186 Neonatal Designation Level I

- (a) Level I (Well Nursery). The Level I neonatal designated facility will:
- (1) provide care for mothers and their infants generally of ≥ 35 weeks gestational age who have routine, transient perinatal problems;
 - (2) have skilled personnel with documented training, competencies and continuing education specific for the patient population served; and
 - (3) if an infant < 35 weeks gestational age is retained, the facility shall provide the same level of care that the neonate would receive at a higher level designated neonatal facility and shall, through the QAPI Program complete an in depth critical review of the care provided.
- (b) Neonatal Medical Director (NMD). The NMD shall be a physician who:
- (1) is a currently practicing pediatrician, family medicine physician, or physician specializing in obstetrics and gynecology with experience in the care of neonates/infants;
 - (2) demonstrates a current status on successful completion of the Neonatal Resuscitation Program (NRP);
 - (3) demonstrates effective administrative skills and oversight of the QAPI Program; and
 - (4) has completed continuing medical education annually specific to the care of neonates.
- (c) Program Functions and Services.
- (1) Triage and assessment of all patients admitted to the perinatal service with identification of pregnant patients who are at high risk of delivering a neonate that requires a higher level of care who will be transferred to a higher level facility prior to delivery unless the transfer would be unsafe.
 - (2) Supportive and emergency care delivered by appropriately trained personnel for unanticipated maternal-fetal problems that occur during labor and delivery through the disposition of the patient.
 - (3) The ability to perform an emergency cesarean delivery.
 - (4) The primary physician, advanced practice nurse and/or physician assistant with special competence in the care of neonates, whose credentials have been reviewed by the NMD and is on call, and:

(A) shall demonstrate a current status on successful completion of the American Heart Association/American Academy of Pediatrics for the resuscitation of all infants NRP;

(B) has completed continuing education annually, specific to the care of neonates;

(C) shall arrive at the patient bedside within 30 minutes of an urgent request;

(D) if not immediately available to respond or is covering more than one facility, be provided appropriate backup coverage who shall be available, documented in an on call schedule and readily available to facility staff; and

(E) if the physician, advanced practice nurse and/or physician assistant is providing backup coverage, shall arrive at the patient bedside within 30 minutes of an urgent request.

(5) Availability of appropriate anesthesia, laboratory, radiology, ultrasonography and blood bank services on a 24 hour basis as described in §133.41(a), (h), and (s) of this title, respectively.

(A) If preliminary reading of imaging studies pending formal interpretation is performed, the preliminary findings must be documented in the medical record.

(B) There must be regular monitoring of the preliminary versus final reading in the QAPI Program.

(6) A pharmacist shall be available for consultation on a 24 hour basis.

(A) If medication compounding is done by a pharmacy technician for neonates/infants, a pharmacist will provide immediate supervision of the compounding process.

(B) If medication compounding is done for neonates/infants, the pharmacist will develop checks and balances to ensure the accuracy of the final product.

(7) Resuscitation. The facility shall have appropriately trained staff, policies and procedures for the stabilization and resuscitation of neonates based on current standards of professional practice; shall ensure the availability of personnel who can stabilize distressed neonates including those <35 weeks gestation until they can be transferred to a higher level facility.

(A) Each birth shall be attended by at least one person who demonstrates a current status of successful completion of the NRP whose primary responsibility is for the management of the neonate and initiating resuscitation.

(B) At least one person must be immediately available on-site with the skills to perform a complete neonatal resuscitation including endotracheal intubation, establishment of vascular access and administration of medications.

(C) Additional providers with current status of successful completion of the NRP shall be on-site and immediately available upon request;

(D) Basic NRP equipment and supplies shall be immediately available for trained staff to perform resuscitation and stabilization on any neonate/infant.

(8) Perinatal Education. A registered nurse with experience in neonatal and/or perinatal care shall provide supervision and coordination of staff education.

(9) Ensures the availability of support personnel with knowledge and skills in breastfeeding to meet the needs of new mothers.

(10) Social services and pastoral care shall be provided as appropriate to meet the needs of the patient population served.

Source Note: The provisions of this §133.186 adopted to be effective June 9, 2016, 41 TexReg 4011