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 §133.188	Neonatal Designation Level III

(a) Level III (Neonatal Intensive Care Unit (ICU)). The Level III neonatal designated facility will:

(1) provide care for mothers and comprehensive care of their infants of all gestational ages with mild to critical illnesses or requiring sustained life support;

(2) provide for consultation to a full range of pediatric medical subspecialists and pediatric surgical specialists, and the capability to perform major pediatric surgery on-site or at another appropriate designated facility;

(3) have skilled medical staff and personnel with documented training, competencies and continuing education specific for the patient population served;

(4) facilitate transports; and

(5) provide outreach education to lower level designated facilities.

(b) Neonatal Medical Director (NMD). The NMD shall be a physician who is a board eligible/certified neonatologist and demonstrates a current status on successful completion of the Neonatal Resuscitation Program (NRP).

(c) If the facility has its own transport program, there shall be an identified Transport Medical Director (TMD). The TMD or Co-Director shall be a physician who is a board eligible/certified neonatologist or pediatrician with expertise and experience in neonatal/infant transport.

(d) 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 is unsafe.

(2) Supportive and emergency care shall be 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 within 30 minutes.

(4) At least one of the following neonatal providers shall be on-site and available at all times and includes pediatric hospitalists, neonatologists, and/or neonatal nurse practitioners or neonatal physician assistants, as appropriate, who have demonstrated competence in management of severely ill neonates/infants, whose credentials have been reviewed by the NMD and is on call, and:

(A) has a current status of successful completion of the NRP;

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

(C) if the on-site provider is not a neonatologist, a neonatologist shall be available for consultation at all times and shall arrive on-site within 30 minutes of an urgent request;

(D) if the neonatologist is covering more than one facility, the facility must ensure that a back-up neonatologist be available, documented in an on call schedule and readily available to facility staff; and

(E) ensure that the neonatologist providing back-up coverage shall arrive on-site within 30 minutes.

(5) Anesthesiologists with pediatric expertise, shall directly provide the anesthesia care to the neonate, in compliance with the requirements found in §133.41(a) of this title (relating to Hospital Functions and Services).

(6) A dietitian or nutritionist who has special training in perinatal and neonatal nutrition and can plan diets that meet the special needs of neonates/infants is available at all times, in compliance with the requirements found in §133.41(d) of this title.

(7) Laboratory services shall be in compliance with the requirements found at §133.41(h) of this title and shall have:

(A) laboratory personnel on-site at all times;

(B) perinatal pathology services available;

(C) a blood bank capable of providing blood and blood component therapy; and

(D) neonatal blood gas monitoring capabilities.

(8) Pharmacy services shall be in compliance with the requirements found in §133.41(q) of this title and will have a pharmacist, with experience in neonatal/pediatric and perinatal pharmacology, available at all times.

(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.

(C) Total parenteral nutrition appropriate for neonates/infants shall be available.

(9) An occupational or physical therapist with sufficient neonatal expertise shall be available to meet the needs of the population served.

(10) Medical Imaging. Radiology services shall be in compliance with the requirements found in §133.41(s) of this title; will incorporate the "As Low as Reasonably Achievable" principle when obtaining imaging in neonatal and maternal patients; and shall have:

(A) personnel appropriately trained in the use of x-ray equipment shall be on-site and available at all times; personnel appropriately trained in ultrasound, computed tomography, magnetic resonance imaging, echocardiography, and/or cranial ultrasound equipment shall be on-site within one hour of an urgent request; fluoroscopy shall be available;

(B) interpretation of neonatal and perinatal diagnostic imaging studies by radiologists with pediatric expertise at all times; and

(C) pediatric echocardiography with pediatric cardiology interpretation and consultation within one hour of an urgent request.

(11) Speech language pathologist, an occupational therapist, or a physical therapist with neonatal/infant experience shall be available to evaluate and manage feeding and/or swallowing disorders.

(12) A respiratory therapist, with experience and specialized training in the respiratory support of neonates/infants, whose credentials have been reviewed by the NMD, shall be immediately available on-site.

(13) Resuscitation. Written policies and procedures shall be specific to the facility for the stabilization and resuscitation of neonates based on current standards of professional practice.

(A) Each birth shall be attended by at least one provider who demonstrates current status of successful completion of the NRP whose primary responsibility is 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 who demonstrate current status of successful completion of the NRP shall attend each neonate in the event of multiple births.

(D) Each high-risk delivery shall have in attendance at least two providers who demonstrate current status of successful completion of the NRP whose only responsibility is the management of the neonate.

(E) A full range of resuscitative equipment, supplies, and medications shall be immediately available for trained staff to perform complete resuscitation and stabilization on each neonate/infant.

(14) Perinatal education. A registered nurse with experience in neonatal care, including neonatal intensive care, shall provide supervision and coordination of staff education.

(15) Pastoral care and/or counseling shall be provided as appropriate to the patient population served.

(16) Social services shall be provided as appropriate to the patient population served.

(17) Ensure the timely evaluation of retinopathy of prematurity, monitoring, referral for treatment and follow-up, in the case of an at-risk infant.

(18) A certified lactation consultant shall be available at all times.

(19) Ensure provisions for follow up care at discharge for infants at high risk for neurodevelopmental, medical, or psychosocial complications.

Source Note: The provisions of this §133.188 adopted to be effective June 9, 2016, 41 TexReg 4011