

Neonatal Retro-transfer Minimal Criteria for Level II Care



The following criteria represent the minimal level of care provided at each level. These criteria will guide decision making for the selection of the appropriate hospital for neonatal retro-transfers. Please note that some hospitals may exceed the minimal expectations for their designated level of care.

Categories	Level II A	Level II B	Level II C
Age & Weight	<ul style="list-style-type: none"> Stable neonate Greater than or equal to 32 weeks + 0 days corrected age, and Weight over 1500 grams 	<ul style="list-style-type: none"> Stable neonate Greater than or equal to 30 weeks + 0 days corrected age and Weight over 1200 grams 	Retro-transfers should be reviewed on a case-by case basis between the tertiary and receiving sites.
Cardio-Respiratory	<ul style="list-style-type: none"> Oxygen therapy No assisted ventilation Respiratory rate stable Apnea and bradycardia resolving Home on low flow or oxygen and O₂ saturation monitoring 	All of Level II A plus: <ul style="list-style-type: none"> Chronic low flow with occasional apnea and bradycardia spells requiring stimulation Respiratory support may include non-invasive ventilation for 48-72 hours, i.e. CPAP 	All of Level II B plus: <ul style="list-style-type: none"> CPAP with stable O₂ requirements, up to 1 week Mechanical ventilation for 48-72 hours
Access	<ul style="list-style-type: none"> PIV insertion and maintenance Short term IV therapy UVC/UAC insertion No PICC 	All of Level II A plus: <ul style="list-style-type: none"> Long term IV therapy (>1 wk) PICC maintenance UVC/UAC insertion and maintenance 	All of Level II B plus: <ul style="list-style-type: none"> PICC maintenance Access to PICC insertion
Nutrition	<ul style="list-style-type: none"> Non-nutritive sucking No TPN Tolerating feeds Full feeds transitioning from gavage to breast, bottle, or G-tube Support plan of care to home with palliative care, including silastic NG-tube 	All of Level II A plus: <ul style="list-style-type: none"> TPN if tolerating >50% enteral feeds Tolerating feeds with little or no residuals Dietician available Ostomy care Support plan of care for: <ul style="list-style-type: none"> Continuous or pump feeds G-tube feeds 	All of Level II B plus: <ul style="list-style-type: none"> TPN Tolerating increasing feeds with occasional large residuals
Growing	<ul style="list-style-type: none"> Demonstrating progressive weight gain Support plans for ongoing support: ostomy care, G-tube, Lactation Consultant 	All of Level II A	All of Level II B plus: <ul style="list-style-type: none"> PT/OT available
Treatment/Tests and Procedures 24/7/365 (except ROP screening)	<ul style="list-style-type: none"> Newborn screening Hearing screening Safe sleep Car seat safety Follow up testing available/accessible RSV 	All of Level II A plus: <ul style="list-style-type: none"> ROP screening if possible, otherwise refer out Specialized medications, i.e. enoxaparin 	All of Level II B plus: <ul style="list-style-type: none"> ROP screening Access to Neonatal FU