

(Place MR Label Here)

MR#

Patient's Name:

Patient's Address:

**Congenital Heart Disease Screening Program
SCREENING FORM**

Date of Birth ____/____/____

Date of Screening _____

Time of Birth _____

Age at Screen _____ hours/days

Gestational Age at Birth _____ weeks

Initial Screening:

Time _____

Pulse Ox Saturation of **Right Hand** _____ %

Pulse Ox Saturation of **Foot** _____ %

Difference in Oxygen Saturation (Right Hand – Foot) _____ %

Signature _____ **Date** _____ **Time** _____ **N/A** _____ **PASS** _____ **FAIL** _____

Second Screening (If Indicated):

Perform 1 hour after the initial screening if baby fails initial screen due to pulse ox readings of 90 – 94% or if >3% difference in oxygen saturation between extremities. Follow-up screens and assessments must be performed by a Nurse.

Time: _____

Pulse Ox Saturation of **Right Hand** _____ %

Pulse Ox Saturation of **Foot** _____ %

Difference in Oxygen Saturation (Right Hand – Foot) _____ %

Signature _____ **Date** _____ **Time** _____ **N/A** _____ **PASS** _____ **FAIL** _____

Third Screening (If Indicated):

Perform 1 hour after the second screening if baby fails second screen due to pulse ox readings of 90 – 94% or if >3% difference in oxygen saturation between extremities. Follow-up screens and assessments must be performed by a Nurse.

Time: _____

Pulse Ox Saturation of **Right Hand** _____ %

Pulse Ox Saturation of **Foot** _____ %

Difference in Oxygen Saturation (Right Hand – Foot) _____ %

Signature _____ **Date** _____ **Time** _____ **N/A** _____ **PASS** _____ **FAIL** _____

Final Screening Results: _____ **PASS** _____ **FAIL** _____

Screen N/A _____ **Due To** _____

Screening and Follow-Up:

- See Policy and Procedure MI C.3. Screen all eligible newborns after 24 hours of age and prior to discharge.
- Screen Not Applicable if (1) Newborn has been hospitalized for >7 days (2) CCHD has been ruled out or diagnosed with an Echocardiogram or (3) Prenatal diagnosis of CCHD. Do not screen while on oxygen support.
- If oxygen saturation is 95% or greater in the RH or Foot and there is a 3% or less difference between RH and Foot during any screening this is considered a **Passed or Negative Screen**.
- If oxygen saturation is < 90% in either the RH or Foot during any screening this is a **Failed or Positive Screen**: Nurse to perform an assessment, continue monitoring and notify the physician immediately for follow-up plan.
- If oxygen saturations are between 90 – 94% in both the RH and Foot or there is a >3% difference between the RH and Foot the nurse will perform an assessment, notify the physician and plan for a repeat screen in 1 hour. If results are the same on the second screen perform a third screen in 1 hour; if readings persist on the third screen this is considered a **Failed or Positive Screen**: Notify the physician of final screening results and initiate F/U.