



CCHD Number _____
 Date of Birth ____/____/____
 Time of Birth _____
 Gestational Age at Birth _____ weeks
 Date of Screening _____
 Age at Screen _____ hours/days

Initial Screening:

Time _____
 Pulse Ox Saturation of **Right Hand** _____ %
 Pulse Ox Saturation of **Foot** _____ %
 Difference in Oxygen Saturation (Right Hand – Foot) _____ %

____ N/A (See Note Below) ____ PASS ____ FAIL ____ Parental Refusal

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..

Time: _____
 Pulse Ox Saturation of **Right Hand** _____ %
 Pulse Ox Saturation of **Foot** _____ %
 Difference in Oxygen Saturation (Right Hand – Foot) _____ %

____ 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.

Time: _____
 Pulse Ox Saturation of **Right Hand** _____ %
 Pulse Ox Saturation of **Foot** _____ %
 Difference in Oxygen Saturation (Right Hand – Foot) _____ %

____ N/A ____ PASS ____ FAIL

Final Screening Results:

____ PASS ____ FAIL

Screen N/A ____ Due To _____

Screening and Follow-Up:

- Screen all eligible newborns after 24 hours of age and prior to discharge.
- Screen Not Applicable if CCHD has been ruled out or diagnosed with an Echocardiogram. 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.

More info at cchd.pqcnc.org

