**(Place Patient Label Here) LOGO HERE**

**Critical 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**

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**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. 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.