

Critical Congenital Heart Disease Screening Program

SCREENING FORM

Place Label or Write-In Information

Medical Record # _____

Patient Name: Last _____ First _____

Date of Birth ____ / ____ / ____

Age at Initial Screening: _____ hours

Initial Screening:

Time _____

Pulse Ox Saturation of Right Hand _____ %

Pulse Ox Saturation of Foot _____ %

Absolute difference _____ % Pass Fail Retest

Second Screening: (1 hour following initial screen if fail initial screen)

Time _____

Pulse Ox Saturation of Right Hand _____ %

Pulse Ox Saturation of Foot _____ %

Absolute difference _____ % Pass Fail Retest

Third Screening: (1 hour following second screening if fail second screen)

Time _____

Pulse Ox Saturation of Right Hand _____ %

Pulse Ox Saturation of Foot _____ %

Absolute difference _____ % Pass Fail

- If pulse ox saturation is 89% or less in either the hand or foot the infant's MD or NP must be notified immediately. "Fail must be checked".
- If pulse ox saturations are 94-90% in both the hand and foot or there is a 4% or more absolute difference between the two on three measures each separated by one hour the MD or NP must be notified.
- If pulse ox saturations are 95-100% in either extremity, with a 3% or less absolute difference between the two the reading is expected for an infant. "Pass" should be checked."

Screener's Name: _____

Screener's Signature: _____ Date: ____ / ____ / ____