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.pqnc.org