

Congenital Heart Disease Screening Form

Last name _____ Medical record # _____

First name _____

Date of birth _____

Age at initial screening _____ hours

Initial Screening

Time _____

Pulse-ox saturation of right hand _____ % Pulse-ox saturation of foot _____ %

Difference (right hand – foot) _____ % Pass Fail

Second Screening *(1 hour following initial screening, if initial screening failed)*

Time _____

Pulse-ox saturation of right hand _____ % Pulse-ox saturation of foot _____ %

Difference (right hand – foot) _____ % Pass Fail

Third Screening *(1 hour following second screening, if second screening failed)*

Time _____

Pulse-ox saturation of right hand _____ % Pulse-ox saturation of foot _____ %

Difference (right hand – foot) _____ % Pass Fail

- If pulse-ox saturation is <90 percentage points in either the hand or foot, the infant's doctor or nurse practitioner must be notified immediately. "Fail" must be checked.
- If pulse-ox saturations are <95 percentage points in both the hand and foot or there is a >3 percentage-point difference between the two on three measures, each separated by one hour, the doctor or nurse practitioner must be notified. "Fail" must be checked.
- If pulse-ox saturations are ≥95 percentage points in either extremity, with a ≤3 percentage-point difference between the two, the reading is expected for an infant. "Pass" should be checked.

Screener's name _____

Screener's signature _____ Date _____

If screening fails, call the Physician Direct Connect Line at (614) 355-0221 or (877) 355-0221 and ask for Neonatology. If you have a local neonatology ICU resource, please contact your usual consultation service.

