

(Place MR label here)

KY CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING  
DATA COLLECTION FORM

MR# \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

HOSPITAL NAME : \_\_\_\_\_

DATE OF SCREENING: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

TIME OF BIRTH: \_\_\_\_\_

GESTATIONAL AGE AT BIRTH: \_\_\_\_\_ weeks

AGE AT SCREENING: \_\_\_\_\_ hours or days

**Initial Screening:** *(should be performed when eligible newborn is > 24 hours of age OR morning of discharge)*

Time Performed \_\_\_\_\_

Pulse Ox Saturation of Right Hand (RH) \_\_\_\_\_ %

Pulse Ox Saturation of Foot \_\_\_\_\_ %

Difference in Oxygen Saturation (RH AND Foot) \_\_\_\_\_ %

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

**Second Screening (If indicated):**

Perform 1 hour after the initial screening if baby fails initial screening due to pulse ox reading of 90-94% or if >3% difference in oxygen saturations between extremities. Follow-up screens & assessments must be performed by a Nurse.

Time Performed \_\_\_\_\_

Pulse Ox Saturation of Right Hand (RH) \_\_\_\_\_ %

Pulse Ox Saturation of Foot \_\_\_\_\_ %

Difference in Oxygen Saturation (RH AND Foot) \_\_\_\_\_ %

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

**Third Screening (If indicated):**

Perform 1 hour after the second screening if baby fails first and second screening due to pulse ox reading of 90-94% or if >3% difference in oxygen saturations between extremities. Follow-up screens & assessments *must be performed by a Nurse.*

Time Performed \_\_\_\_\_

Pulse Ox Saturation of Right Hand (RH) \_\_\_\_\_ %

Pulse Ox Saturation of Foot \_\_\_\_\_ %

Difference in Oxygen Saturation (RH AND Foot) \_\_\_\_\_ %

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

**FINAL SCREENING RESULTS:**

PASS \_\_\_\_\_ \*FAIL \_\_\_\_\_ ~SCREEN N/A \_\_\_\_\_

DUE TO: \_\_\_\_\_ TRANSFERRED TO: \_\_\_\_\_

**SCREENING AND FOLLOW-UP: DO NOT SCREEN INFANTS WHILE ON OXYGEN.**

If oxygen saturation is 95% or above in the RH OR foot AND the difference between the readings in the RH and foot is 3% or less:

**PASS (i.e. Negative) Screen**

If oxygen saturation is <90% in RH OR Foot during ANY screening:

**FAIL (i.e. Positive) Screen**

*(Nurse to perform an assessment, continue monitoring and notify PCP immediately for follow-up plan).*

If oxygen saturations are between 90-94% in both RH and Foot OR there is a >3% difference between the RH and foot: Nurse performs an assessment and repeats screen in 1 hour. **If second screen is ≥ 95%, PASS (Negative) Screen, do not perform third screen.** If results are ≤ 95% on second screen, perform third screen in 1 hour: If results remain ≤ 95% on third screen it is a FAIL (Positive) SCREEN. **Notify the PCP of final screening results immediately and initiate follow-up.**

**\* IF SCREENING RESULTS "FAIL": PLEASE FAX THIS FORM IMMEDIATELY UPON COMPLETION TO (502) 564-1510.**

**~ SCREEN (N/A):** CCHD has been ruled out or diagnosed with prior echocardiogram OR there was a prenatal diagnosis of CCHD.

*If you have any questions, please contact the Ky Newborn Screening Program at (502) 564-3756 ext 4367.*