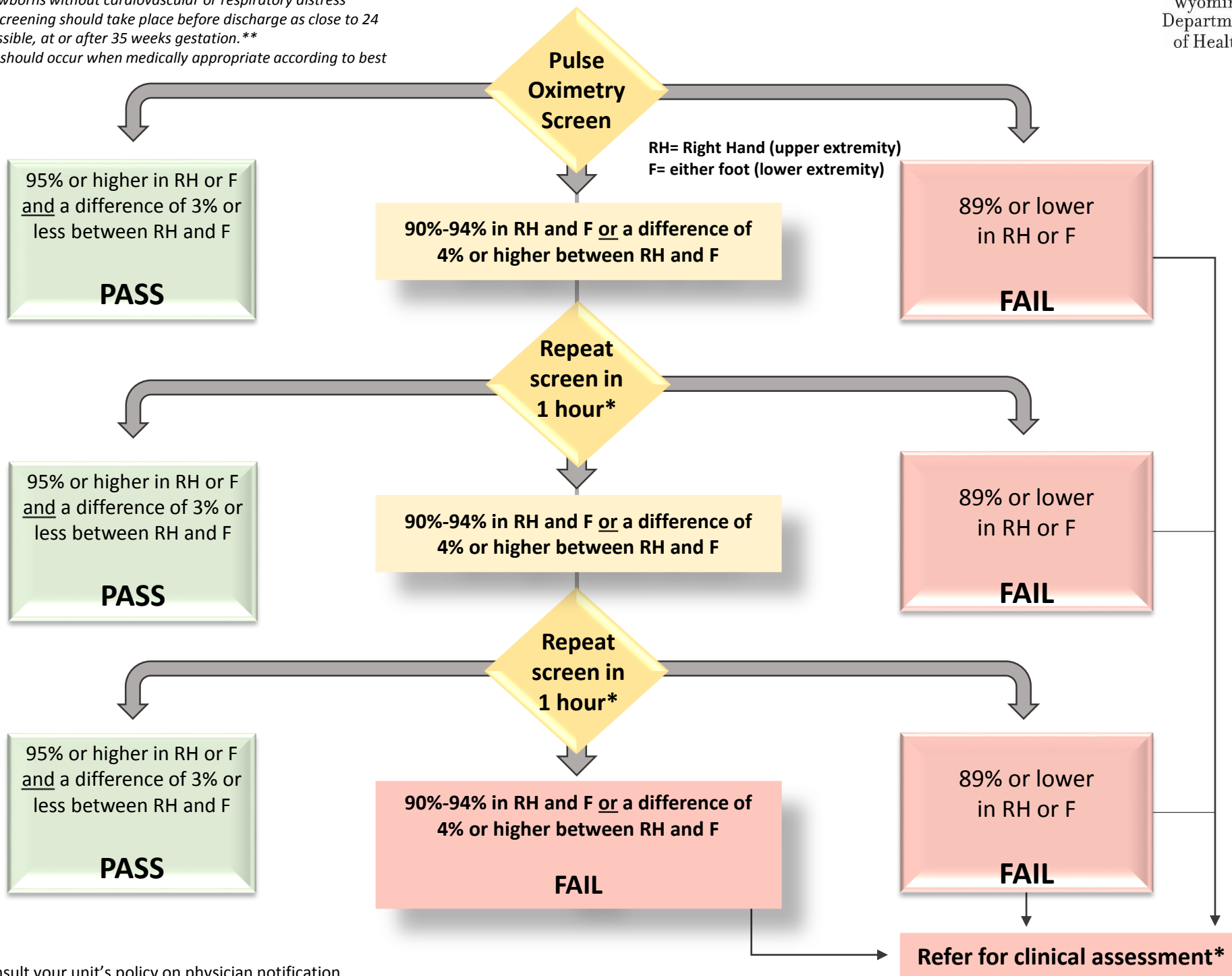


Pulse Oximetry Screening for Critical Congenital Heart Disease (CCHD)



Protocol for all newborns without cardiovascular or respiratory distress (asymptomatic). Screening should take place before discharge as close to 24 hours of life as possible, at or after 35 weeks gestation. **
 **NICU screening should occur when medically appropriate according to best medical practices.



*Always consult your unit's policy on physician notification

Pulse Oximetry Screening for Critical Congenital Heart Disease (CCHD)

Perform on **all** infants after 24 hours of age and before discharge

PASS

A pass on CCHD screening does **NOT** exclude the presence of a cardiac disorder.

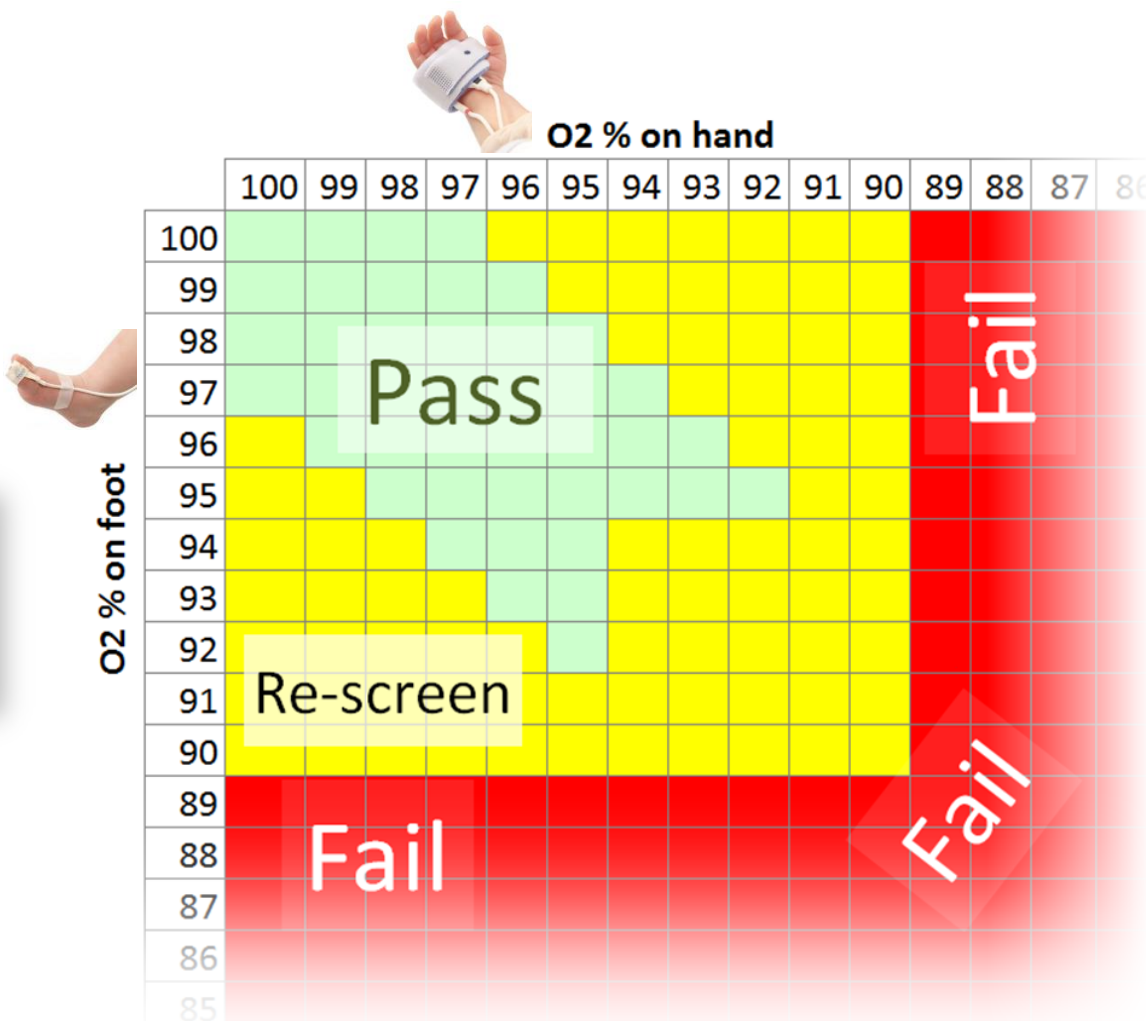
If cardiac evaluation is indicated (e.g. clinical signs or prenatal diagnosis of congenital heart disease), proceed with evaluation even if infant achieves pass on CCHD screening.

REPEAT SCREENING

- ✓ Repeat pulse oximetry screen with **new** measurements in **ONE** hour
- ✓ If this is 3rd screen proceed to **FAIL**

FAIL

- ✓ Promptly **NOTIFY** the responsible medical practitioner of failed screen and need for further evaluation
- ✓ **EVALUATE** for other causes of low saturations (e.g. infection, pulmonary hypertension, or pneumonia)
- ✓ In the absence of a clear cause of hypoxemia, **OBTAIN** echocardiogram and **CONSULT** pediatric cardiology



For more information on CCHD screening, including training resources, visit www.wynewbornscreening.org