Evaluation of the Newborn
Pulse oximetry screening follow-up

Is Infant Symptomatic? (Cardiovascular or respiratory distress)

**NO**

- CCHD Screening Using MDCH Algorithm
- SpO2 90-94% or a difference of 4% or greater between RH and F

**YES**

- SpO2 89% or less

- Continue screening per MDCH Algorithm*

**PHYSICAL EXAMINATION**

- Auscultation:
  - Cardiac
  - Lung fields
- Perfusion:
  - Extremity pulses x4
  - Blood Pressure x4
  - Capillary Refill
  - Temperature

**RESPIRATORY ILLNESS AND/OR SEPSIS EVALUATION:**

Consider

- Blood glucose, bedside
- CBC w/diff
- Chest X-ray
- Blood cultures
- Arterial blood gases (ABG)
- C-reactive protein (CRP)
- Check Abdomen
- Consider CCHD

**IMMEDIATE REFERRAL FOR CARDIAC (CCHD) EVALUATION**

Consider

- Supplemental oxygen/Ventilation
- IV Access
- Echocardiogram
- EKG
- Prostaglandin initiated
- Transport arranged

Is CCHD Identified?
Initiate appropriate therapy and arrange transfer if indicated.

**CONTINUE WITH EVALUATION BASED ON EXAM FINDINGS**
(TRANSFER TO NICU)

**Respiratory Illness and/or Sepsis Evaluation:**

- Consider
  - Blood glucose, bedside
  - CBC w/diff
  - Chest X-ray
  - Blood cultures
  - Arterial blood gases (ABG)
  - C-reactive protein (CRP)
  - Check Abdomen
  - Consider CCHD

**Resources**

- Michigan Newborn Screening
  1.866.673.9939
  www.michigan.gov/cchd

- American Heart Association
  www.heart.org/congenitalheart

- American Academy of Pediatrics
  www.aap.org

*ALWAYS CONTACT PHYSICIAN PER HOSPITAL PROTOCOL*