Pulse Oximetry Screening Protocol—CHARTING FORM
For Critical Congenital Heart Disease (CCHD)

Newborns without Cardiovascular or Respiratory Distress (Asymptomatic)

- Pulse ox on right hand (RH) and one foot (F).

**Evaluation:**
Assess for cardiac, respiratory, and/or infectious causes.

**1st screen results:**
- Date: ________  Time: ________
- RH: _________  Foot: ________
- *PI: __________  Pass  Rescreen  Fail

**2nd screen results:**
- Date: ________  Time: ________
- RH: _________  Foot: ________
- *PI: __________  Pass  Rescreen  Fail

**3rd screen results:**
- Date: ________  Time: ________
- RH: _________  Foot: ________
- *PI: __________  Pass  Fail

*Perfusion index (PI), if available.

**Notes:**
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

**Baby is:**
- At least 35 weeks gestation
- Awake and alert
- Comfortable/quiet

**Timing is:**
- Before discharge
- As close to 24 hours of age as possible

**RIGHT HAND – Pre-Ductal Screen**
Place the sensor on the back of the RIGHT HAND below the 4th or 5th finger. Wrap the tape around the hand. Align the emitter and the detector.

**EITHER FOOT – Post-Ductal Screen**
Place the sensor on the back of EITHER FOOT below the 4th or 5th toe. Wrap the tape around the foot. Align the emitter and the detector.

95% or higher in RH or F and 3% or less difference between RH and F
Pass*

90-94% in RH and F or 4% or more difference between RH and F
Rescreen in 1 hr*

89% or lower in RH or F (for any screen)
Fail*

Screen up to 3 times.

90-94% in RH and F or 4% or more difference between RH and F
Pass*

NBS Kit #: __________________________

Infant’s label goes here.