

Foot Application Sites RH Application Sites

Critical Congenital Heart Disease Screening Table

Right Hand	Either Foot											<90
100	100	99	98	97	96	95	94	93	92	91	90	<90
99	100	99	98	97	96	95	94	93	92	91	90	<90
98	100	99	98	97	96	95	94	93	92	91	90	<90
97	100	99	98	97	96	95	94	93	92	91	90	<90
96	100	99	98	97	96	95	94	93	92	91	90	<90
95	100	99	98	97	96	95	94	93	92	91	90	<90
94	100	99	98	97	96	95	94	93	92	91	90	<90
93	100	99	98	97	96	95	94	93	92	91	90	<90
92	100	99	98	97	96	95	94	93	92	91	90	<90
91	100	99	98	97	96	95	94	93	92	91	90	<90
90	100	99	98	97	96	95	94	93	92	91	90	<90
<90	<90	<90	<90	<90	<90	<90	<90	<90	<90	<90	<90	<90

PASS– Pulse ox of 95% or more in RH or foot AND difference of 3% or less between the two.

Action: Do not repeat for screening. Provide normal newborn care.

RETEST – Pulse ox of 90-94% in BOTH the RH and foot OR a difference of 4% or more between the RH and foot.

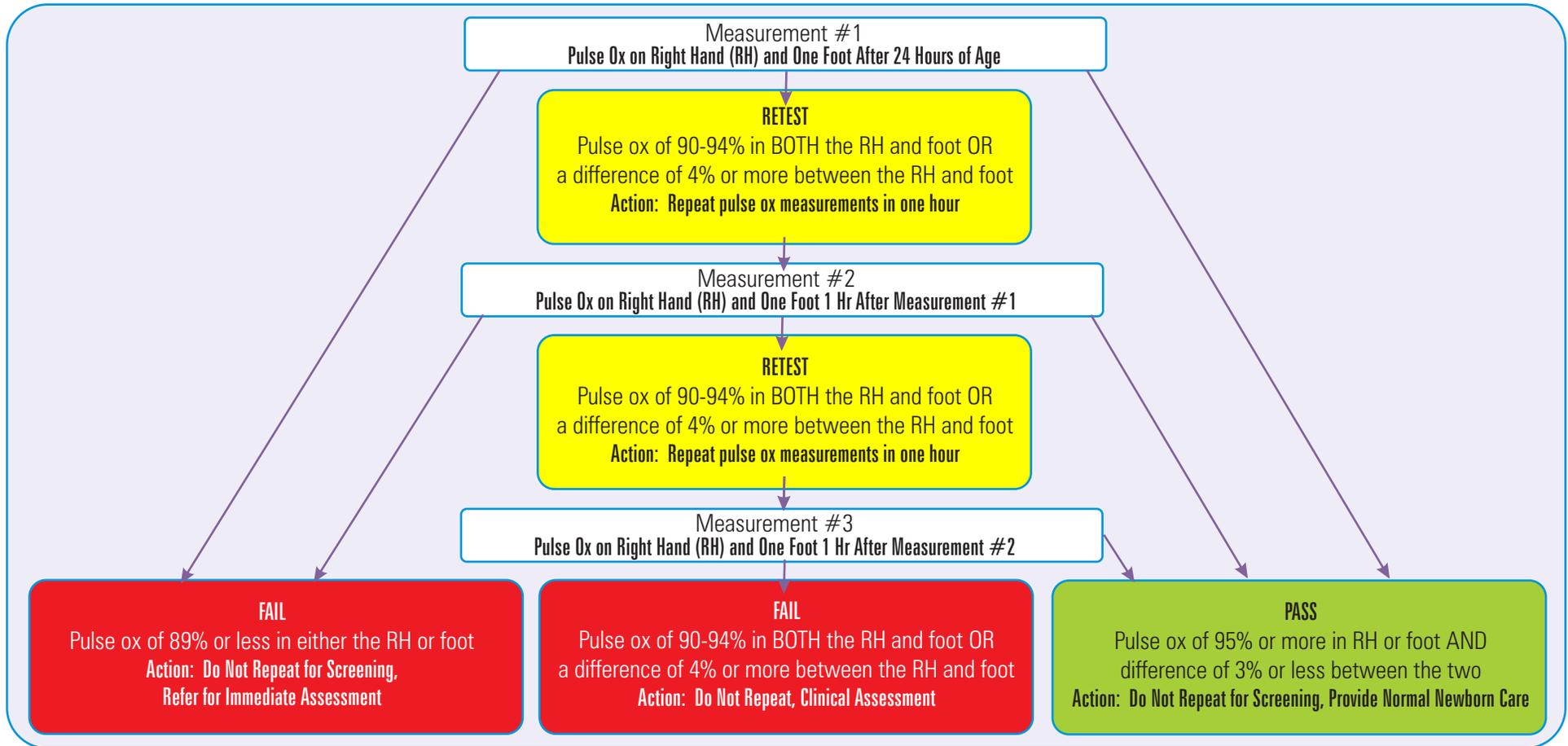
Action: Repeat pulse ox measurements in one hour.

If the second test remains yellow, repeat again in one hour. If the third test is still yellow, it is a **FAIL** and should be reported to the medical provider.

FAIL– Pulse ox of 89% or less in either the RH or foot.

Action: Do not repeat, report to medical provider.

Screening Protocol Diagram



Foot Application Sites



RH Application Sites

Kemper A., et al., Pediatrics 2011(128)5: e1259 - 1267. Kemper A., et al., Pediatrics 2011(128)5: e1259 - 1267.

REMINDER ALGORITHM FOR SCREENERS

- Confirm that the infant is at least 24 hours of age and eligible for screening.
- Help the parent to warm and calm the infant in a quiet and peaceful environment.
- Describe the pulse ox test to the parent.
- Select a site on the right hand and one foot that is clean and dry.
- Place the pulse ox sensor and perform the pulse ox test.

ASSESSMENT OF BABIES WITH FAILING SATURATIONS

1. Babies with saturation of 89% or less in RH or foot should have immediate assessment.
2. Babies with Failing Saturations:
 - Clinical Assessment
 - Complete echocardiogram
 - Infectious and Pulmonary pathology should be excluded
 - If symptomatic, referral to Pediatric Cardiology immediately
 - If asymptomatic referral to Pediatric Cardiology in timely manner

