

# CCHD Screening Form

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Baby's Name: Last \_\_\_\_\_ First \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time of Birth \_\_\_\_\_

## Initial Screening

Time \_\_\_\_\_ Age at Initial Screening (hours) \_\_\_\_\_

Pulse Ox Saturation of Right Hand \_\_\_\_\_%

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

Difference (right hand-foot) \_\_\_\_\_%  Pass  Fail

## Second Screening *(1 hour following initial screen if fail initial screen)*

Time \_\_\_\_\_

Pulse Ox Saturation of Right Hand \_\_\_\_\_%

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

Difference (right hand-foot) \_\_\_\_\_%  Pass  Fail

## Third Screening *(1 hour following second screen if fail second screen)*

Time \_\_\_\_\_

Pulse Ox Saturation of Right Hand \_\_\_\_\_%

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

Difference (right hand-foot) \_\_\_\_\_%  Pass  Fail

Screener's Name \_\_\_\_\_

Screener's Signature \_\_\_\_\_ Date: \_\_\_\_\_