

Screening Form

Final Screening Results

Positive

Negative

Patient Label Here

Congenital Heart Disease Screening Form:

Well Baby Screening

Date: _____

Age at Initial Screening: _____ hours

Pulse ox on R upper extremity-hand or wrist (**RUE**) and foot

Initial Screening Circle

Time: _____

RUE: _____% Foot: _____%

Difference (RUE-foot) _____%

Pass

Fail

Rescreen

Second Screening

Time: _____

RUE: _____% Foot: _____%

Difference (RUE-foot) _____%

Pass

Fail

Rescreen

Third Screening

Time: _____

RUE: _____% Foot: _____%

Difference (RUE-foot) _____%

Pass

Fail

Pass = $\geq 95\%$ in RUE and foot and $\leq 3\%$ difference between RUE and foot

Fail = $< 90\%$ in RUE or foot

Rescreen = Pulse ox is 90-95% in RUE and foot or $> 3\%$ difference between RUE and foot

Follow your policy on further assessment and physician notification.



Follow your policy on further assessment and physician notification.



Pulse ox is $< 90\%$ in either RUE or foot, between 90-95% in RUE and foot, or $> 3\%$ difference between RUE and foot. Follow your policy on further assessment and physician notification.

Screening Results:

Positive (patient failed any of the three screenings)

Negative (patient passed with O_2 sat $\geq 95\%$ and $\leq 3\%$ difference between RUE and foot)

Notes: _____

Screener's Name _____

Screener's Signature _____ Date _____

