

Tips for completing the CCHD (Pulse Oximetry Screening) section of the newborn screening blood card.

Reporting of CCHD results should **NEVER** delay the submission of the blood card. If CCHD pulse ox testing has not been done by the time the blood specimen is ready, photocopy the newborn screening blood card and ship the original blood card. The CCHD screening results can be recorded on the photocopy of the blood card, and then sent to the Wisconsin State Laboratory of Hygiene.

U000100 					
To ensure timely reporting, please PRINT and COMPLETE the entire form SN					
Baby's Name <small>LAST FIRST</small>		SEX F M	Baby's Birthdate <small>MM/DD/YY</small> Time (Military)		
Baby's ID # (optional)		Baby's Physician <small>LAST FIRST</small>			
Specimen Collection Date <small>MM/DD/YY</small> Time (Military)			Physician's NPI (10 digits)		
Mother's Name <small>LAST FIRST</small>			Physician's Phone # ()		
Birthweight (grams) g	Gestational age wks	Baby's Race Black White Native American Asian/Pacific Isle		Hispanic? N Y	
Baby in NICU? N Y	Repeat Specimen? N Y	Transfusion(s)? Last Txn Date:	N Y	Baby on TPN now? N Y	
Birth Facility <small>NAME CITY</small>				Mothers Hep B Surface Antigen Neg Pos	
C.D. Brokopp, Director D. Kurtycz, Med Director WSS 253.13 HYC:213	Hearing Screen Date <small>If different from specimen collection date</small>		Right Ear <input type="checkbox"/> Pass <input type="checkbox"/> Refer		Circle Hearing Screen Method ABR OAE BOTH
	Left Ear <input type="checkbox"/> Pass <input type="checkbox"/> Refer		Hearing Not Screened (mark reason) <input type="checkbox"/> Refused <input type="checkbox"/> Transferred <input type="checkbox"/> NICU <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____		
	Pulse Ox Screen Date Time (Military) <input type="checkbox"/> Pass <input type="checkbox"/> Fail <small>MM/DD/YY</small>				
	Not Screened (mark reason) <input type="checkbox"/> Refused <input type="checkbox"/> Transferred <input type="checkbox"/> Deceased <input type="checkbox"/> Echo normal <input type="checkbox"/> Confirmed heart disease <input type="checkbox"/> Other _____		Blood Not Screened (mark reason) <input type="checkbox"/> Refused <input type="checkbox"/> Transferred <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____		
WI State Laboratory of Hygiene 465 Henry Mall Madison WI 53706 This box for Newborn Screening Laboratory use only					

PULSE OX SCREENING (yellow section)

- **Date and time screened:** Record the date as **MM/DD/YY** and the time in **military** time. (Example: 1 PM = 13:00; 11:30 PM = 23:30)
 Do not record the time below the yellow pulse ox box; this area (green section) is needed for laboratory use.

- **PULSE OX RESULT:** Check only one box – **Pass**, **Fail**, or **Not Screened**.
NOT SCREENED: If Pulse Ox screening was not performed prior to blood screening, check the appropriate reason. If Other is selected, write in reason why Pulse Ox screening was not performed.

Examples of correctly completing the CCHD section of the blood card.

1. Time, date and pass are all specified.

Pulse Ox Screen Date	Time (Military)	<input checked="" type="checkbox"/> Pass	<input type="checkbox"/> Fail
4/18/16	13:30		
Not Screened (mark reason)	<input type="checkbox"/> Refused	<input type="checkbox"/> Transferred	<input type="checkbox"/> Deceased
<input type="checkbox"/> Echo normal	<input type="checkbox"/> Confirmed heart disease	<input type="checkbox"/> Other _____	

2. Infant was not screened, other – on oxygen

Pulse Ox Screen Date	Time (Military)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Not Screened (mark reason)	<input type="checkbox"/> Refused	<input type="checkbox"/> Transferred	<input type="checkbox"/> Deceased
<input type="checkbox"/> Echo normal	<input type="checkbox"/> Confirmed heart disease	<input checked="" type="checkbox"/> Other on oxygen	

3. Infant was not screened, transferred

Pulse Ox Screen Date	Time (Military)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Not Screened (mark reason)	<input type="checkbox"/> Refused	<input checked="" type="checkbox"/> Transferred	<input type="checkbox"/> Deceased
<input type="checkbox"/> Echo normal	<input type="checkbox"/> Confirmed heart disease	<input type="checkbox"/> Other _____	

Examples of the three most common errors when filling out the CCHD section of the blood card:

1. Time and date are specified, but neither pass or fail is defined.

Pulse Ox Screen Date	Time (Military)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
4/18/16	11:45		
Not Screened (mark reason)	<input type="checkbox"/> Refused	<input type="checkbox"/> Transferred	<input type="checkbox"/> Deceased
<input type="checkbox"/> Echo normal	<input type="checkbox"/> Confirmed heart disease	<input type="checkbox"/> Other _____	

This card would be entered in WETRAC as “Missing.”

2. Time and date are specified, but both pass and fail are checked.

Pulse Ox Screen Date	Time (Military)	<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail
4/19/16	06:30		
Not Screened (mark reason)	<input type="checkbox"/> Refused	<input type="checkbox"/> Transferred	<input type="checkbox"/> Deceased
<input type="checkbox"/> Echo normal	<input type="checkbox"/> Confirmed heart disease	<input type="checkbox"/> Other _____	

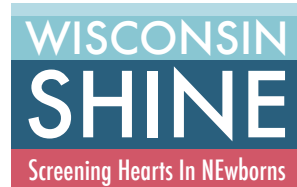
This card would be entered in WETRAC as “Screened/Unknown.”

3. Time and date are specified, which would suggest the infant was screened: however, not screened NICU was also listed. It’s not clear what the date and time are referring to if the infant was not screened and in the NICU.

Pulse Ox Screen Date	Time (Military)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
5/2/16	18:00		
Not Screened (mark reason)	<input type="checkbox"/> Refused	<input type="checkbox"/> Transferred	<input type="checkbox"/> Deceased
<input type="checkbox"/> Echo normal	<input type="checkbox"/> Confirmed heart disease	<input checked="" type="checkbox"/> Other NICU	

This card would be entered in WETRAC as “Not Screened – Other/NICU.”

Critical Congenital Heart Disease (CCHD) Screening



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	100	99	98	97	96	95	94	93	92	91	90	<90

PASS: >94% in right hand or either foot AND difference of 3% or less between right hand and either foot. Once a measurement in the green range is obtained, no further screening is necessary.

RESCREEN: 90-94% in right hand and either foot or difference of >3% between right hand and either foot. The screening should be repeated in one hour and can be repeated a third time if the results are still in the yellow range. If the third screening is still in the yellow range, the baby has failed the screening.

FAIL: <90% at any time OR if the criteria to PASS are not met despite three attempts.