

**Newborn Prescreen Checklist**

- At least 24 hours of age.
- Breathing room air.
- Pediatric probe on right hand and either foot.

\* If being discharged before 24 hours of age, do the screening as close to discharge as possible.

**FAIL**

Notify the medical provider of the failed screen and the need for further evaluation.

Consult with a pediatric cardiologist.

Evaluate the infant for other causes of the low oxygen saturation (e.g., infection, pulmonary hypertension, pneumonia).

**PASS**

Notify the medical provider of the passed screen. Infant could still have cardiac disease.

If clinical signs or prenatal diagnosis of CCHD are present, proceed with a cardiac evaluation.

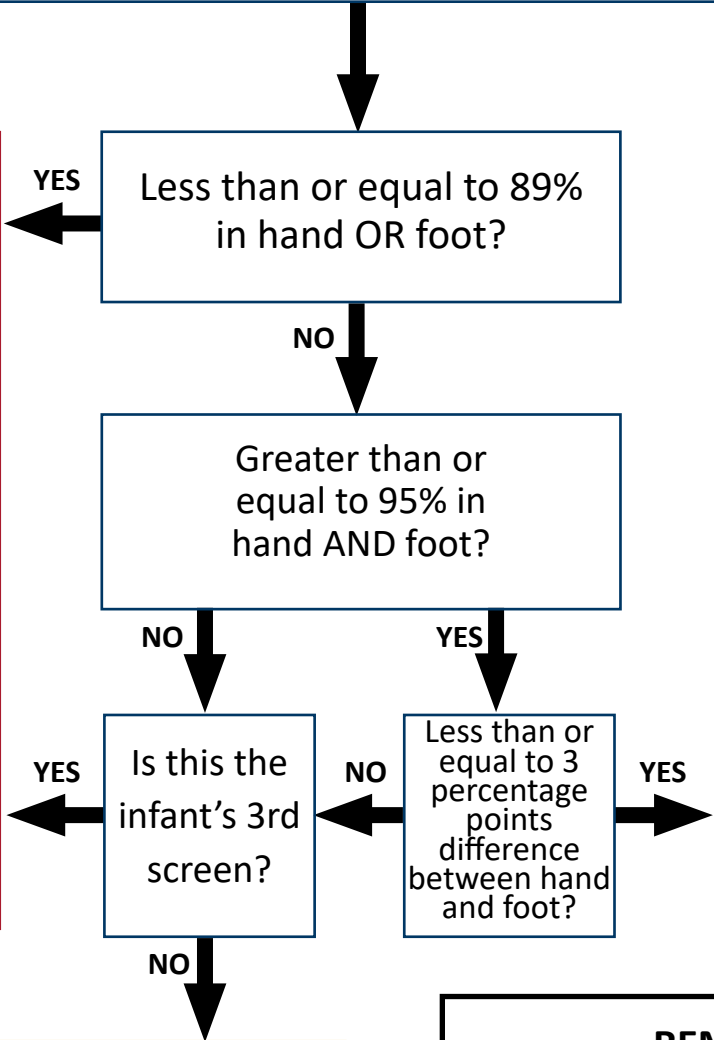
Signs and symptoms of CCHD can include rapid breathing, cyanosis, fatigue, poor feeding, and poor weight gain.

**RESCREEN REQUIRED**

Repeat the pulse oximetry screen in one hour.

**REMINDER**

Report results to the Newborn Screening Program  
All results should be reported electronically using MNScreen or through our secure fax.



# Pulse Oximetry Screening Protocol for Critical Congenital Heart Disease (CCHD)

## CCHD Newborn Prescreen Checklist

- At least 24 hours of age.
- Breathing room air.
- Pediatric probe on right hand and either foot.

\*Note: If being discharged before 24 hours of age, do the screening as close to discharge as possible.

## Outline of Pulse Oximetry Screening Protocol for CCHD Flowchart

An infant fails pulse oximetry screening if any of the following is true:

- The oxygen saturation is less than or equal to 89% in hand or foot
- The oxygen saturation is less than 95% in hand and foot and this is the infant's 3<sup>rd</sup> screen
- The oxygen saturation is greater than or equal to 95% in hand and foot but the difference in percentage points between hand and foot is greater than 3 percentage points, and this is the infant's 3<sup>rd</sup> screen

An infant passes pulse oximetry screening if the following is true:

- The oxygen saturation is greater than or equal to 95% in the hand and foot and the percentage point difference between the hand and foot is less than or equal to 3 percentage points.

A pulse oximetry rescreen is required if either of the follow is true:

- The oxygen saturation is 90-94% and this is not the infant's 3<sup>rd</sup> screen
- The oxygen saturation is greater than or equal to 95% in hand and foot, but the difference in percentage points between hand and foot is greater than 3 percentage points, and this is not the infant's 3<sup>rd</sup> screen

If an infant fails pulse oximetry screening:

- Notify the medical provider of the failed screen and the need for further evaluation.

## PULSE OXIMETRY SCREENING PROTOCOL FOR CRITICAL CONGENITAL HEART DISEASE (CCHD)

- Consult with a pediatric cardiologist.
- Evaluate the infant for other cause of the low oxygen saturation (e.g., infection, pulmonary hypertension, pneumonia).

### If an infant passes pulse oximetry screening:

- Notify the medical provider of the passed screen. Infant could still have cardiac disease.
- If clinical signs or prenatal diagnosis of CCHD are present, proceed with a cardiac evaluation.
- Signs and symptoms of CCHD can include rapid breathing, cyanosis, fatigue, poor feeding, and poor weight gain.

### **Remember:**

Report results to the Newborn Screening Program.

All results should be reported electronically using MNScreen or through our secure fax.

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