



# Positive Newborn Pulse Oximetry Screening Report

For positive (failed) screening results, complete and fax form within seven (7) days to:



FAX: 919-733-8485

1. Medical Facility Name/Birth Location												
2. Infant's Name (Last Name, First Name, MI)												
3. Medical Record Number (Up to 17 Characters)												
4. Date of Birth (MM/DD/YYYY)			Month			Day			Year			
7. Time of Birth			_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM							
			Hours		Minutes							
8. Gestational Age at Birth _____ Weeks												

<b>INITIAL SCREENING:</b>	
9. Infant's Age at Initial Screen: _____ hours	10. Pulse Ox Saturation of Right Hand: _____%
11. Pulse Ox Saturation of Foot: _____%	12. Difference in Oxygen Saturation (Right Hand – Foot): _____%
<b>SECOND SCREENING:</b> Perform one (1) hour after the initial screening if baby fails initial screen due to pulse ox readings of 90–94 percent or if >3 percent difference in oxygen saturation between extremities.	
13. Infant's Age at Second Screen: _____ hours	14. Pulse Ox Saturation of Right Hand: _____%
15. Pulse Ox Saturation of Foot: _____%	16. Difference in Oxygen Saturation (Right Hand – Foot): _____%
<b>THIRD SCREENING (if indicated):</b> Perform one (1) hour after the second screening if baby fails second screen due to pulse ox readings of 90–94 percent or if >3 percent difference in oxygen saturation between extremities.	
17. Infant's Age at Third Screen: _____ hours	18. Pulse Ox Saturation of Right Hand: _____%
19. Pulse Ox Saturation of Foot: _____%	20. Difference in Oxygen Saturation (Right Hand – Foot): _____%
<b>FINAL SCREENING RESULTS</b> — An example of a reason for an N/A result would be transported infant to another facility.	
23. <input type="checkbox"/> Fail <input type="checkbox"/> Screen N/A Reason _____	
<b>FINAL DIAGNOSIS</b> — i.e., written description of diagnosis(es)	
24. _____	
<b>TREATMENT/INTERVENTIONS GIVEN</b>	
25. _____	
<b>INFANT TRANSFERRED</b>	
26. <input type="checkbox"/> Yes <input type="checkbox"/> No To (name of facility) _____	

NOTE: All information reported to the N.C. Birth Defects Monitoring Program is confidential pursuant to G.S. 130A-131.

For more information on the CCHD pulse oximetry protocol, see the American Academy of Pediatrics website at: [www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Newborn-Screening-for-CCHD.aspx](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Newborn-Screening-for-CCHD.aspx).