

## Guidelines for CCHD Screening

### 1. CCHD coordinator

- Ensures that screening is performed at the recommended time and selected algorithm is followed (see below or attached).
- Ensure training is provided for all staff completing CCHD testing and for those who document information on the filter paper.
- Ensures that screening results are reported on the dried blood spot filter paper beginning on January 31, 2016. Ensures if screening results are not reported on the filter paper that a **Newborn Screening Status Report\*** is completed and submitted to the Department of Health (DOH) with the pulse oximetry results.
- Responsible for sending monthly aggregate data through April 2016.

### 2. Pulse Oximetry Algorithm

- AAP approved algorithm is recommended by the DOH, but not mandated.
- <http://pediatrics.aappublications.org/content/128/5/e1259/F1.large.jpg>
- <http://pulseoxtool.com/about.php> free screening tool downloads for mobile phones, provided by Children's Healthcare Atlanta.

### 3. Screening Results

- Results (pass or fail) should be marked on dried blood spot filter paper. Screeners should mark, or specify the reason for NOT SCREENED. Reasons for not screening are: refused, transferred, <24 hours, echo, prenatal diagnosis, other, with space to write in the reason a pulse ox screen was not completed. The **Newborn Screening Status Report** form should be used if screening results are unavailable at time of filter paper submission. The Newborn Screening Status Form can be found at:  
[http://www.health.pa.gov/My%20Health/Infant%20and%20Childrens%20Health/Newborns%20and%20Infants/Pages/Newborn-Screening-and-Follow-Up-Homepage.aspx#\\_Vp\\_VO5go6UI](http://www.health.pa.gov/My%20Health/Infant%20and%20Childrens%20Health/Newborns%20and%20Infants/Pages/Newborn-Screening-and-Follow-Up-Homepage.aspx#_Vp_VO5go6UI)
- Provide results (via written/oral format) to parent and Primary Care Provider.
- CCHD is reviewed in the *Pennsylvania Screening Services for Newborn Babies* pamphlet, 2009.

### 4. Failed Screens

- Perform ECHO, unless another cause for the failed screening result has been determined, or
- Refer to Cardiologist.
- The DOH will follow through to obtain diagnosis.

## Special scenarios:

### 5. Newborn Nursery

- Screen at 24-48 hours of life, or as close to 24 hour discharge as possible.
- Wait a full minute with a good wave form before documenting results.
- If discharged after 12 hours of life, but before 24 hours of life, screening should be done before discharge.
- If discharged before 12 hours of life, perform CCHD screening between 24 and 48 hours of life. If necessary, refer the newborn child to another Screening provider (such as midwife or primary care physician).

### 6. NICU

- NICU Reporting of CCHD results should **NOT** delay the submission of the blood card.
- Screening should be performed as soon as medically appropriate in the NICU.
- If a baby is <1500 grams, pulse oximetry screening results are not required to be reported to the DOH and the blood card or Newborn Screening Status Form should reflect this in “other” as to why the screening was not completed.
- Keep record of all babies, >1500grams, who did not have a pulse oximetry screen at the time of the filter paper sample. For those babies, fax a **Newborn Screening Status Report**, with a pulse oximetry update, to the DOH by day ten of life.
- If a baby is discharged from the NICU prior to day ten of life, a pulse oximetry screening should be completed prior to discharge and reported to the DOH on the Newborn Screening Status Report.
- If baby remains in NICU at day ten of life, and pulse oximetry screening has not been completed, please note on the **Newborn Screening Status Report** fax to the DOH.
- DOH does not require pulse oximetry screening results to be reported for NICU babies tested after day ten of life.
- If the NSFP has not received CCHD results on a filter paper or by a Newborn Screening Status Form by day ten, program staff will call NICU for follow-up, and exclude further NICU reporting if the baby is still in the NICU.

### 7. Out of Hospital Births

- Screen at 24-48 hours of life.
- If baby is screened before 12 hours of age, develop a protocol to evaluate failed screens.
  - Determine if another screen should be done in the home closer to 24 hours of life.
  - Direct referral to local hospital.
  - Develop relationship with local pediatric cardiologist for immediate evaluation or referral.

