Protocol for Critical Congenital Heart Disease (CCHD) Screening
Tennessee Department of Health

Screen all infants 24-48 hours of age or shortly before discharge if < 24 hours old*

FAIL
- Do not rescreen

< 90%

Screen ONE FOOT (R or L)

PASS
- Do not rescreen

90-96%

Add Screen of RIGHT HAND

< 90% in RH or FT

90 - 94% in RH and FT or
> 3% difference between RH and FT

≥ 95% in RH or FT and
≤ 3% difference between RH and FT

FAIL
- SpO2 <90% in either the hand or foot at anytime during screening should have immediate clinical assessment by primary care providers.
- Do not rescreen in one hour.

**Rescreen in 1 hour

< 90% in RH or FT

90 - 94% in RH and FT or
> 3% difference between RH and FT

≥ 95% in RH or FT and
≤ 3% difference between RH and FT

PASS
- Do not rescreen

≥ 95% in RH or FT and
≤ 3% difference between RH and FT

Revised: 06/2013

• Optimal results are obtained by pulse oximeter that has been cleared by FDA for use in newborn.
• This screening algorithm should not take the place of clinical judgment or customary clinical practice.

RH = Right Hand  FT = Foot  SpO2 = Saturation of Peripheral Oxygen

*Infants in special care nurseries (including intermediate care and neonatal intensive care, etc.) should be screened at 24-48 hours of age or when medically appropriate after 24 hours of age. In all cases, screening should occur prior to discharge from the hospital.

**If screen with RH and FT shows 90 - 94% or there is >3% difference between RH and FT and the infant is <24 hours of age, rescreen from start of algorithm after the infant is 24-48 hours of age. If infant is >24 hours of age, rescreen in 1 hour.
Chart for identifying infants with > 3% difference between the right hand and foot:

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</table>

Right hand screening not needed if foot saturation is 97-100%