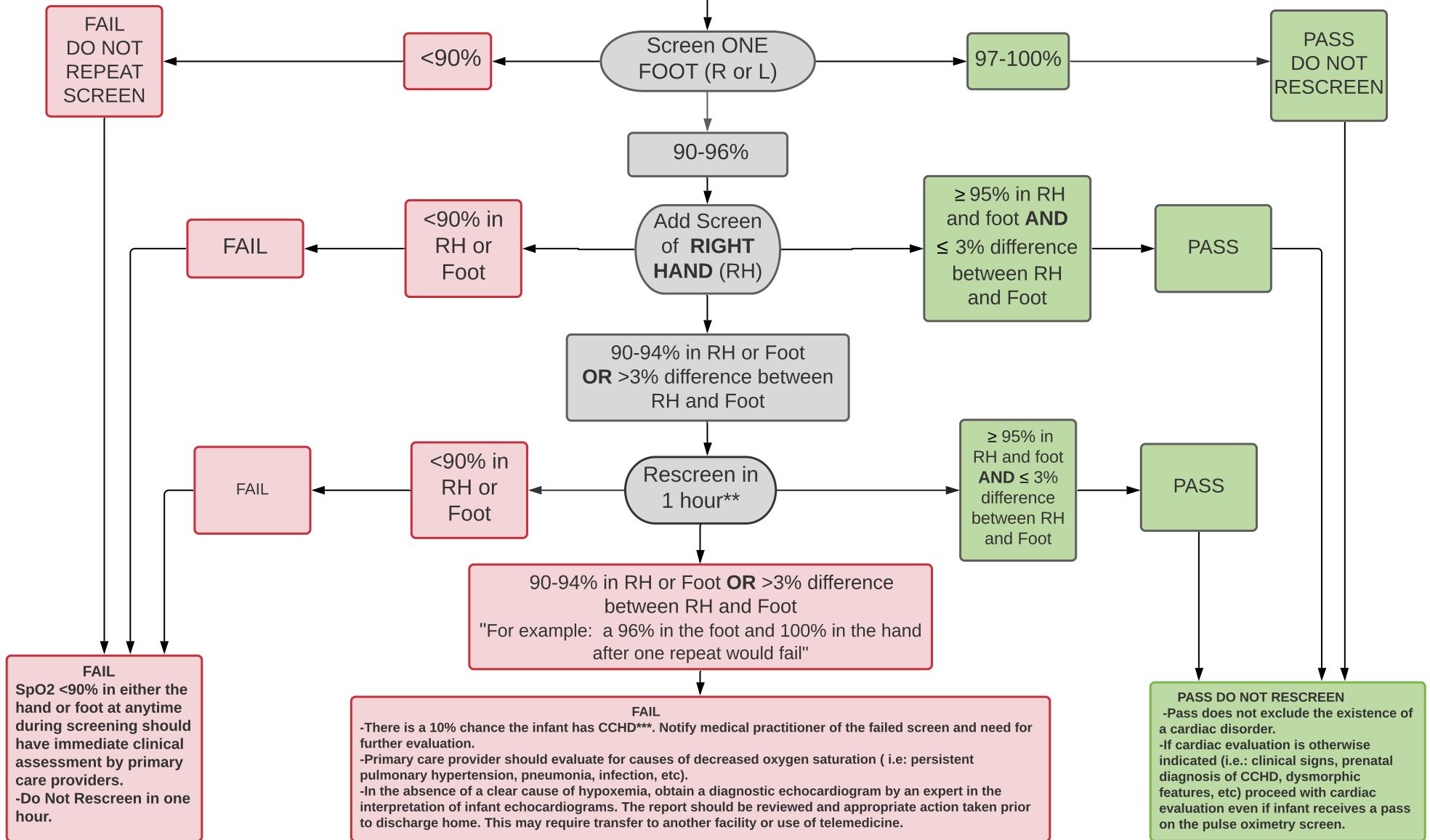




Protocol for Critical Congenital Heart Disease (CCHD) Screening Tennessee Department of Health

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



-Optimal results are obtained by pulse oximeter that has been approved by FDA for use in newborns.
 -This screening algorithm should not take the place of clinical judgment or customary clinical practice.
 *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 Foot shows 90-94% or there is a >3% difference between RH and foot and the infant is <24 hours of age, rescreen from the start of the algorithm after the infant is 24-48 hours of age. If infant > 24 hours of age, rescreen in 1 hour.
 *** Gerard R Martin , Andrew K Ewer , Amy Gaviglio , Lisa A Hom , Annamaria Saarinen , Marci Sontag , Kristin M Burns , Alex R Kemper , Matthew E Oster. Updated Strategies for Pulse Oximetry Screening for Critical Congenital Heart Disease. Pediatrics . 2020 Jul;146(1):e20191650. doi: 10.1542/peds.2019-1650. Epub 2020 Jun 4.

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Chart for identifying infants with > 3% difference between the right hand and foot:

FOOT

RIGHT HAND	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

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