

**CRITICAL CONGENITAL HEART DEFECT (CCHD)
Screening Worksheet
MICY Program**



Refer to reverse for screening algorithm

Circle the value obtained or fill in blank (if appropriate). Document the interpretation: Pass, Repeat or Fail, after confirming action on the verification table

Screening #1: 24 - 36h of life, or as close to discharge as possible if leaving before 24h of age (midwives may screen at home at first home visit around 24h if prearranged before discharge)														
Date: _____	<input type="checkbox"/> Pass No further screening required					<input type="checkbox"/> Repeat Screen Repeat screening in one hour					<input type="checkbox"/> Fail Contact Most Responsible Provider (follow actions on reverse)			
Time: _____														
Initials: _____														
SpO ₂ % right hand	100	99	98	97	96	95	94	93	92	91	90	< 90 Specify _____		
SpO ₂ % either foot	100	99	98	97	96	95	94	93	92	91	90	< 90 Specify _____		
Difference between results	0	1	2	3	4	5	6							
Screening #2: 1 hour after screening #1 if indicated														
Date: _____	<input type="checkbox"/> Pass No further screening required					<input type="checkbox"/> Repeat Screen Repeat screening in one hour					<input type="checkbox"/> Fail Contact Most Responsible Provider (follow actions on reverse)			
Time: _____														
Initials: _____														
SpO ₂ % right hand	100	99	98	97	96	95	94	93	92	91	90	< 90 Specify _____		
SpO ₂ % either foot	100	99	98	97	96	95	94	93	92	91	90	< 90 Specify _____		
Difference between SpO ₂	0	1	2	3	4	5	6							
Screening #3: 1 hour after screening #2 if indicated														
Date: _____	<input type="checkbox"/> Pass No further screening required					<input type="checkbox"/> Fail Contact Most Responsible Provider (follow actions on reverse)								
Time: _____														
Initials: _____														
SpO ₂ % right hand	100	99	98	97	96	95	94	93	92	91	90	< 90 Specify _____		
SpO ₂ % either foot	100	99	98	97	96	95	94	93	92	91	90	< 90 Specify _____		
Difference between SpO ₂	0	1	2	3	4	5	6							

CCHD Result Verification Table

CCHD Result Verification Table

		RIGHT HAND											
		100	99	98	97	96	95	94	93	92	91	90	89
ONE FOOT	100	PASS	PASS	PASS	PASS	REP	REP	REP	REP	REP	REP	REP	FAIL
	99	PASS	PASS	PASS	PASS	PASS	REP	REP	REP	REP	REP	REP	FAIL
	98	PASS	PASS	PASS	PASS	PASS	PASS	REP	REP	REP	REPE	REP	FAIL
	97	PASS	PASS	PASS	PASS	PASS	PASS	PASS	REP	REP	REP	REP	FAIL
	96	REP	PASS	PASS	PASS	PASS	PASS	PASS	PASS	REP	REP	REP	FAIL
	95	REP	REP	PASS	PASS	PASS	PASS	PASS	PASS	PASS	REP	REP	FAIL
	94	REP	REP	REP	PASS	PASS	PASS	REP	REP	REP	REP	REP	FAIL
	93	REP	REP	REP	REP	PASS	PASS	REP	REP	REP	REP	REP	FAIL
	92	REP	REP	REP	REP	REP	PASS	REP	REP	REP	REP	REP	FAIL
	91	REP	REP	REP	REP	REP	REP	REP	REP	REP	REP	REP	FAIL
	90	REP	REP	REP	REP	REP	REP	REP	REP	REP	REP	REP	FAIL
	89	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL	FAIL

Rep = Repeat Screen

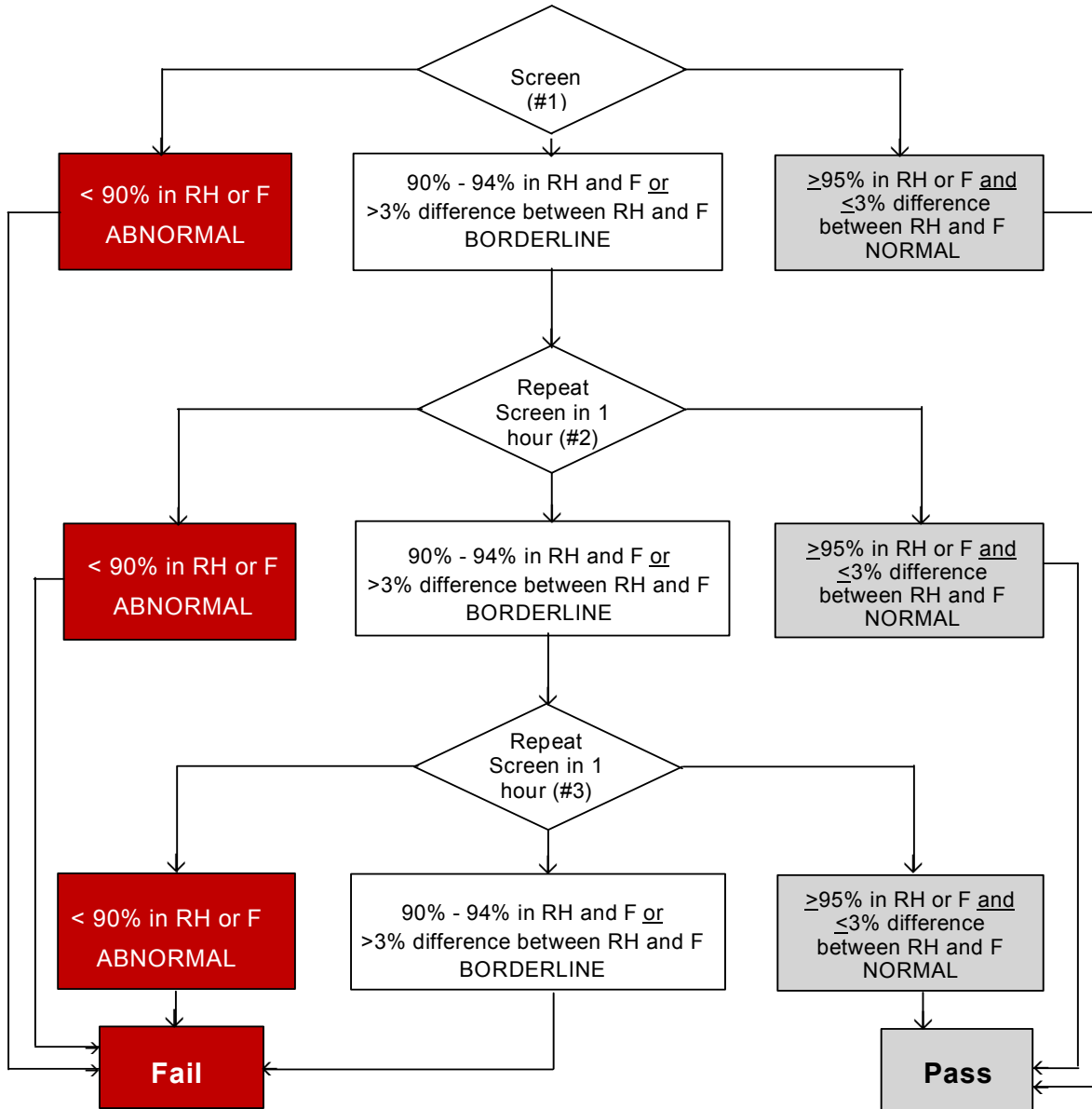
(Wong et al., 2017)

CRITICAL CONGENITAL HEART DEFECT (CCHD) SCREENING WORKSHEET Cont'd

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Screening Algorithm

Neonates born $\geq 34+0$ weeks gestation between **24 and 36 hours** of age or as close to discharge as possible if discharged before 24 hours of age



1. **Do NOT discharge** - start continuous pulse oximetry monitoring and complete comprehensive assessment
2. Notify the most responsible practitioner and pediatrician. Confirm orders for increased assessments and further investigations (these may include 4-limb blood pressure, electrocardiogram and chest x-ray)
3. If no other findings to explain low oxygen saturation, an echocardiogram interpreted by a pediatric cardiologist may be required.
4. **Send a copy** of the screening worksheet to the MICY Quality Office:
c/o ARHCC, Fraser 3, Administration, Rm. D4.036, 32900 Marshall Road, Abbotsford, BC V2S 0C2, or **Fax to 604-851-4897**

Legend

RH: Right Hand
F: Foot
 \geq : greater than or equal to
 \leq : less than or equal to