CCHD FAILED SCREEN REPORTING FORM

Utilize this form if the CCHD pulse oximetry screen was failed.

Newborn Demographic Information:

First Name: _____ Last Name: _____

Birth Last Name: _____

DOB (mm/dd/yyyy): _____ Time of birth: _____

Sex: Male Female Indeterminate (Circle One)

Gestational age at birth (weeks): _____ Birth weight (grams): _____

Medical Record Number: _____

Mother Demographic Information:

First Name: _____ Last Name: _____

DOB (mm/dd/yyyy): _____

Address: _____

City: _____ State: _____ Zip: _____

Failed Screening Information:

Date of initial pulse ox screening for CCHD: _____ Military Time: _____

Was a prenatal ultrasound performed? (Circle one) Yes No Unsure

Screening Information	First Pulse Ox Screen Saturation Results	Second Pulse Ox Screen (if indicated) Saturation Results	Third Pulse Ox Screen (if indicated) Saturation Results
Right hand	%	%	%
Foot	%	%	%
Age (in hours)			

Was an echocardiogram performed? (Circle one) Yes No Unsure

If **yes** - date: _____ Facility Name: _____

Was the patient transferred? (Circle one) Yes No

If **yes** - Where? (Facility name): _____ Date of transfer: _____

Comment sections on back

Reason for failed screen. What is the final diagnosis that explains the failed pulse oximetry screening?

Cardiac Defects (check all that apply):

- ❑ Aortic Arch Atresia
- ❑ Aortic Arch Hypoplasia
- ❑ Coarctation of the Aorta
- ❑ Double-outlet Right Ventricle
- ❑ Ebstein Anomaly
- ❑ Hypoplastic Left Heart Syndrome
- ❑ Interrupted Aortic Arch
- ❑ Pulmonary Atresia, intact septum
- ❑ Pulmonary Stenosis
- ❑ Single Ventricle
- ❑ Tetrology of Fallot
- ❑ Total Anomalous Pulmonary Venous Return
- ❑ Transposition of the Great Arteries
- ❑ Tricuspid Atresia
- ❑ Truncus Arterious
- ❑ Ventricular Septal Defect

Other Cardiac Defect(s) – Describe: _____

Non-Cardiac – Explanation: _____

Normal evaluation after failed screen – Explanation: _____

Pending diagnosis – Explain:

_____

_____

_____

Person completing form: _____

Print Name

Title: _____ **Date Completed:**_____

Facility Name: _____

Phone Number: _____