Pulse Oximetry Screening for Critical Congenital Heart Disease (CCHD)

Perform on **all infants after 24 hours of age** and before discharge

- Perform and document pulse oximetry in **RIGHT hand AND one foot**

  - **95% or greater** in hand **OR** foot
    - Yes
    - **3% difference or less** between hand and foot
      - Yes
      - **PASS**

      A pass on CCHD screening does **NOT exclude** the presence of a cardiac disorder.

      If cardiac evaluation is indicated (e.g. clinical signs or prenatal diagnosis of congenital heart disease), proceed with evaluation even if infant achieves pass on CCHD screening.

    - No
      - **REPEAT SCREENING**
        - Repeat pulse oximetry screen with **new measurements in ONE hour**
  
  - **FAIL**
    - Yes
      - Promptly **NOTIFY** the responsible medical practitioner of failed screen and need for further evaluation
      - **EVALUATE** for other causes of low saturations (e.g. infection, pulmonary hypertension, or pneumonia)
      - In the absence of a clear cause of hypoxemia, **OBTAIN** echocardiogram and **CONSULT** pediatric cardiology

  - No

- **Is this the infant’s 3rd screen?**
  - Yes
    - **FAIL**
    - No
      - **PASS**

Revised March 2019

**UTAH DEPARTMENT OF HEALTH**

Birth Defect Network
A pass on CCHD screening does NOT exclude the presence of a cardiac disorder. If cardiac evaluation is indicated (e.g. clinical signs or prenatal diagnosis of congenital heart disease), proceed with evaluation even if infant achieves pass on CCHD screening.

**PASS**

- Repeat pulse oximetry screen with new measurements in **ONE** hour
- If this is 3rd screen proceed to **FAIL**

**FAIL**

- Promptly **NOTIFY** the responsible medical practitioner of failed screen and need for further evaluation
- **EVALUATE** for other causes of low saturations (e.g. infection, pulmonary hypertension, or pneumonia)
- In the absence of a clear cause of hypoxemia, **OBTAIN** echocardiogram and **CONSULT** pediatric cardiology

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