

NJ Birth Defects Registry Pulse Oximetry Work Sheet

Child Demographics

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yyyy): _____ Time of Birth (military e.g.14:00): _____

Residency: ☐ NJ Resident ☐ Out-of-State Resident (Reminder: out of state residents who are born in a NJ facility must be registered with the BDR)

1. Location where infant was a patient at time of screen.

☐ Mother-Infant Unit/Well Baby Nursery

☐ NICU/Special Care Nursery:

_____ weeks gestational age at birth

Reason for NICU/SCN admission: _____

2. Did the infant have a prenatal diagnosis of Congenital Heart Disease (CHD)?

☐ Yes– Describe findings: _____

☐ No prenatal diagnosis of CHD

3. Was a cardiac consult or echocardiogram indicated or ordered PRIOR to the pulse oximetry screen?

☐ No

☐ Yes – Consult and echo ordered

☐ Yes – Consult only ordered

☐ Yes – Echo only ordered

Reason the consult or echo was ordered: ☐ Prenatal indication ☐ Routine unit test for premature infant if indicated

☐ Infant symptomatic/sick ☐ Other, please describe _____

Echo

Date _____ Time (military e.g.14:00) _____

Results _____

4. Was a cardiac consult or echocardiogram done IN RESPONSE to the failed pulse oximetry screen?

☐ No

☐ Yes – Consult and echo done

☐ Yes – Consult only done

☐ Yes – Echo only done

Echo

Date _____ Time (military e.g.14:00) _____

Results _____

5. Was the infant placed on pulse oximetry for any reason other than the mandated screening?

☐ No, pulse oximetry applied for screening only

☐ Routine monitoring in NICU/SCN

☐ Response to symptoms or clinical history. Describe _____

6. Was the infant asymptomatic at the time of the screening?

- ☐ Yes, did not have symptoms when screening performed
- ☐ No, had symptoms at time of screening
- Indicate symptoms present: ☐ Pallor ☐ Cyanosis ☐ Tachypnea ☐ Tachycardia
☐ Respiratory Distress ☐ Desaturations ☐ Apnea ☐ Bradycardia
- Other, please describe _____
- ☐ Unknown

7. Was infant transferred?

- ☐ NOT transferred ☐ Transferred to NICU/SCN in your facility
- ☐ Transferred INTO facility ☐ Transferred OUT of facility ☐ Transferred INTO AND OUT of facility
- Transferred to: _____ Transferred from: _____
- Name of hospital _____ Name of hospital _____
- Date of transfer (mm/dd/yyyy) _____ Date of transfer _____
- Time of transfer (military e.g.14:00) _____ Time of transfer (military e.g.14:00) _____

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

Cardiac Defects:

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

Other Cardiac Defect(s) – Describe: _____

Non-Cardiac explanation: _____

Normal evaluation after failed screen, explanation: _____

☐ Pending diagnosis – explain: _____

Pulse Ox Screening Results (Enter all screening results.)

Result 1

Screen Date (mm/dd/yyyy): _____

Screen Time (military e.g.14:00) _____

Reading 1: _____%

Site 1: ☐ Right Hand ☐ Left Hand ☐ Right Foot ☐ Left Foot ☐ Other: _____

Reading 2: _____%

Site 2: ☐ Right Hand ☐ Left Hand ☐ Right Foot ☐ Left Foot ☐ Other: _____

Result 2

Screen Date (mm/dd/yyyy): _____

Screen Time (military e.g.14:00) _____

Reading 1: _____%

Site 1: ☐ Right Hand ☐ Left Hand ☐ Right Foot ☐ Left Foot ☐ Other: _____

Reading 2: _____%

Site 2: ☐ Right Hand ☐ Left Hand ☐ Right Foot ☐ Left Foot ☐ Other: _____

Result 3

Screen Date (mm/dd/yyyy): _____

Screen Time (military e.g.14:00) _____

Reading 1: _____%

Site 1: ☐ Right Hand ☐ Left Hand ☐ Right Foot ☐ Left Foot ☐ Other: _____

Reading 2: _____%

Site 2: ☐ Right Hand ☐ Left Hand ☐ Right Foot ☐ Left Foot ☐ Other: _____