

DELAYED - FAILED CCHD DATA REPORTING FORM

Utilize this form if the CCHD pulse oximetry screen was not completed **prior** to the submission of the newborn screening dried blood spot card or the CCHD pulse oximetry screen was **failed**. Data reporting forms should be submitted for each infant born at your facility within 7 days of completion of the CCHD pulse oximetry screen. Infants in the *Newborn Nursery* should be screened between **24 hours of age or shortly before discharge**. Infants in the *NICU* should be screened **7 days of age or less at discharge**.

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: _____

Final Result of the CCHD Screen:

- Failed (Positive) *(Complete Sections II & III)* Delayed (Negative) *(Complete Sections I & III)*

I. DELAYED SCREENING INFORMATION:

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

If not performed, indicate the reason: (required field)

- Refused Transferred _____
 Expired Other _____
 On O2 _____

II. FAILED SCREENING RESULTS:

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: _____

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

Cardiac Defects (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Aortic Arch Atresia | <input type="checkbox"/> Pulmonary Stenosis |
| <input type="checkbox"/> Aortic Arch Hypoplasia | <input type="checkbox"/> Single Ventricle |
| <input type="checkbox"/> Coarctation of the Aorta | <input type="checkbox"/> Tetralogy of Fallot |
| <input type="checkbox"/> Double-outlet Right Ventricle | <input type="checkbox"/> Total Anomalous Pulmonary Venous Return |
| <input type="checkbox"/> Ebstein Anomaly | <input type="checkbox"/> Transposition of the Great Arteries |
| <input type="checkbox"/> Hypoplastic Left Heart Syndrome | <input type="checkbox"/> Tricuspid Atresia |
| <input type="checkbox"/> Interrupted Aortic Arch | <input type="checkbox"/> Truncus Arteriosus |
| <input type="checkbox"/> Pulmonary Atresia, intact septum | <input type="checkbox"/> Ventricular Septal Defect |

Other Cardiac Defect(s) – Describe: _____

Non-Cardiac – Explanation: _____

Normal evaluation after failed screen – Explanation: _____

Pending diagnosis – Explain: _____

III. CONTACT INFORMATION

Person completing form: _____
Print Name

Title: _____ Date Completed: _____

Facility Name: _____ Phone Number: _____

