**NCCC/NBN joint guideline for**

**CCHD Screening for Congenital Heart Defect by Pulse Oximetry**

Infant should be **at least 24hrs old or screening done as close to time of discharge as possible**. You should **obtain the TCB, hearing and SpO2 screening together at the bedside**.

1. Place reusable SpO2 probe on infant’s **right hand** with the red light touching the palm.
2. Turn the pulse oximeter on.
3. Wait for a correlation between heart rate and SpO2 (usually takes about 45 seconds to have a steady heart beat and therefore an accurate pulse ox reading). Please refer to the algorithm to determine if the saturation is acceptable and what you should do next.
   - **If the screening is >95% in the right hand you may move to either foot. If it is <95% you should stop and rescreen in 1 hr. If the reading is <90% you should notify the RN, NP or MD.**
4. Turn the pulse oximeter off prior to moving the reusable probe to the foot.
5. Place the reusable SpO2 probe on either of the infant’s foot, with the red light touching the sole of the foot.
6. Turn the pulse oximeter on.
7. Wait for a correlation between heart rate and SpO2 (usually takes about 45 seconds to have a steady heart beat and therefore an accurate pulse ox reading). Please refer to the algorithm to determine if the saturation is acceptable and what you should do next.
8. Make note if there is a greater than **3 point difference** in the hand and foot- see algorithm for instructions.
9. Please clean pulse oximeter probe with an alcohol swab between patients.

**Figure 2. Screening Algorithm**

[Diagram of screening algorithm]

**NOTE:** 1. If infant has had an echocardiogram performed CCHD screening is not required prior to discharge. 2. Screening should be performed when the patient is stable and no longer on oxygen.