

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: _____