

Newborn Screening Program

Pulse Oximetry Monthly Summary Report – Cover Sheet (Page 1 of 3)

Date of submission: _____

Month/year data: _____

Hospital/midwifery name: _____

Address: _____

Completed by: _____

Phone: _____ Fax: _____ E-mail: _____

Check here if your facility's contact information has changed from previous months. This will help the ISDH Newborn Screening Program keep e-mail and phone distribution lists current. Thank you!

Screening Statistics (report initial screens only)

Total number of live births this month: _____

Total number of home births that received screening: _____

Total number of walk-ins that received screening: _____

Number of exceptions reported to ISDH this month: _____

Number of screens*: _____

*Number of screens = (live births + home births + walk-ins) MINUS # of exceptions reported to ISDH (**including "Finally Screened" & transfers**)

NOTE: Any infants who are discharged HOME without receiving a valid initial newborn screen must be reported immediately by phone to the ISDH Newborn Screening Program (317-233-7019).

Completed reports are due by 5 pm EST on the first business day after the 14th of the following month. Most of the time, MSR's will be due by 5 pm EST on the 15th-- however, if the 15th falls on a weekend, MSR's will be due by 5 pm EST the following Monday. Please submit your MSR to:

Christine Pokrajac, MPHc

(317) 234- 2995 (fax)/ CPokrajac@isdh.in.gov (Certified/secure e-mail ONLY)

Pulse Oximetry Exception Reporting Form (page 2 of 3)

Facility:

Month:

For each child who did not receive or did not pass his/her pulse oximetry screen at your facility this month, please COMPLETE the form below. Items marked with (*) an asterisk are REQUIRED. Your MSR will not be processed until all required information is complete. Continue on page 2.

Transfer Details

a. Not transferred

b. Transferred out of your facility

c. Transferred into your facility

Exception Details

- 1. Transfer only
- 2. Finally screened
- 3. NICU
- 4. Initial screen next month
- 5. Deceased
- 6. Religious refusal
- 7. Discharged HOME without pulse oximetry screen
- 8. Prenatally/postnatally diagnosed with CCHD
- 9. Did not pass pulse oximetry screen -- referred for additional follow-up

Infant #	MRN*	Infant			Transfer details		Exception code*
		Last name*	DOB*	Gender*	Transfer code*	Name of other facility involved in transfer OR name of referral facility* (if applicable)	
1							Date of transfer/pulse ox/ death/ Religious Waiver/dischARGE (REQUIRED for exception codes 1, 2, 5, 6, 7, 8, 9)
2							
3							
4							
5							
6							
7							
8							
9							
10							

NOTE: Please verify all pulse oximetry newborn screening results for children who are reported with the "Did not pass pulse oximetry screen" exception code (code 9). These infants should have received three pulse ox screens with readings < 95% in both the right hand & foot OR a difference > 3% between the right hand & foot OR any pulse oximetry reading < 90%.

Infant #	Mother			Primary care provider	
	Last name*	Maiden name	Address*	Last name*	Phone*
	First name*	Phone*	City/State/Zip*	First name*	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					