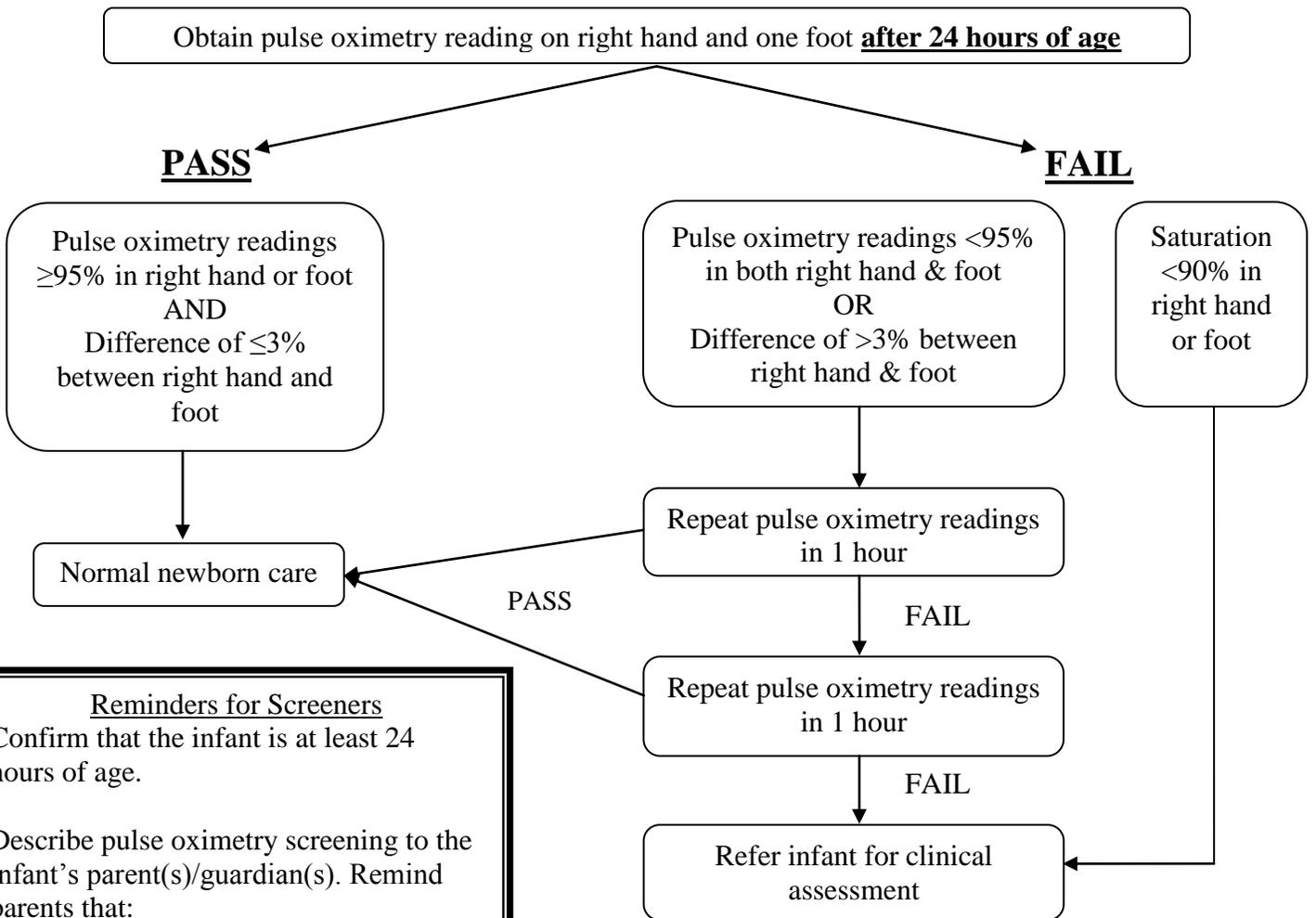


# Pulse Oximetry Newborn Screening Protocols for Healthy Infants (Born at 35+ Weeks Gestation)



**Reminders for Screeners**

Confirm that the infant is at least 24 hours of age.

Describe pulse oximetry screening to the infant's parent(s)/guardian(s). Remind parents that:

1. Pulse oximetry screening is painless & will not hurt their baby.
2. It is possible for the child to have a normal pulse oximetry result & still have a congenital heart defect (CHD).

Perform the screening in a quiet, peaceful environment. Keep the infant warm & calm.

Select screening sites that are clean and dry.

**Clinical Assessment**

Babies with saturation  $< 90\%$  in right hand or foot should be *immediately referred for clinical assessment*.

Babies with 3 failed readings (pulse oximetry  $< 95\%$  in right hand & foot OR  $> 3\%$  difference between right hand & foot) should receive:

1. Clinical assessment (infectious & pulmonary pathology should be excluded)
2. Complete echocardiogram
3. Referral to Pediatric Cardiology
  - a. Immediately if symptomatic
  - b. In a timely manner if asymptomatic

