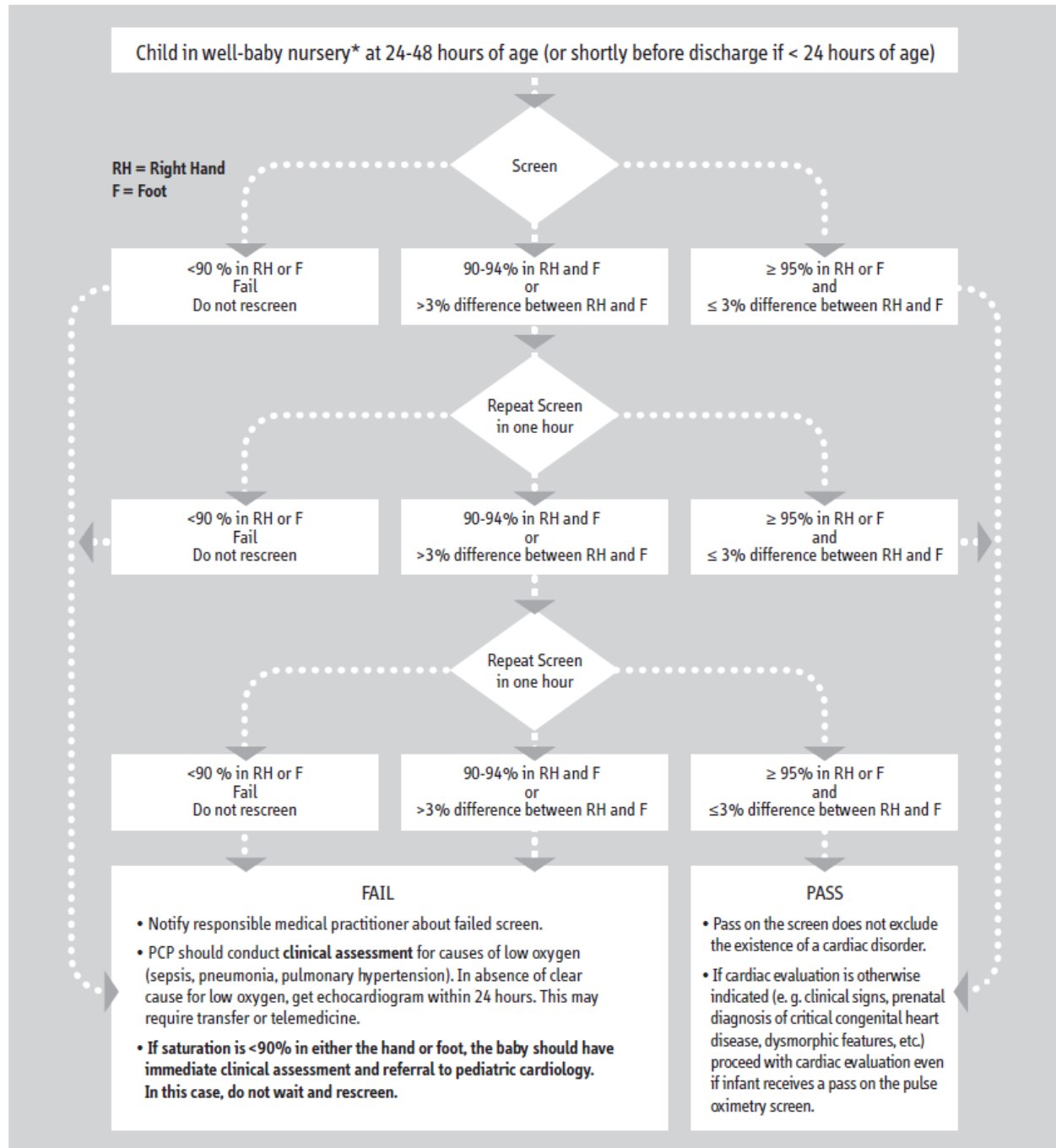


Protocol for Critical Congenital Heart Disease Screening

Recommendations from the New York State Department of Health

Adapted from the protocol developed by the Critical Congenital Heart Disease workgroup of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children.



- This screening should not take the place of clinical judgment or customary clinical practice. Symptomatic babies require clinical evaluation.
- Optimal results are obtained by using a motion-tolerant pulse oximeter that reports functional oxygen saturation, has been validated in low perfusion conditions and has been cleared by FDA for use in newborns.

*Infants in special care nurseries/NICU should be screened at 24-48 hours of age or when medically appropriate. Administration of supplemental oxygen may alter the interpretation of the screening results. For infants on oxygen, delay screening until infant is stable and off oxygen for optimally greater than 24 hours. If patient cannot be weaned from oxygen prior to discharge, obtain echocardiogram if one has not already been done.