

(Attach Label here or Complete Details)

NAME: _____ NHI: _____
 GENDER: ____ DOB: _____ AGE: ____ WARD: _____

Newborn Pulse Oximetry Screening Form

Section A - Screening Record

1. Birth information

Infant's date and time of birth
Date (dd-mm-yyyy)

						2	0		

Time (24h-min)

						h			

2. Screening results

2.1 First test

Date and time of first test
Date (dd-mm-yyyy)

						2	0		

Time (24h-min)

						h			

Saturation foot %

Result (circle one)

Pass	Inconclusive	Target not reached
------	--------------	--------------------

2.2 Second test

Date and time of second test
Date (dd-mm-yyyy)

						2	0		

Time (24h-min)

						h			

Saturation foot %

Result (circle one)

Pass	Inconclusive	Target not reached
------	--------------	--------------------

2.3 Third test

Date and time of third test
Date (dd-mm-yyyy)

						2	0		

Time (24h-min)

						h			

Saturation foot %

Result (circle one)

Pass	Target not reached
------	--------------------

Section B – Outcome Report (complete if infant did not reach saturation targets)

1. Where was the test(s) performed? (tick all that apply)

Hospital	
Maternity unit	
Home	

2. Was the infant admitted to a neonatal unit?

Yes		No	
-----	--	----	--

3. If the infant was transferred for an assessment and investigations, please indicate the route: (tick all that apply)

Home to hospital	
Maternity unit to hospital	
Hospital to hospital	

4. What is the diagnosis? (tick one)

Congenital heart disease	
Respiratory disease	
Sepsis	
Metabolic disease	
No cause found (false-positive results)	
Other	

5. Describe the diagnosis:
