

# Failed Pulse Ox Screen Reporting Form

## PLACE LABEL OR WRITE-IN INFORMATION

Medical Record # \_\_\_\_\_

Patient Name: Last \_\_\_\_\_ First \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospital: \_\_\_\_\_ Medical Provider: \_\_\_\_\_

## Alabama Newborn Screening Program

Fax failed screens to 334-206-3791

Age at Initial Screening: \_\_\_\_\_ hours

### Initial Screening:

Time \_\_\_\_\_

Pulse Ox Saturation of Right Hand \_\_\_\_\_

Pulse Ox Saturation of Foot \_\_\_\_\_

Difference between right hand and foot \_\_\_\_\_

☐ \*Fail

### Second Screening (1 hour following initial screen if fail initial screen)

Time \_\_\_\_\_

Pulse Ox Saturation of Right Hand \_\_\_\_\_

Pulse Ox Saturation of Foot \_\_\_\_\_

Difference between right hand and foot \_\_\_\_\_

☐ \*Fail – DO  
NOT repeat  
and proceed  
with immediate  
assessment

**Immediate Fail** = Pulse ox less than 90% in the right hand or foot

**Fail** = Pulse ox less than 95% in both the right hand and foot and a saturation difference of 4% or greater

\*Fail may require transfer to a NICU with pediatric cardiology services

Other etiology identified: ☐ Pulmonary ☐ Infection ☐ Unknown ☐ Other: \_\_\_\_\_

Transferred: \_\_\_\_\_

Provider referred to: \_\_\_\_\_

Screener's First Initial/Last Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_