

1. INFANT ADMISSION TO NICU/SCBU – ASSESS NEED FOR NBS

A. The NICU/SCBU staff reviewed the following education with the family and obtained dried blood spot (DBS) storage consent status for every heel stick performed:

- Staff reviewed the NBS Keepsake Handout with the family.
- Staff reviewed the After Newborn Screening Handout with the family.
- Family signed and chose consent option “yes” or “no” on the back of the NBS card.

2. NBS PERFORMED IN NICU/SCBU

B. The following screens were performed, written on the NBS card and documented in the EMR:

HEEL STICK

- The initial screen was performed and the back of the NBS card was completed by the family.
- All repeat screens have been performed and the back of the NBS card was completed by the family.
- Family/PCP has been alerted of any abnormal results that indicated need for confirmatory testing.

CCHD

- A screen was performed with passing scores - *see below for reference.*
- The screen had failing scores and repeat screen and/or echocardiogram was completed.

<p style="text-align: center; color: green;">PASS</p> <p>Pulse oximetry result of 95% or higher in RIGHT hand AND EITHER foot AND A difference of 3% or less between the RIGHT hand AND EITHER foot</p>	<p style="text-align: center; color: yellow;">RESCREEN NEEDED</p> <p>Pulse oximetry result of 90% to 94% in either the RIGHT hand OR EITHER foot OR A difference of 4% or more between the RIGHT hand AND EITHER foot</p>	<p style="text-align: center; color: red;">FAIL, ECHO NEEDED ASAP</p> <p>Pulse oximetry result of 89% or less in either the RIGHT hand OR EITHER foot</p>	<p style="text-align: center; color: blue;">RESCREEN</p> <p>Perform CCHD screen a second time, 1 hour after the initial screen was performed. Note: if the scores reflect what is in the green box to the left, nothing further is needed. If the scores reflect what is in either the yellow or red box to the left, an echo needs performed ASAP.</p>
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HEARING

- Patient passed screen with/without risk factors.
- Patient did not pass screen and a referral for audiology was made.

C. Report all required information to the GNBS Program and NBS Laboratory:

- If patient qualified as an exception to NBS, this has been reported on the MSR or this information has been sent to your facility's designated MSR reporter.
- If family refused screening due to religious beliefs, state form 54102 has been completed by family.
- Change of Information Form was completed and sent to NBS Laboratory to update name/other info.



Is the infant being discharged without receiving a heel stick, CCHD, or hearing screen for reasons other than the approved exception types?

**IF THE "YES" CHECKBOX WAS MARKED, ENSURE THE FOLLOWING STEPS ARE COMPLETED*

Yes*

No

- A phone call has been made to notify the GNBS Program at 888-815-0006.
- There has been an exception entered into INSTEP accordingly by your facility's MSR reporter.
- All supporting details and contact information were entered into INSTEP by your MSR reporter.