

Newborn Screening Bulletin 2019-4

November 8, 2019

CHANGES TO THE NEWBORN SCREENING CARD COMING IN NOVEMBER

Revised Newborn Screening Cards will be available coming at the end of November. The changes you can expect to see include:

- Dried Blood Spot Page (See Appendix 1)— added self-pay option, separated TOB/DOB and changed position on the card, added date/time of **first** transfusion, added options for early transfusion or pre-transfusion sample when a sample is collected at less than 24 hours, removed questions regarding collection and application to card.
- CCHD page (See Appendix 2) — added the mother's name, added 'repeat DBS screen, no CCHD screen required' indicator, removed AM/PM, reworded 'diagnosed by physical exam' option

BATCHING OF CCHD CARDS

Please send the CCHD cards to NSO once completed in the same manner as the dried blood spot cards. They can be sent to us attached or unattached to the blood spot card, accompanying or separate. **Do NOT batch the cards** and send as a group. CCHD cards are reviewed for evaluation accuracy and completion and this is often time sensitive. A delay in receipt can affect patient care.

TRACKING FOR MISSED CCHD SCREENS

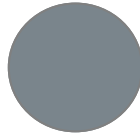
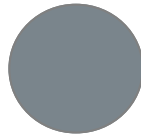
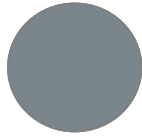
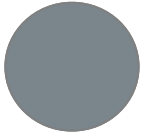
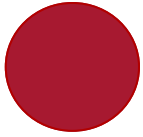
Newborn Screening Ontario will begin tracking possible missed CCHD screens by way of a comparison of dried blood spots and CCHD results by the end of 2019. Notifications will be sent out by 6-7 days of age. It is the responsibility of newborn health care providers to ensure that all eligible babies in their care are offered the pulse oximetry screen on or before 7 days of age. Once a missed CCHD screen is identified, the organization will be contacted via faxed letter to the appropriate department or midwifery practice. Similar to the dried blood spot missed screen process, the letter is to be completed with a plan of action and returned to NSO. For babies who are identified as missed at >7 days of age, CCHD screening is no longer recommended but notification will still be sent to the responsible organization with the recommendation of informing the baby's health care provider that the baby was not screened for CCHD.

If you have a preferred alternate contact for CCHD missed screens other than faxing directly to the maternity floors or NICU as we do with the CCHD unsat notifications, please e-mail **NSOCCHD@cheo.on.ca**.

CCHD CARD COMPLETION

A reminder to ensure the completion of demographic information including the health card number, date and time of birth and screen. Every card should have a screen result *OR* reason for no screen completed. Also, for midwifery practices, please ensure your **practice name** is written on the card as opposed to hospital name to allow for appropriate follow up if necessary.





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APPENDIX 1: REVISIONS TO DRIED BLOOD SPOT CARD

NBS Barcode FOR OFFICE USE ONLY C488301 SN

Sex: M F Ambiguous

Multiple Birth: N A A B C

Birth Weight: _____ g

Feeding: Breast Formula TPN NPO

Gest. Age: _____ + _____ wks

Health Card Number _____ Self-pay

INFLUENZA

YYMMDD HHMM
Date of Birth Time of Birth

YYMMDD HHMM
Date of Collection Time of Collection

1st Test Retest

PRBC Transfusion: Y N
If yes: Date/time of first transfusion
YYMMDD HHMM

Date of latest transfusion
YYMMDD

Sample collected at less than 24 hours Early discharge Pre-transfusion

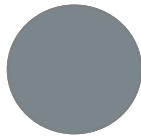
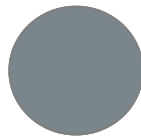
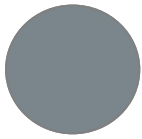
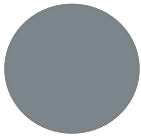
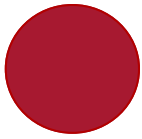
Added self-pay option if the infant does not have a health card. **NOTE: NSO does not charge for screening services, this information is for identification only.**

Separated DOB/TOB and DOC/TOC and changed position on the card

Added date/time of **first** transfusion and changed position on the card

Added options for early transfusion or pre-transfusion sample when a sample is collected at less than 24 hours

Removed questions regarding collection and application to card. **Reminder: EDTA should not be used as an additive.**



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APPENDIX 2: REVISIONS TO CCHD CARD

Toll-free: 1-877-427-8330
newbornscreening@chns.on.ca

C488301 SN

CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING RESULTS SHEET

INFANT

Last Name: [REDACTED] REPEAT OBS, NO CCHD SCREEN REQUIRED
 First Name: [REDACTED] Multiple Birth: YES NO
 Sex: M F Ambiguous
 Health Card Number: [REDACTED] Date of Birth: [REDACTED]
 Submitter Unique Number: [REDACTED] Time of Birth: [REDACTED]

Mother's Last Name: [REDACTED] First Name: [REDACTED]

SUBMITTING HEALTH CARE PROVIDER

Hospital/Midwifery Practice Name: [REDACTED]
 Address: [REDACTED] City: [REDACTED]
 Screen Performed By: Last Name: [REDACTED] First Name: [REDACTED]

Initial Screen Evaluate screening result with NSO CCHD screening algorithm or evaluation chart

Date of CCHD screen: [REDACTED] R Hand: _____% Pass
 Foot: _____% Repeat
 Time of screen: [REDACTED] Difference: _____% Refer*

First repeat (if applicable)

Date of CCHD screen: [REDACTED] R Hand: _____% Pass
 Foot: _____% Repeat
 Time of screen: [REDACTED] Difference: _____% Refer*

Second repeat (if applicable)

Date of CCHD screen: [REDACTED] R Hand: _____% Pass
 Foot: _____% Repeat
 Time of screen: [REDACTED] Difference: _____% Refer*

* URGENT physician assessment required at time of screen

Reason screen not done (check box that applies)

- Declined/deferred (complete form on back of page)
- Infant in or is expected to be in NICU/SCN over 7 days
- Infant diagnosed prenatally with heart defect
- Infant diagnosed with heart defect by physical exam prior to screening
- Other (ex. limb anomaly). Specify: _____

Repeat blood spot screen indicator. **NOTE: check if this is a repeat blood screen and no CCHD is required**

Mother's name added

AM/PM removed

Revised wording for diagnosis by physical exam (prior to screening added)