

CCHD Screening Newsletter 2017-3

June 2, 2017

Newborn Screening Cards with CCHD Screening Results Page

Modified newborn screening cards with an attached CCHD screening results page are in production. However, due to delays in processing, the cards will only be in stock towards the **end of June or early July**. We will send another communication to you as soon as these cards are available to order.

You may choose to begin screening within your organizations before the cards are available. Once your modified cards have arrived, you can start sending CCHD screening results to NSO. If you plan to begin before the cards are available, [let us know](#).

Attached is a preview of the CCHD screening results page that will be part of the new newborn screening card. More details about CCHD screening documentation to come in the next newsletter.

Equipment Reminder

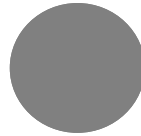
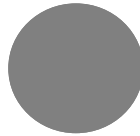
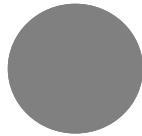
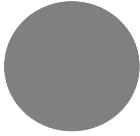
NSO has a limited start-up budget to supply pulse oximeters to support the implementation of CCHD screening in Ontario. NSO endorses the use of one of two models for screening: Medtronic/Covidien PM10N and Massimo Rad 5.

We have begun distribution of pulse oximeters for CCHD screening. If you require pulse oximetry equipment for your organization, please contact Jim Bottomley at NSO (Tel: 613-737-7600 ext 3459, or bottomley@cheo.on.ca) to confirm the number of devices your organization is eligible for. At that time, we will provide you with ordering instructions, along with the product codes to ensure that NSO is billed directly for the purchase. Further information about the pulse oximetry equipment is available on the [NSO website](#).

Please remember to let us know when you are planning to begin screening so we can prepare and send your launch kit, and support you in your transition to screening.


Many thanks for your continued support towards this initiative.






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Sample CCHD Screening Results Page

 NEWBORN SCREENING ONTARIO
DÉPISTAGE NÉONATAL ONTARIO
415 Smyth Road, Ottawa, ON, K1H 8M8
Toll-free: 1-877-627-8330
newbornscreening@cheo.on.ca


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CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING RESULTS SHEET

INFANT	Last Name		Date of Birth	
	First Name		Time of Birth	
	Health Card Number		Sex: <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Ambiguous	
	Submitter Unique Number		Multiple Birth: <input type="radio"/> N/A <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C	

LABEL

SUBMITTING HEALTH CARE PROVIDER	Hospital/Midwifery Practice Name	
	Address	City
	Screen Performed By: Last Name	
	First Name	

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

Date of CCHD screen	R Hand: _____%	<input type="checkbox"/> Pass
Time of screen	Foot: _____%	<input type="checkbox"/> Repeat
	Difference: _____%	<input type="checkbox"/> Refer *

First repeat (if applicable)

Date of screen	R Hand: _____%	<input type="checkbox"/> Pass
Time of screen	Foot: _____%	<input type="checkbox"/> Repeat
	Difference: _____%	<input type="checkbox"/> Refer *

Second repeat (if applicable)

Date of screen	R Hand: _____%	<input type="checkbox"/> Pass
Time of screen	Foot: _____%	<input type="checkbox"/> Repeat
	Difference: _____%	<input type="checkbox"/> Refer *

* URGENT physician assessment required at time of screen

Reason screen not done (check box that applies)

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

