

Referral form following failed CCHD screen

Rev. 7/2024



On October 1, 2014, newborn heart screening by pulse oximetry was mandated in Utah and screening results are reported to the CCHD Screening Program within the Utah Birth Defect Network ([26B-4-319. Testing of newborn infants](#) and [Birth Defects and Critical Congenital Heart Disease Reporting Rule R398-5](#)).

Name of newborn _____ Date and time of birth _____

	Date	Time	Right Hand	Foot	Result
1st Attempt					<input type="radio"/> P <input type="radio"/> F <input type="radio"/> Rescreen
2nd Attempt					<input type="radio"/> P <input type="radio"/> F <input type="radio"/> Rescreen
3rd Attempt					<input type="radio"/> P <input type="radio"/> F

Screening providers should report CCHD results as usual on the birth record.

The result of this screen is: FAIL.

When a newborn fails the screen, the screening provider should:

1. Collect the following information: Date _____ Time _____
 Newborn heart rate _____ Newborn APGAR scores _____
 Appearance, breathing, gasping, feeding issues, etc.
2. Immediately phone the on-call cardiology fellow at Primary Children's Medical Center (PCMC) (**801-662-1000**, available 24/7) to consult and then follow their instructions.
 Name of cardiac fellow spoken to and providing referral _____
 Instructions given _____
3. **Echocardiogram appointment information**
 Name of physician to complete the echo _____
 Location for echo _____
 Date/time for echo _____ Phone for echo facility _____
4. Keep the parents informed.

Providers who receive this form should:

1. Notify the originating screening provider with the results of this referral.
 Screening provider's name _____ Phone _____
 Fax _____ Email _____

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