

# MEDITECH Expanse TIP SHEET

## CCHD Screening UPDATE



## Updates to CCHD Screening Guidelines

**Neonatal/Pediatric Discharge Readiness**

- Discharge Hearing Screen
  - Hearing screen date
  - Hearing screen time
  - Hearing screen type discharge
    - ☒ Automated auditory brain
    - ☐ Not done
    - ☐ Otoacoustic emissions
  - Hearing screen discharge
    - ☐ Defer med reason - Left
    - ☐ Hearing screen right-Pass
    - ☐ Hearing screen left-Refer
    - ☐ Hearing screen right-Refer
    - ☐ Defer med reason - Right
    - ☐ Hrng scrn prev left-Pass
    - ☐ Hearing screen right-Refer
    - ☐ Hearing screen left-Pass
    - ☐ Hrng scrn prev right-Pass
    - ☐ Hearing screen left-Refus
- Discharge Metabolic Screening
  - Metabolic screen complete date
  - Metabolic screen complete time
  - Metabolic screen serial number
- Congenital Heart Disease Screening
  - CCHD SPO2% right upper extremity initial screen 95
  - CCHD SPO2% second extremity initial screen 99
  - CCHD SPO2% second extremity location initial screen
    - ☐ Lower extremity left
    - ☐ Lower extremity right
  - CCHD screening results initial screen Repeat screening in one hour
  - CCHD SPO2% right upper extremity repeat 1 95
  - CCHD SPO2% second extremity repeat 1 98
  - CCHD SPO2% second extremity location repeat 1
    - ☒ Lower extremity left
    - ☐ Lower extremity right
  - CCHD screening results repeat 1 Passed screen

**Neonatology DC Summary**

Principal Location 3 Bailey Contributors

DC Sum Mat Hx Del Hx Admit PE FE DC Drs Screenings Discharge Plan Results CPT Codes Attestations PSG

### Neonatal/Peds DC Screening

**Routine Newborn Screenings**

CCHD screening results initial screen

Repeat screening in one hour

CCHD SPO2% right upper extremity initial screen  
95

CCHD SPO2% second extremity initial screen  
100

CCHD SPO2% second extremity location initial screen  
Lower extremity left Lower extremity right

CCHD SPO2% right upper extremity repeat 1  
98

CCHD SPO2% second extremity repeat 1  
100

CCHD SPO2% second extremity location repeat 1  
Lower extremity left Lower extremity right

CCHD screening results repeat 1

Passed screen

Hearing screen date  
06/13/25

Hearing screen time

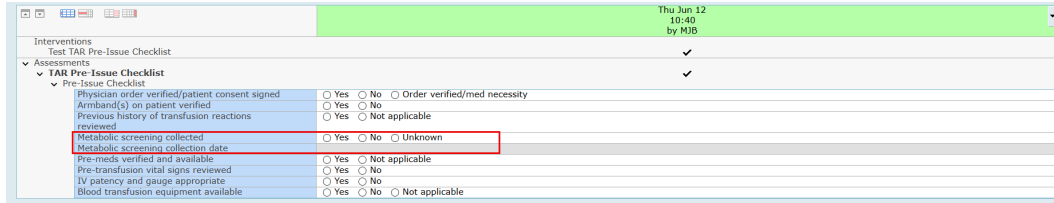
The American Academy of Pediatrics (AAP) has endorsed a new Critical Congenital Heart Disease (CCHD) screening algorithm. There are two important changes:

- The lower limit of an acceptable oxygen saturation should be  $\geq 95\%$  in both the pre- AND post-ductal measurements.
- In current state, a pulse ox  $\geq 95\%$  in the right upper extremity OR a lower extremity and a  $\leq 3\%$  difference would result in PASSING. Now that will require a retest.

There will be only **one retest** for indeterminate results instead of two.

# MEDITECH Expanse TIP SHEET

## TAR Pre-Issue Checklist



Interventions  
Test TAR Pre-Issue Checklist ✓

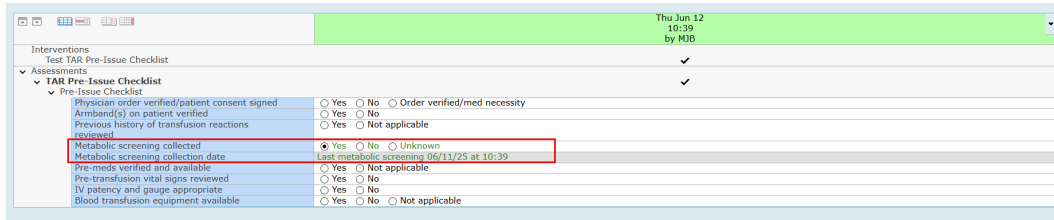
Assessments  
✓ TAR Pre-Issue Checklist ✓

Pre-Issue Checklist

Physician order verified/patient consent signed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Order verified/med necessity
Armband(s) on patient verified	<input type="radio"/> Yes <input type="radio"/> No
Previous history of transfusion reactions reviewed	<input type="radio"/> Yes <input type="radio"/> Not applicable
Metabolic screening collected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Metabolic screening collection date	<input type="radio"/> Yes <input type="radio"/> Not applicable
Pre-meds verified and available	<input type="radio"/> Yes <input type="radio"/> No
Pre-transfusion vital signs reviewed	<input type="radio"/> Yes <input type="radio"/> No
IV patency and gauge appropriate	<input type="radio"/> Yes <input type="radio"/> No
Blood transfusion equipment available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable

Added queries "Metabolic screening collected" and "Metabolic screening collection date" to the TAR Pre-Issue Checklist.

These queries will not display on the checklist for patients who are 30 days old or older.



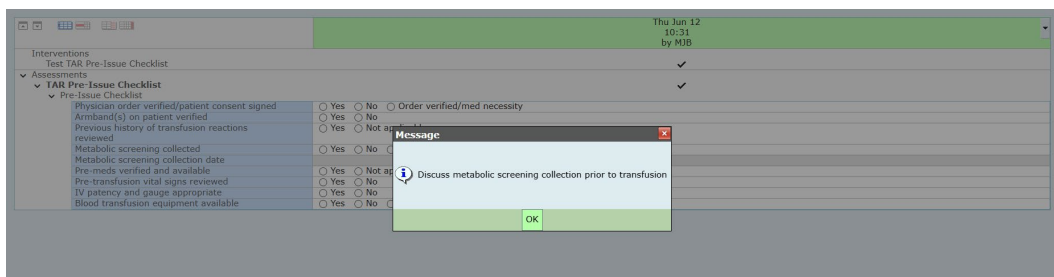
Interventions  
Test TAR Pre-Issue Checklist ✓

Assessments  
✓ TAR Pre-Issue Checklist ✓

Pre-Issue Checklist

Physician order verified/patient consent signed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Order verified/med necessity
Armband(s) on patient verified	<input type="radio"/> Yes <input type="radio"/> No
Previous history of transfusion reactions reviewed	<input type="radio"/> Yes <input type="radio"/> Not applicable
Metabolic screening collected	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Metabolic screening collection date	Last metabolic screening 06/11/25 at 10:39
Pre-meds verified and available	<input type="radio"/> Yes <input type="radio"/> Not applicable
Pre-transfusion vital signs reviewed	<input type="radio"/> Yes <input type="radio"/> No
IV patency and gauge appropriate	<input type="radio"/> Yes <input type="radio"/> No
Blood transfusion equipment available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable

If the patient has had a metabolic screening collected, the query "Metabolic screening collected" will default yes and the last collection date/time will display.



Interventions  
Test TAR Pre-Issue Checklist ✓

Assessments  
✓ TAR Pre-Issue Checklist ✓

Pre-Issue Checklist

Physician order verified/patient consent signed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Order verified/med necessity
Armband(s) on patient verified	<input type="radio"/> Yes <input type="radio"/> No
Previous history of transfusion reactions reviewed	<input type="radio"/> Yes <input type="radio"/> Not applicable
Metabolic screening collected	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Metabolic screening collection date	<input type="radio"/> Yes <input type="radio"/> Not applicable
Pre-meds verified and available	<input type="radio"/> Yes <input type="radio"/> No
Pre-transfusion vital signs reviewed	<input type="radio"/> Yes <input type="radio"/> No
IV patency and gauge appropriate	<input type="radio"/> Yes <input type="radio"/> No
Blood transfusion equipment available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable

Message  
Discuss metabolic screening collection prior to transfusion  
OK

If the nurse selects "No" to "Metabolic screening collected", a pop-up message will display with message: "Discuss metabolic screening collection prior to transfusion."

