# Ohio Administrative Code

## Rule 3701-54-03 Critical congenital heart disease screening procedures, equipment.

Effective: December 26, 2019

(A) Each hospital and freestanding birthing center shall conduct a critical congenital heart disease screening using pulse oximetry, prior to discharge, and when the newborn or infant is at least twenty-four hours of age.

(1) If the first pulse oximetry saturation percentage is ninety-five per cent or greater in either the right hand or either foot and the difference between the right hand and either foot is three per cent or less, the newborn or infant has passed.

(2) If any pulse oximetry saturation percentage is less than ninety per cent in the right hand or either foot, the newborn or infant has failed and should receive immediate pediatrician evaluation and/or referral to pediatric cardiology for a pediatric echocardiogram.

(3) If the first pulse oximetry saturation is greater than or equal to ninety per cent but less than ninety-five per cent in both right hand and either foot or has a difference of greater than three per cent between the right hand and either foot, the pulse oximetry screening should be repeated in approximately one hour.

(4) If the second pulse oximetry reading is greater than or equal to ninety per cent but less than ninety-five per cent in both right hand and either foot or has a difference of greater than three per cent between the right hand and either foot, the pulse oximetry screening should be repeated again in approximately one hour.

(5) If the third pulse oximetry reading is greater than or equal to ninety per cent but less than ninety-five per cent in both right hand and either foot or has a difference of greater than three per cent between the right hand and either foot, the newborn or infant should receive immediate pediatrician evaluation and/or referral to pediatric cardiology for a pediatric echocardiogram.

(B) The pulse oximetry screening should be performed with a motion-tolerant pulse oximeter that

reports functional  oxygen saturation, has been validated in low-perfusion conditions, has been cleared by the food and drug administration for use in newborns, and has a two  per cent root-mean-square accuracy.