

## New Jersey Birth Defects Registry (BDR)- Pulse Oximetry Screens 2/2013

1. All infants who fail pulse oximetry screening for CCHD are required to be reported to the NJ BDR.
2. The Pulse Oximetry module in the BDR replaces the pulse oximetry template for reporting of failed screens.
3. The infant must be registered in the BDR before the information in the Pulse Oximetry module can be added.
4. Prior to BDR registration and entry of information in the Pulse Oximetry module, the relevant clinical information should be obtained from an appropriate clinician.
5. If infant is an out of state resident born in New Jersey, check the appropriate box on the Pulse Oximetry module and enter the **Hospital Address** as **Parent Address at Time of Birth** on the BDR registration.
6. Please complete all questions in the Pulse Oximetry module.
7. Be sure to SAVE after entering information in the Pulse Oximetry module. The record can be edited at a later time if necessary.

For Birth Defects Registry questions, please contact:

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For questions related to the Pulse Oximetry module, please contact:

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http://mssg-bdr.rutgers.edu/child/ atdhss - The Intranet for NJDO... Microsoft Exchange - Outlook... NJ Birth Defects Registry

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# NJ Birth Defects Registry

Home Create New Registration Search Reports Change Password Logout (Logged in as: Bdrtrain1)

## Create a New Registration

Medical record number

File type

- BDR Only
- BDR & Autism
- Autism Only
- Anonymous Autism

Import Previous Registering Department Contact

Department Contact to import

Select Create New Registration, BDR Only.

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# NJ Birth Defects Registry - Child Information

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**Pending Items**

**Registration & Child:**

- Family Informed is required.
- Insurance Type is required
- First name is required except when No First Name Given is checked
- last name is required
- Child Date of Birth is

**Current File**

Child Name: No child name entered. Unique ID: 19 File Type: BDR Only [Add Autism Tab](#)

Registration Child Primary Care Provider Child Address Ethnicity Parent Address Parent A Parent B

Guardian Diagnosis

**Registration Information**

After entering the required information, click on the Save button.

If infant is an out of state resident who is born in New Jersey, enter the **Hospital** address as **Parent Address at Time of Birth** on the BDR registration

# NJ Birth Defects Registry - Child Information

Home Create New Registration Search Reports Change Password Logout (Logged in as: Bdrtrain1)

## Pending Items

### Registration & Child:

- Contact Job title is required when Registering Department is specified
- Phone Number or No Phone is required.
- Insurance Type is required
- Child Date of Birth is required
- Sex is required
- birth facility is required
- Birth Weight OR Unknown is required
- Plurality is required
- Weeks of Pregnancy is required
- Is Expired is required.

### Primary Care Provider:

- Primary Care Provider Status is Required
- Transferred is required.

### Child Address:

- Street number is required
- Street name is required
- Street Suffix is required
- Zipcode is required
- County is required
- Municipality is required

### Ethnicity:

- Hispanic or Latino is required.
- Primary Language is required.
- Race is required.

### Parent Address:

- Street number is required
- Street name is required
- Street Suffix is required
- Zipcode is required
- County is required
- Municipality is required

### Parent A:

- Vital Status is a required field.

### Parent B:

## Current File

Child Name: Test, Bebe Unique ID: 19 File Type: BDR Only [Add Autism Tab](#)

Registration

Child

Primary Care Provider

Child Address

Ethnicity

Parent Address

Parent A

Parent B

Guardian

Diagnosis

## Diagnoses

### Add Diagnosis

- [Diagnosis 1: failed pulse ox](#)

## Diagnosis 1 Information

### Diagnosis Description:

failed pulse ox

### Initial Comments:

### Return Reason:

Enter Diagnosis "failed pulse ox" and any known cardiac or other defects.

http://mssg-bdr.rutgers.edu/child/19/ NJ Birth Defects Registry - ...

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## NJ Birth Defects Registry - Child Information Summary

Home Create New Registration Search Reports Submissions Print Letters Merge Records Change Password Manage Users Manage Organizations Logout (Logged in as: joe)

After saving the New Registration in the BDR, go to the Summary Page and then select **Add Pulse Oximetry.**

**Summary Page for [Redacted]**  
[View Registration Notes](#)  
[Edit this Registration](#)  
[Add Pulse Oximetry](#)  
 Child Record is currently in [Redacted]

**Revisions**  
 No Revisions Yet  
 Currently viewing most recent revision.

### Registration Information

Registration File Type: BDR Only  
 Audit: False  
 Registration Status: New  
 Reporting Facility Type: ACH  
 Family Informed: None  
 Registering Agency: [Redacted]  
 Registration Date: 02/13/2013

### Case Tracking

Medical Record Number: N/A or Unspecified  
 Electronic Birth Certificate Number: N/A  
 Insurance Type: N/A

### Hospital Contact

Name: N/A None None  
 Job title: N/A  
 Phone Number: N/A

### Child Information

Child Name: Aire Test

**Address:**

Street Address: N/A  
 City, State, Zip: NJ  
 County: N/A  
 Municipality: N/A  
 Country: United States

### Child Birth Detail

Date of Birth: 02/01/2013  
 Sex: Female  
 Birth Weight: 2000  
 Plurality: 1  
 Birth Order: N/A  
 Outcome: Live Birth  
 Weeks of Pregnancy: Pre-term

# NJ Birth Defects Registry - Pulse Oximetry

Home Create New Registration Search Reports Change Password Logout (Logged in as: Bdrtrain1)

Pending Items

## Current File

Child Name: Test, Bebe Unique ID: 19 File Type: BDR Only Date of Birth:

Save

## Pulse Oximetry

Result 1

Result 2

Result 3

This Is An Out-Of-State Resident

Time of Birth (e.g. 10:30 AM)

1. Location where infant was a patient at the time of screen

Mother-Infant Unit/Well Baby Nursery  
Mother-Infant Unit/Well Baby Nursery  
NICU/Special Care Nursery  
Other

If 'Other', Describe

2. Based on review of both mother and infant charts, did the infant have a prenatal diagnosis of Congenital Heart Disease (CHD)?

Yes, specific type CHD known

If 'Yes', enter specific type(s) of CHD

Enter time of birth for all entries. Use format in example. Military time not currently accepted.

If infant is an out of state resident who is born in New Jersey check this box and enter the **Hospital** address as **Parent Address at Time of Birth** on the BDR registration.

1. Location where infant was a patient at the time of screen

Mother-Infant Unit/Well Baby Nursery If 'Other', Describe  
Mother-Infant Unit/Well Baby Nursery  
NICU/Special Care Nursery  
Other

Select the unit where the infant was a patient at the time of the screen.

2. Based on review of both mother and infant charts, did the infant have a prenatal diagnosis of Congenital Heart Disease (CHD)?

Yes, specific type CHD known If 'Yes', enter specific type(s) of CHD  
Yes, specific type CHD known  
Yes, but specific type CHD unknown  
No, no prenatal diagnosis of CHD  
Unknown

If there is a prenatal diagnosis of Congenital Heart Disease, indicate the defect, if known, in the free text field.

3. Was a cardiac consult or echocardiogram indicated or ordered prior to the first routine pulse oximetry screen because of clinical signs or other clinical history suggestive of a cardiac defect (e.g., tachypnea, prenatal diagnosis or maternal condition that indicated infant should have postnatal echocardiogram)?

No If 'Yes', describe reason for consult and/or echocardiogram indication  
No  
Unknown  
Yes - Consult with echo ordered  
Yes - Consult only ordered  
Yes - Echo only ordered

If a cardiac consult and/or echocardiogram were obtained before the mandated pulse oximetry screen, please describe the infant's symptoms or clinical status that triggered the consult and/or echo. You may free text as much detail as necessary.

3. Was a cardiac consult or echocardiogram indicated or ordered prior to the first routine pulse oximetry screen because of clinical signs or other clinical history suggestive of a cardiac defect (e.g., tachypnea, prenatal diagnosis or maternal condition that indicated infant should have postnatal echocardiogram)?

If "Yes", describe reason for consult and/or echocardiogram indication

4. Was a cardiac consult or echocardiogram conducted in response to the failed mandated routine pulse oximetry screen?

If Question 3 or 4 was "Yes", enter information below.

	Postnatal Consult/Echo 1	Postnatal Consult/Echo 2	Postnatal Consult/Echo 3
Date (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Echo Time (ex. 10:30 AM)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Results	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please complete for postnatal cardiac consult and/or echocardiogram results.**

du/pulse/19/add/ | NJ Birth Defects Registry - P... | Sign In

4. Was a cardiac consult or echocardiogram conducted in response to the failed mandated routine pulse oximetry screen?

(dropdown menu open: No, Unknown, Yes - Consult with echo done, Yes - Consult only done, Yes - Echo only done, Yes - Echo ordered but not done)

5. Was the screen done as a mandated routine screen or in response to symptoms or clinical history?

(dropdown menu open: Mandated routine screen, Symptoms or clinical history, Unknown)

6. Based on the infant's clinical status at the time of the screen, would the infant have been otherwise placed on pulse oximetry for any reason other than mandated routine screening?

(dropdown menu open: Unknown)

If in response to symptoms or clinical history, describe

If "Yes", describe

**This is important for tracking purposes. Please indicate if a cardiac consult and/ or echocardiogram was ordered or done in response to the failed screen.**

**Was the pulse oximetry done for the mandated screen only or was the pulse oximetry done in response to clinical status? If done for clinical reasons, please describe the infant's symptoms or clinical status. You may free text as much detail as necessary. This helps determine if the failed pulse ox reading was part of the screen or if it reflects pulse oximetry for clinical monitoring.**

**Please select the appropriate response in the drop down list. If yes, describe the reasons that the infant was placed on pulse oximetry other than for the mandated screen.**

**Asymptomatic** means the infant was **not showing symptoms** of a problem at the time of the failed screen. Select **Yes** if the infant was not showing symptoms.

7. Based on an interview with the primary nurse that cared for infant during the shift the failed screen occurred, and/or thorough review of nurse's charted assessment, was the infant **asymptomatic** at the time he/she was placed on pulse oximetry?

Unknown

If "No", then complete for all symptoms present:

**Cardio-respiratory symptoms**

- Pallor
- Tachypnea
- Tachycardia
- Respiratory Distress

Other Symptoms, Describe

If the infant **was having symptoms** at the time of the pulse oximetry screen, please select **No** and then check the box for the applicable symptom(s). You may use the free text to describe other symptoms or give more detail to the symptoms that are checked.

**Gastrointestinal symptoms**

- Vomitting
- Watery Stool
- Diarrhea

Other Symptoms, Describe

**Temperature instability**

Describe

**Other Symptoms**

Describe

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8. Was infant transferred into or out of your facility?

Transferred INTO facility

Name of hospital

Date of transfer (mm/dd/yyyy)

Time of transfer (e.g. 10:30 AM)

Indicate if infant was transferred. Select the hospital the infant was transferred to or from. Indicate time of transfer using format in the example. Military time is not currently accepted.

edu/pulse/19/add/ | NJ Birth Defects Registry - P... | Sign In

8. Was infant transferred into or out of your facility?

Transferred INTO facility

Transferred INTO facility

Transferred OUT of facility

Transferred INTO AND OUT of facility

Not transferred in or out facility

Time of transfer (e.g. 10:30 AM)

Help

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9. What was/were the final diagnosis(es) that explained the failed pulse oximetry result at the time of the screen based on verbal communication with physician or advance practice nurse (APN) or noted from physician or APN documentation in the medical record (e.g. consult, physical assessment, progress notes).

Cardiac Defects

- AORTIC ARCH ATRESIA
- AORTIC ARCH HYPOPLASIA
- COARCTATION OF THE AORTA
- DOUBLE-OUTLET RIGHT VENTRICLE
- EBSTEIN ANOMALY
- HYPOPLASTIC LEFT HEART SYNDROME
- INTERRUPTED AORTIC ARCH
- PULMONARY ATRESIA, INTACT SEPTUM
- PULMONIC STENOSIS
- Single Ventricle
- TETROLOGY OF FALLOT
- TOTAL ANOMALOUS PULMONARY VENOUS RETURN
- TRANSPOSITION OF THE GREAT ARTERIES
- TRICUSPID ATRESIA
- TRUNCUS ARTERIOSUS
- VENTRICULAR SEPTAL DEFECT

**Please select the final cardiac defect diagnosis(es) that would explain the failed screen. Select as many as apply.**

Other Cardiac Defect(s)

**If the cardiac defect is not listed above, please type or describe in the free text box.**

http://mssg-bdr.rutgers.edu/pulse/19/add/ NJ Birth Defects Registry - P... x

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TRUNCUS ARTERIOSUS  
 VENTRICULAR SEPTAL DEFECT

Other Cardiac Defect(s)

NOT Cardiac defect, list specific condition

Comprehensive evaluation normal, explanation

Pending diagnosis  If Pending Diagnosis, please explain

**If not cardiac, what is the explanation for the failed pulse oximetry screen? Indicate the other condition or defect i.e. PPHN, meconium aspiration, pneumonia, diaphragmatic hernia etc. in the free text box.**

**If further evaluation after the failed pulse ox screen indicates the infant is normal, please describe in the free text box.**

Select **Next** to go to the Pulse Oximetry Results pages.

Next >

Browser tabs: http://mssg-bdr.rutgers.edu/pulse/19/add, atdhss - The Intranet for NJDO..., Outlook Web App, NJ Birth Defects Registry - P...

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# NJ Birth Defects Registry - Pulse Oximetry

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**Pending Items**

**Current File**  
Child Name: No child name entered. Unique ID: 19 File Type: BDR Only Date of Birth: Save

Pulse Oximetry **Result 1** Result 2 Result 3

< Previous

Screen Date (mm/dd/yyyy)

Screen Time (ex: 10:30 AM)

Reading 1

Location 1

Other Location 1

Reading 2

Location 2

Other Location 2

Right hand  
Left hand  
Right foot  
Left foot  
Other  
N/A

Enter **Date and Screen Time** in format shown.  
Enter **result of 1st screen**. Indicate **pulse ox reading and anatomical location of screen**.

Select **Save** in the top right corner to finish and go to the **Summary page**.

If Additional screens were done, select **Next** to enter results of **2<sup>nd</sup> and 3<sup>rd</sup> screens**.

Next >

http://mssg-bdr.rutgers.edu/pulse/1/edit/ NJ Birth Defects Registry - P... x

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## NJ Birth Defects Registry - Pulse Oximetry

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Pending Items

**Current File**  
Child Name: Test, Aire Unique ID: 19 File Type: BDR Only Date of Birth: Feb. 1, 2013 Save

Pulse Oximetry Result 1 **Result 2** Result 3

Screen Date (mm/dd/yyyy)

Screen Time (ex: 10:30 AM)

Reading 1

Location 1

Other Location 1

Reading 2

Location 2

Other Location 2

Enter pulse ox results in Result 2 and Result 3 tabs if additional screening was done.

Select **Save** in the top right corner to finish and go to the **Summary** page.

< Previous

Next >

http://mssg-bdr.rutgers.edu/pulse/1/ NJ Birth Defects Registry - P... x

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## NJ Birth Defects Registry - Pulse Oximetry Summary

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**Pulse Oximetry Summary Page for Aire Test - Unique ID:**

**Back to Child Summary will enable Viewing or Editing of the BDR Registration.**

**Click here to [Edit](#) the Pulse Ox Entry if necessary.**

[Back to Child Summary](#)

[Edit this Pulse Oximetry Entry](#)

### Pulse Oximetry Information

Out of State Resident:	No	Comments:	N/A
Final Diagnosis:	Unknown	Patient Location Other:	N/A
Time of Birth:	09:00 AM	Prenatal Congenital Heart Disease Type:	N/A
Patient Location:	Well Baby Nursery	Description:	N/A
Prenatal Congenital Heart Disease Diagnosis:	Unknown	Alternative Placed Description:	N/A
Cardiac Consult:	No		
Cardiac Consult or Echo Conducted:	No		
Mandated Routine Screen or Clinical History Response:	Mandated routine screen		
Alternative Placed Reason:	Unknown		
Asymptomatic:	Unknown		

**Cardio-respiratory symptoms**

Pallor: No

Tachypnea: No

Tachycardia: No

Respiratory Distress: No

Other: N/A

**Gastrointestinal symptoms**

Vomiting: No

Watery Stool: No

Diarrhea: No

Other: N/A

**Temperature instability**

Description: N/A

**Other Symptoms:**

Description: N/A