

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/>

NJ Birth Defects Registry

File Edit View Favorites Tools Help

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

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

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

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

Diagnosis Description:

failed pulse ox

Initial Comments:

Return Reason:

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)

Summary Page for Child Record Unique ID: 19

[View Registration Notes](#)
[Edit this Registration](#)
[Add Pulse Oximetry](#)
Child Record is currently in Draft status.

Revisions
No Revisions Yet
Currently viewing most recent revision.

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

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

Birthing Information

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

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

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

If 'Other', Describe

Mother-Infant Unit/Well Baby Nursery

NICU/Special Care Nursery

Other

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

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

If 'Other', Describe

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
Yes, specific type CHD known
Yes, but specific type CHD unknown
No, no prenatal diagnosis of CHD
Unknown

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

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
No
Unknown
Yes - Consult with echo ordered
Yes - Consult only ordered
Yes - Echo only ordered

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

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)?

Yes - Echo only ordered

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?

No

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.

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

No
No
Unknown
Yes - Consult with echo done
Yes - Consult only done
Yes - Echo only done
Yes - Echo ordered but not done

Mandated routine screen

If in response to symptoms or clinical history, 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.

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

Mandated routine screen
Mandated routine screen
Symptoms or clinical history
Unknown

If in response to symptoms or clinical history, describe

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.

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?

Unknown

If 'Yes', describe

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

Gastrointestinal symptoms

Vomiting Watery Stool Diarrhea

Other Symptoms, Describe

Temperature instability

Describe

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.

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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... X

Help 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)

s.edu/pulse/19/add/ NJ Birth Defects Registry - P... X

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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.

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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 >

http://mssg-bdr.rutgers.edu/pulse/19/add atdhss - The Intranet for NJDO... Outlook Web App NJ Birth Defects Registry - P... File Edit View Favorites Tools Help Google Search More > Sign In

NJ Birth Defects Registry - Pulse Oximetry

Home Create New Registration Search Reports Change Password Logout (Logged in as: Bdrtrain11)

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

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 2nd and 3rd screens. Next >

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

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NJ Birth Defects Registry - Pulse Oximetry

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

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

< Previous Next >

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**.**

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

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NJ Birth Defects Registry - Pulse Oximetry Summary

Pulse Oximetry Summary Page for Aire Test - Unique ID: 1

Pulse Oximetry Information

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

Description:	N/A
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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