



The following recommendations provide further specifications for implementation of CCHD screening in the NICU and do not contradict current guidance on the New Jersey Recommended Screening Algorithm.

Who to Screen:



- Infants admitted to the NICU are not exempt from CCHD screening including those:
 - with a prenatal suspicion or diagnosis of CHD
 - with an echocardiogram performed before the CCHD screening
 - being transferred at ≥ 24 hours after birth

When to Screen:



- Screen as early as possible at ≥ 24 hours
- At minimum, screen at 24-48 hours if medically appropriate
 - If not screened at 24-48 hours, screen as soon as possible when medically appropriate
 - Screen as soon as possible after weaning from respiratory support including:
 - Supplemental oxygen
 - Room air CPAP

What to Report:

- Screening results (up to 3 attempts) entered into VIP (Vital Information Platform)
 - For all failed screens, results reported to NJ Birth Defects Registry (NJBDR)
- Transfers ≥ 24 hours
 - At least 1 set of measurements entered into VIP and failing results reported to NJBDR
 - One set of measurements by sending facility is sufficient when additional attempts are not feasible
 - VIP record should be transferred to receiving hospital, where appropriate, so that additional screening results can be added to the record
- Transfers < 24 hours
 - While not included in the mandate, screening is recommended if feasible before transfer, especially if transferring out of state
 - If done, results entered into VIP and failing results reported to NJBDR
 - VIP record should be transferred to receiving hospital, where appropriate, so that additional screening results can be added to the record
- CCHD confirmed with echocardiogram
 - At least 1 set of measurements entered into VIP and failing results reported to NJBDR
 - One set of measurements is sufficient; no additional screening attempts needed

