Newborn oximetry screening

Obtain verbal consent
Time at 4–48 hours (usually at time of discharge check)
Right or left foot of a well appearing newborn
Infant settled not crying or feeding
Place oximeter probe on foot
Switch on oximeter, connect probe to oximeter
Wait minimum of 30 seconds, record a good trace

**O₂ saturation ≥95% and Normal newborn examination**

**O₂ saturation 90–94%**
Record temperature, HR, RR
Review by Paediatric team

**O₂ saturation <90% or unwell or Abnormal examination**
Check RR, HR, femoral pulses, temp and feeding

**O₂ saturation ≥95% and Normal newborn examination**

Normal examination

Abnormal examination

Repeat O₂ saturation in 3–5 hours
and Repeat check of femoral pulses

O₂ saturation ≥95% and normal femoral pulses

Screening passed
Document in medical record

O₂ saturation <95% or weak/absent femoral pulses

Paediatric team/PIPER to be contacted ASAP
– consultant to review

Admit to SCN /arrange for transfer.
Consider cardiac evaluation:
• Pre/post ductal saturations
• 4 limb BPs
• ECG
• CXR
• Septic screen

Cardiology referral for hypoxaemia not explained by other aetiologies (i.e. sepsis, respiratory)

*Examination includes:
• Respiratory rate
• Heart rate
• Femoral pulses
• Cardiac auscultation
• Pre and post ductal saturation assessment with acceptable 3% difference in readings
• Temperature
• Feeding assessment