Documentation: Sample Log for Positive Screening

PulseOximetryLog 11 10 11 FINAL

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Hospital:															
2	Location (e.g., NICU or Well Baby):			Result Test #1				Result Test #2				Result Test #3				Pass or Fail
3	Name and MRN	DOB	Time of Birth	Test Date	Test Time	RH O2	FOOT O2	Test Date	Test Time	RH O2	FOOT O2	Test Date	Test Time	RH O2	FOOT O2	
4	John Doe, 123456	10/10/2011	13:15	10/10/2011	15:22	96	94	10/10/2011	16:22	95	93	10/10/2011	17:22	94	93	FAIL
5																
6																
7																
8																
9	Documentation for Failed Screenings:															
10	Name and Medical Record #	Cardiac consult prior to screen		Prenatal CHD diagnosis		Cardiac Consult		Cardiac Consult Remarks		Transferred		Date transferred	Final diagnosis(es)			
11	John Doe, 123456	Yes		None		1/10/12		HLHS		DCH		1/10/12	HLHS			
12																
13																