

NSO Screening Evaluation Chart

		Pre-Ductal Saturation (RIGHT HAND)											
		100	99	98	97	96	95	94	93	92	91	90	≤ 89
Post-Ductal Saturation (EITHER Foot)	100	O	O	O	O	R	R	R	R	R	R	R	X
	99	O	O	O	O	O	R	R	R	R	R	R	X
	98	O	O	O	O	O	O	R	R	R	R	R	X
	97	O	O	O	O	O	O	O	R	R	R	R	X
	96	R	O	O	O	O	O	O	O	R	R	R	X
	95	R	R	O	O	O	O	O	O	O	R	R	X
	94	R	R	R	O	O	O	R	R	R	R	R	X
	93	R	R	R	R	O	O	R	R	R	R	R	X
	92	R	R	R	R	R	O	R	R	R	R	R	X
	91	R	R	R	R	R	R	R	R	R	R	R	X
	90	R	R	R	R	R	R	R	R	R	R	R	X
	≤ 89	X	X	X	X	X	X	X	X	X	X	X	X

O	PASS Screen Complete
R	REPEAT in One Hour (MAX 2 Repeats)
X	REFER Physician Assessment Required