NSO Screening Evaluation Chart

| | RIGHT Hand Pulse Oximetry Measu | | | | | | | | | urement | | | PASS | |
|--|---------------------------------|-----|----|----|----|----|----|----|----|---------|----|----|------|--------------|
| Measurement | | 100 | 99 | 98 | 97 | 96 | 95 | 94 | 93 | 92 | 91 | 90 | ≤89 | |
| | 100 | | | | | | | | | | | | | Screen |
| | 99 | | | | | | | | | | | | | complete |
| | 98 | | | | | | | | | | | | | |
| | 97 | | | | | | | | | | | | | REPEAT |
| etry | 96 | | | | | | | | | | | | | In 1 hr (max |
| Either Foot Pulse Oximetry Measurement | 95 | | | | | | | | | | | | | 2 repeats) |
| | 94 | | | | | | | | | | | | | . , |
| | 93 | | | | | | | | | | | | | REFER |
| | 92 | | | | | | | | | | | | | |
| | 91 | | | | | | | | | | | | | Physician |
| | 90 | | | | | | | | | | | | | assessment |
| | ≤89 | | | | | | | | | | | | | required |

Adapted from Utah Department of Public Health

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