Pt. Sticker
For babies discharged from NBN

Birth Date___________
Birth Time___________
24hr. due@___________

Type of probe used:  □ reusable  □ disposable  # of probes used ________________

<table>
<thead>
<tr>
<th>Placement</th>
<th>Initial reading</th>
<th>1st Repeat</th>
<th>2nd Repeat</th>
<th>MD Notified</th>
<th>ECHO</th>
<th>Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right hand</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RT/LT foot</td>
<td>no</td>
<td>no</td>
<td>no</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Orders Received  [ Check all that applied ]

_____ CBC
_____ Cultures : Blood : CSF : Other culture____________________
_____ Blood Pressures X 4
_____ CXR
_____ Oxygen Via NC, Blow By, Oxyhood, NCPAP, BMV, ETT, Ventilator
_____ Transfer to NICU Level 2 : NICU Level 3
_____ Transfer to TCH : Other Facility __________________________

Final diagnosis, if known: __________________________________________

Please place this sheet in TxpOP for CCHD screening Collection BOX.