CCHD Newborn Screening Knowledge Pre-Test

Nurses:
Thank you for participating in this pretest to assess baseline knowledge of screening for critical congenital heart disease. Your responses are confidential. Responses to knowledge pre- and post-tests from all participants will be compared and used to improve the educational program.

_____________________________________   _______________________
Your Name (please print)      Date

Hospital

Please circle the answer for each of the questions below. When complete, please return your form to the nurse educator leading the training. Thank you.

1) Critical congenital heart disease is the leading cause of death in infants < 1 year of age.
   a. True
   b. False

2) Among the following, which is NOT considered to be a critical congenital heart defect?
   a. Tetralogy of Fallot
   b. Tricuspid Atresia
   c. A large VSD
   d. Hypoplastic Left Heart Syndrome

3) Pulse oximetry screening for CCHD in the newborn is MOST reliable when performed at what age?
   a. 6 hours
   b. 12 hours
   c. 18 hours
   d. > 24 hours

4) Failing to detect CCHD while in the newborn nursery may lead to critical events such as cardiogenic shock or death at home.
   a. True
   b. False

5) Pulse oximetry screening in the newborn to detect CCHD is done by measuring pre and post-ductal room air oxygen saturations. If the pre-ductal O2 saturation is 94%, your NEXT step would be :
   a. Nothing, the baby has passed the screening.
   b. Consult Cardiology for ECHO
   c. Repeat the screen in one hour
   d. Perform 4 extremity BPs

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6) Which of the following is TRUE?
   e. Parents can be assured their baby does not have CCHD if the pulse oximetry screen is normal.
   f. A saturation of > 90% in room air is considered to be a normal pulse oximetry reading.
   g. To measure pre-ductal oxygen saturations, the pulse oximetry probe should be placed on the right hand.
   h. Normal 4 extremity blood pressures and a normal EKG rule-out the presence of CCHD in a newborn.

7) Which of the following statements about pulse oximetry is FALSE?
   a. Pulse oximetry is noninvasive and painless.
   b. Pulse oximetry results are more reliable if obtained when the baby is in a deep sleep.
   c. Post-ductal O2 saturations can be measured on either the right or left foot.
   d. After placing the pulse oximetry probe, it may take up to 90 seconds to get an accurate reading.

8) A baby with an oxygen saturation of 87% will always appear cyanotic to the “naked” human eye:
   a. True
   b. False

9) Pulse oximetry screening in the newborn to detect CCHD is done by measuring pre and post-ductal room air oxygen saturations. If the pre-ductal O2 saturation is 100% and the post-ductal is 95%, your NEXT step would be:
   a. Nothing, the baby has passed the screening.
   b. Notify the physician responsible for the baby’s care.
   c. Repeat the screen in one hour.
   d. Perform 4 extremity BPs.

10) Which of the following may cause low oxygen saturations in a baby being monitored by continuous pulse oximetry?
    a. Persistent pulmonary hypertension
    b. Pneumothorax
    c. Transient tachypnea of the newborn
    d. All of the above

PLEASE RETURN COMPLETED TEST TO TxPOP NURSE EDUCATOR

Texas Pulse Oximetry Project: A Joint Educational Initiative of The University of Texas Health Science Center at San Antonio/Department of Pediatrics, Baylor College of Medicine/Department of Pediatrics and Texas Department of State Health Services.