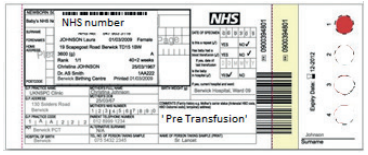
Screening calendar for all babies admitted to hospital

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			Day 0: Date of birth Take pre transfusion blood spot	**Day 1**	**Day 2**	**Day 3**
Day 4	**Day 5** Take 4 spot sample **ALL** babies must have a sample sent by day 8	**Day 6**	**Day 7**	**Day 8**	**Day 9**	**Day 10**
Day 11	**Day 12**	**Day 13**	**Day 14**	**Day 15**	**Day 16**	**Day 17**
Day 18	**Day 19**	**Day 20**	**Day 21**	**Day 22**	**Day 23**	**Day 24**
Day 25	**Day 26**	**Day 27**	**Day 28**	**Day 29**		

Pre-transfusion: Day 0-4 babies admitted to hospital <5 days. Mark card 'pre transfusion' in the comments box



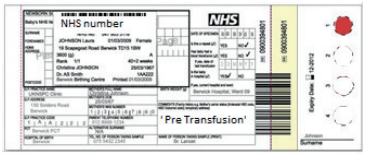
Day 5-8: Use a separate card for pre transfusion and day 5-8 sample.



Screening calendar for babies born at less than 32 weeks gestation

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			Day 0: Date of birth Take pre transfusion blood spot	**Day 1**	**Day 2**	**Day 3**
Day 4	**Day 5** Take 4 spot sample **ALL** babies must have a sample sent by day 8	**Day 6**	**Day 7**	**Day 8**	**Day 9**	**Day 10**
Day 11	**Day 12**	**Day 13**	**Day 14**	**Day 15**	**Day 16**	**Day 17**
Day 18	**Day 19**	**Day 20**	**Day 21**	**Day 22**	**Day 23**	**Day 24**
Day 25	**Day 26**	**Day 27**	**Day 28** Take 2 spot pre term sample as born at <32 weeks gestation	**Day 29**		

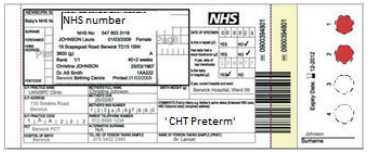
Pre-transfusion: Day 0-4 babies admitted to hospital <5 days. Mark card 'pre transfusion' in the comments box



Day 5-8: Use a separate screening card for each sample



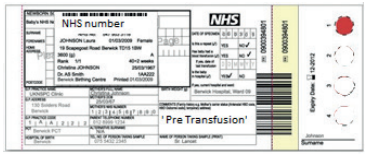
Day 28: If born <32 weeks gestation take a 2 spot sample at 28 days or day of discharge whichever is sooner and mark 'CHT preterm' in the comments box



Screening calendar example for babies who have been transfused

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			Day 0: Date of birth Take pre transfusion blood spot	**Day 1**	**Day 2**	**Day 3**
Day 4 Baby given red cells	**Day 5**	**Day 6** Baby given platelets	**Day 7**	**Day 8** Take 4 spot sample as **ALL** babies must have a sample sent by day 8	**Day 9**	**Day 10** Take repeat 4 spot sample as the baby is now a full 3 days post transfusion
Day 11	**Day 12**	**Day 13**	**Day 14**	**Day 15**	**Day 16**	**Day 17**
Day 18	**Day 19**	**Day 20**	**Day 21**	**Day 22**	**Day 23**	**Day 24**
Day 25	**Day 26**	**Day 27**	**Day 28**	**Day 29**		

Pre-transfusion: Day 0-4 babies admitted to hospital <5 days. Mark card 'pre transfusion' in the comments box



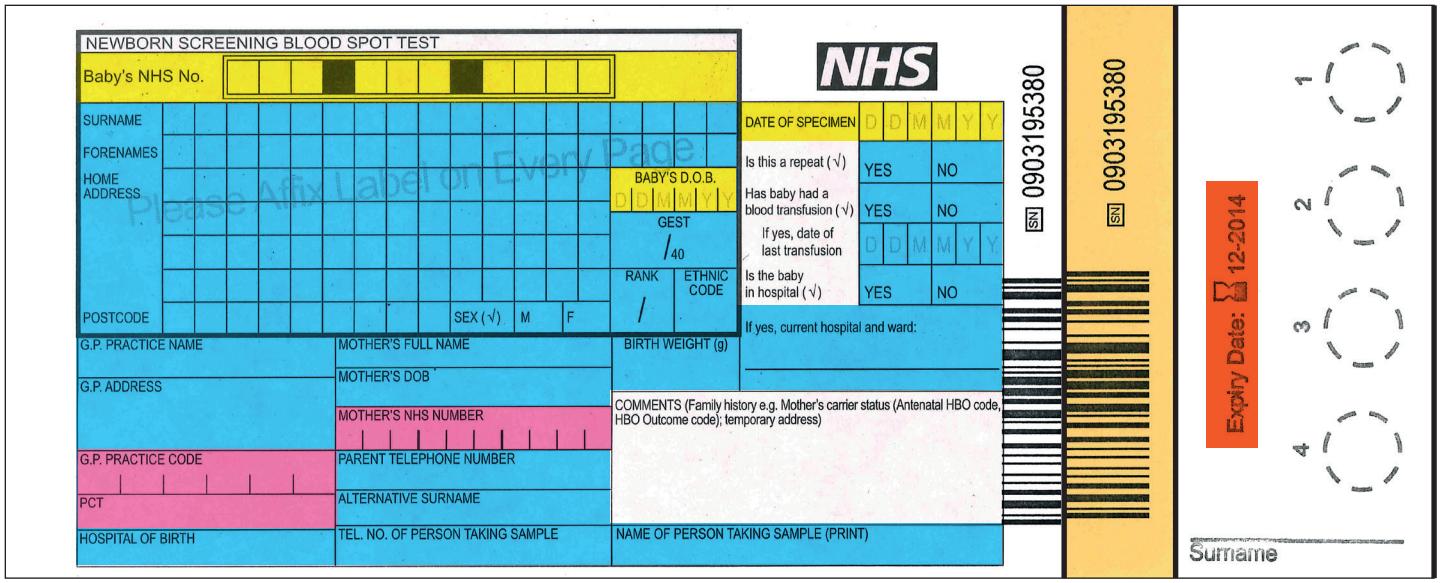
Day 5-8: use separate card for each sample, please include details of transfusions.



Repeat: Post transfusion



Newborn blood spot screening card information



Zero tolerance Info: NHS number, D.O.B, date of sample: If any of this information is not on the card or is incorrect it will be rejected and a repeat will be requested. It is the responsibility of the person completing the card to find this info so screening isn't delayed.

Routine Info: This information should be easily available for each patient, if any of this information is missing the card will not be rejected, but the labs will have to contact the ward to chase up the information. This could delay screening. Please include details of tranfusions, this info is essential to ensure accurate screening.

Non-essential info: Mums NHS number etc.
If this information is missing the card will still be screened so don't delay screening to obtain this information, but if you have it please include it.

Please check screening card expiry date.