METABOLIC SCREENING

A. POLICY

All newborns in Nova Scotia are required to receive metabolic screening (T4, PKU, MCAD and other metabolic disorders) prior to discharge from the Health Centre.

B. PURPOSE

To ensure all babies have Newborn Screening prior to discharge.

To comply with the policies of the Nova Scotia Metabolic Screening Program.

C. PROTOCOL or GUIDELINES

1. All newborns will have a newborn screening (T4, PKU, MCAD and other metabolic disorders) blotter specimen collected prior to discharge.

2. Newborn Screening requisitions for all infants are to be entered in the computer by a ward clerk for screening within 48 hours of age. Babies must be at least 16 hours of age to have the screening done. The ward clerk is to ensure the blotter number of the requisition form and patient room number is included while she/he enters the test in the computer.

3. Prior to discharge, the assigned nurse is to ensure the test has been completed by checking in the computer and is to record this on the Newborn Carepath (form # 600) as per the Newborn Carepath Documentation Policy # 4360.1

4. If a newborn is to be discharged prior to 16 hours of age, an initial screen is to be done and arrangements made with the parent(s) to return to the Health Centre for re-testing.
5. Should a newborn be discharged and the metabolic screening has not been done, the parent(s) must be contacted and directed to come back to the Health Centre to have the testing done.

6. The consent for metabolic screening is obtained in Birth Unit using the Women's and Newborn Health Consent for Newborn Care (form #6204). If a parent(s) declines to have screening done, the attending physician is to speak to the parent(s) to explain the risk to the child of not having it collected. If, after speaking with the physician, the parent(s) still decline to have the screening done, ensure the paragraph on the Newborn Consent form pertaining to metabolic screening is crossed off and initialed by the parent. The Newborn Screening Coordinator (470-7998) should be immediately informed of the refusal for screening.

D  SUPPLEMENTAL REFERENCES:

Dyack S. Expanded Newborn Screening: Lessons learned from MCAD deficiency. Paediatric Child Health 2004; 9:241-243

Blois B, Riddell C, Dooley K, Dyack S. Newborns with C8 acylcarnitine level over the 90th percentile have an increased frequency of the common A985G MCAD mutation. J Inherit Metabolic Disorders 2005; 28(4):551-6

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