

PROCEDURE FOR: Cystic Fibrosis (CF) Screening

- POLICY:**
1. Informed consent is required before blood sampling and testing for cystic fibrosis are done.
 - a. Informed consent is documented on form HCH-1404.
 2. Immunoreactive trypsinogen (IRT) concentrations of < 70 ng/ml will be reported as normal.
 3. Mutation analysis for cystic fibrosis will be done when the IRT \geq 70 ng/ml or when clinical signs or a family history of CF are present.
 - a. If the CF mutation panel is negative, the infant will be reported as normal unless the IRT level is very high (\geq 150 ng/ml).
 - b. If the CF mutation panel is positive, the primary care provider will be notified by a letter from the screening laboratory and by a telephone call from a CF center physician that sweat chloride testing is recommended.
 4. Whenever possible, the CF screen should be obtained prior to transfusion. Transfusion may affect the results of genetic testing.

DOCUMENTATION

1. Unit Office Assistant Responsibilities:
 - a. Complete all items on the test card "Newborn Screen for Cystic Fibrosis". Must be completed with ballpoint pen. The addressograph cannot be used.
 - 1) Primary care physician - write in: name of pediatrician for newborn admissions and admitting attending for NICU admissions.
 - 2) Office telephone for NICU admissions is 679-3105.
 - b. Write sample card # in unit log book. Use section labeled Newborn Screen #.
 - c. Place test card on patient clipboard with first Newborn Metabolic Screen card.
 - d. Write "Cystic Fibrosis Screen" in "OTHER" section of chemistry requisition. After the blood has dried, the specimen card will be accompanied by completed clinical chemistry requisition and sent to UConn Clinical Chemistry Lab.
2. RN Responsibilities:
 - a. Complete items on the test card that have not been completed by the office assistants.
 - 1) If there is a family history of CF - yes or no.
 - 2) If there are clinical signs of CF. Document "yes" if CF is differential diagnosis for large bowel obstruction.
 - 3) Write in collection date and name on the test card.

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4) Check the box indicating that consent to perform CF screening has been obtained. Write in the initials of the person verifying the consent.

b. Document drawing of the test specimen on the unit flowsheet.

PROCEDURE:

ACTION

POINTS OF EMPHASIS

1. Obtain sample at the same time as the initial metabolic screen. Specimen should be collected and dried in the same manner as metabolic testing sample is collected and dried.

1. a. Two circles on filter paper must be filled in. Total saturation of circles must be visible on both sides. Blood should contact the filter paper from the top down (printed side).

b. Universal precautions must be used during specimen collection and transport to the laboratory.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 2/91

REVISION DATES: 3/92, 7/93, 10/93, 2/95, 7/95, 1/00, 10/01, 5/04, 3/07

REVIEWED DATES: 12/08