

Universal Newborn Hearing Screening, Diagnosis, and Intervention

Patient Checklist for Pediatric Medical Home Providers

Patient Name: _____

Date of Birth: ____/____/____

Birth	Hospital-based Inpatient Screening Results (OAE/AABR) (also Home Births) DATE: ____/____/____
	Left ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^{a, c} <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^{a, c} <input type="checkbox"/> Pass
Before 1 month	Outpatient Screening Results (OAE/AABR) ____/____/____
	Left ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^{a, c} <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^{a, c} <input type="checkbox"/> Pass
Before 3 months	<input type="checkbox"/> Pediatric Audiologic Evaluation^b ____/____/____ <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Normal Hearing
	Documented child and family auditory history ____/____/____
	<input type="checkbox"/> Report to State EHDI Program results of diagnostic evaluation ____/____/____ <input type="checkbox"/> Refer to Early Intervention (IDEA, Part C) ____/____/____ <input type="checkbox"/> Medical & Otologic Evaluations to recommend treatment and provide clearance for hearing aid fitting ____/____/____ <input type="checkbox"/> Pediatric Audiologic hearing aid fitting and monitoring ____/____/____ <input type="checkbox"/> Advise family about assistive listening devices (hearing aids, cochlear implants, etc.) and communication options ____/____/____
Before 6 months	<input type="checkbox"/> Enrollment in Early Intervention (IDEA, Part C) ____/____/____ (transition to Part B at 3 years of age)
	Medical Evaluations to determine etiology and identify related conditions
	<input type="checkbox"/> Ophthalmologic (annually) ____/____/____ <input type="checkbox"/> Genetic ____/____/____ <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology (as needed) ____/____/____
	<input type="checkbox"/> Ongoing Pediatric Audiologic Services

Ongoing Care of All Infants^d

- Provide parents with information about hearing, speech, and language milestones
- Identify and aggressively treat middle ear disease
- Vision screening and referral as needed
- Ongoing developmental surveillance/referral
- Referrals to otolaryngology and genetics, as needed
- Risk indicators for late onset hearing loss:

 (refer for audiologic monitoring)

Service Provider Contact Information

Pediatric Audiologist:

Early Intervention Provider:

Other:

Other:

Other:

(a) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiologic Evaluation. Likewise, infants at higher risk for hearing loss, or loss to follow-up, also may be referred directly to Pediatric Audiologic Evaluation.

(b) Early Intervention (IDEA, Part C) may provide diagnostic audiologic evaluation services as part of Child Find activities.

(c) Infants who fail the screening in one or both ears should be referred for further screening or Pediatric Audiologic Evaluation.

(d) Includes infants whose parents refused initial or follow-up hearing screening.

OAE = Otoacoustic Emissions

AABR = Automated Auditory Brainstem Response

ABR = Auditory Brainstem Response

IDEA = Individuals with Disabilities Education Act

EHDI = Early Hearing Detection & Intervention

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