Office Visit

Objective screens scheduled at: Newborn, 4, 5, 6, 8, 10, 12, 15 and 18 years

Visit with scheduled objective screen?

Visit with scheduled objective screen?

1. Tympanometry and
2. OAE or...
3. Audiometry

Screen Results?

Abnormal
- Referral to audiology and speech evaluation

Risk Present

Risk Assessment (See Table 3 on back)

Normal

Risk Present

Ongoing risk (CMV or other high risk dx)?

Yes

Normal

Evaluation Results?

Abnormal

Family History

Stop

Schedule early return (approx. 6 months)

No risk

Normal

Yes

Otolaryngology
Genetics
Ophthalmology
Speech referral for dx testing

Pediatric Hearing Loss Detection, Documentation, Intervention Tool
Adapted from AAP Pediatrics Vol 124, Number 4, Oct 2009
Risk Assessment

(Adapted from the AAP Joint Committee on Infant Hearing Year 2007 Position Statement: Risk Indicators Associated with Permanent Congenital, Delayed-Onset, and/or Progressive Hearing Loss in Childhood)

1. Caregiver concern\(^a\) regarding hearing, speech, language, or developmental delay.
2. Family history\(^a\) of permanent childhood hearing loss
3. Neonatal intensive care of more than 5 days or any of the following regardless of length of stay: ECMO, assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix), and hyperbilirubinemia that requires exchange transfusion.
4. In utero infections such as CMV\(^a\), herpes, rubella, syphilis, and toxoplasmosis.
5. Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies.
6. Physical findings, such as white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss.
7. Syndromes associated with hearing loss or progressive or late-onset hearing \(^a\), such as neurofibromatosis, osteopetrosis, and Usher syndrome; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson.
8. Neurodegenerative disorders\(^a\), such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome.
9. Culture-positive postnatal infections associated with sensorineural hearing loss\(^a\), including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis.
10. Head trauma, especially basal skull/temporal bone fracture that requires hospitalization.
11. Chemotherapy\(^a\)
12. Recurrent or persistent otitis media for at least 3 months.

Risk indicators that are marked with \(^a\) are of greater concern for delayed onset hearing loss.

ECMO indicates extracorporeal membrane oxygenation; CMV, cytomegalovirus.

Commission for Children with Special Health Care Needs
Early Hearing Detection and Intervention Program
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