

# 1-3-6 NEWBORN HEARING SCREENING CHECKLIST

Patient Name: \_\_\_\_\_ Patient DOB: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

<b>1 INITIAL SCREENING</b> <i>(by no later than 1 month of age)</i>		
Has the child had a newborn hearing screening?	<b>Yes</b>	<b>No</b> ⇨ Schedule initial screening
Did you obtain the test results from the screening hospital or state EHDI program?	<b>Yes</b>	<b>No</b> ⇨ Contact the hospital or state EHDI program
Are the results recorded in the patient's chart?	<b>Yes</b>	<b>No</b> ⇨ Record test results in patient chart
Did the child pass the newborn hearing screening?	<b>Yes</b>	<b>No</b> ⇨ Schedule rescreening appointment
Have the results been reported to the state EHDI program?	<b>Yes</b>	<b>No</b> ⇨ Confirm results have been reported to state EHDI program within 48 hours of receiving them
Have results been discussed with family?	<b>Yes</b>	<b>No</b> ⇨ <input type="checkbox"/> For a child who passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child who did not pass, discuss the need for follow-up and assist in arranging a rescreening
Has a rescreening occurred (if the initial screen resulted in "did not pass" or if otherwise necessary)?	<b>Yes</b>	<b>No</b> ⇨ Schedule rescreening appointment
<b>RESCREENING</b> <i>(by no later than 1 month of age)</i>		
Where will the rescreening be performed? ✓ If hospital/outpatient center, when is the rescreening appointment? ✓ If conducted in office: • Determine what screening equipment was used at the hospital. • Follow the AAP office rescreening guidelines.	<input type="checkbox"/> Hospital: _____ <input type="checkbox"/> Office <input type="checkbox"/> Other (specify): _____	Location: _____ Date: _____
Did the child pass the rescreening?	<b>Yes</b>	<b>No</b> ⇨ Send child to audiologist with pediatric expertise for diagnostic evaluation.
Are the results recorded in the patient chart?	<b>Yes</b>	<b>No</b> ⇨ Record results in patient chart.
Have the results been discussed with the family?	<b>Yes</b>	<b>No</b> ⇨ <input type="checkbox"/> For a child who passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child who did not pass, discuss the need for follow-up and assist in arranging an audiologic evaluation
Have the results been reported?	<b>Yes</b>	<b>No</b> ⇨ Confirm results have been reported to state EHDI program within 48 hours of receipt

<b>3 DIAGNOSTIC EVALUATION</b> <i>(by no later than 3 months of age)</i>		
If the child did not pass the rescreening, was he/she referred to an audiologist with expertise in pediatrics?	<b>Yes</b> Provider: _____ Date of Visit: _____	<b>No</b> ⇒ Refer to audiologist with expertise in pediatrics
Were the results of the diagnostic test normal?	<b>Yes</b>	<b>No</b> ⇒ Discuss early intervention (EI) and need for comprehensive plan
Have the results been discussed with the family?	<b>Yes</b>	<b>No</b> ⇒ <input type="checkbox"/> For a child who passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child who did not pass, discuss EI and need for comprehensive plan
Have the results been reported?	<b>Yes</b>	<b>No</b> ⇒ Confirm results have been reported back to state EHDI program within 48 hours of receipt
<b>6 EARLY INTERVENTION</b> <i>(by no later than 6 months of age)</i>		
If the child was diagnosed with a hearing loss, was he/she referred for early intervention and multidisciplinary evaluation?	<b>Yes</b> Date of visit: _____	<b>No</b> ⇒ Provide referral for EI, ophthalmology, and otolaryngology and offer referral for genetics
<b>ONGOING SURVEILLANCE AND SCREENING</b>		
Continue to perform ongoing surveillance and screening for late-onset hearing loss, particularly children with risk factors.		

\*JCIH Risk Factors



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## Early Hearing Detection & Intervention Program

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