



# Hearing Screening in the PICU



**WHO:** Infants readmitted in their first month of life

**WHAT:** Repeat hearing screening before discharge, if *any* **risk factor** for late-onset or progressive hearing loss is present

## RISK FACTORS FOR LATER ONSET HEARING LOSS (\*JCIH) and Idaho recommendations for timing of audiologic follow-up

### CLASS A (HIGHER RISK):

Refer for Dx by 3 months of age

- In-utero infections (CMV, herpes, rubella, toxoplasmosis, syphilis)
- Culture-positive postnatal infection (meningitis)
- Diagnosed syndromes associated with hearing loss
- Craniofacial or temporal bone anomalies
- ECMO
- Head Trauma
- Hyperbilirubinemia requiring exchange transfusion

### CLASS B (HIGH RISK):

Refer for Dx by 9 months of age

- Family HX of permanent childhood hearing loss
- NICU stay is greater than 5 days
- Any amount of mechanical ventilation
- Any amount of ototoxic exposure (mycin, diuretics)
- Caregiver concern

### 1. INITIATE Referral Form-

- contact information
- signature
- all risk factors

### 2. SCREEN both ears

(no more than twice each)

### 3. NOTE screening results on form

### 4. INFORM parents and PCP of:

- risks
- screening results
- recommended follow-up

### 5. Recommended follow-up

#### SCREENING REFER:

Audiologic testing by 3 months of age.

#### SCREENING PASS:

See Class A and B Risk Factors for recommended timing of Audiologic follow-up

**IDAHO SOUND BEGINNINGS (ISB)**  
Early Hearing Detection and Intervention  
Department of Health and Welfare, Infant/Toddler Program

FAX TO (208) 332-7331  
Within 5 days

Complete Form for All: Refers  Risks  Transfers\*  Missed  or Incomplete

Birth Hospital: \_\_\_\_\_

(\*Transfers only) Receiving Hospital: \_\_\_\_\_ [Please Press Firmly]

Within 5 days of screening or discharge—Distribute copies to: Audiologist - White, ISB - Gold, Hospital - Pink, Parent - Green, Physician - Yellow

Send to: Idaho Sound Beginnings-EHDI, PO Box 83720, Boise, ID 83720-9815 or Fax: (208) 332-7331

**1. BABY'S INFORMATION:**  
Baby's Med Record #: \_\_\_\_\_  
Baby's Name: Last \_\_\_\_\_ First \_\_\_\_\_  
DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  
Nursery:  Well Baby  NICU/Special Care  
Baby's Primary Physician/Clinic: \_\_\_\_\_  
Mother's name: \_\_\_\_\_

**2. CONTACT INFORMATION:**  
Parent/Guardian: Last \_\_\_\_\_ First \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Main Phone: \_\_\_\_\_ Text?   
Alternate Phone/Contact: \_\_\_\_\_  
Email/Other contact: \_\_\_\_\_

**3. HEARING SCREEN RESULTS:**  
For LATER-ONSET CHILDHOOD HEARING LOSS:  
First Screen: R  Pass  Refer  No Result  
L  Pass  Refer  No Result  
Date: \_\_\_\_\_  
Second Screen: R  Pass  Refer  No Result  
L  Pass  Refer  No Result

**4. RISK ASSESSMENT (check all that apply)**  
For LATER-ONSET CHILDHOOD HEARING LOSS:  
 Family History of Permanent Hearing Loss <18 yrs of age  
 NICU stay >5 days  
 Syndrome Associated with HL (e.g. Downs)  
 Congenital Infection (e.g. T-O-R-C-H)  
 Postnatal Infection (e.g. Meningitis)  
 Craniofacial Anomalies  
 Ototoxic Medications - any amount  
 Mechanical Ventilation - any amount  
 Parent or Physician Concern  
 Head Trauma \_\_\_\_\_ Other \_\_\_\_\_  
(monitoring through age 3 is recommended for most risk factors)

Nursing/screening staff will inform you of the final results of the baby's hearing screen and give you a copy of these results. If your baby passes testing or follow-up for risks, you will be given an appointment and/or follow-up information. If you have questions please contact Idaho's Early Hearing Program, Idaho Sound Beginnings, at (208) 334-0829. Financial Assistance for diagnostic testing may be available.

Your baby referred on the hearing screen. Diagnostic testing needs to be completed before baby is 3 months old. If baby is not hearing all the sounds necessary for speech and language development, early identification can minimize any communication delays.  
Audiologist: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Appt. date/time: \_\_\_\_\_

Your baby is at risk for later-onset childhood hearing loss. Diagnostic testing at approximately 9 months of age is recommended for most risk factors. A Pediatric Audiologist can advise on the appropriate monitoring schedule for your baby.

I have been informed of my baby's hearing screen results and of the need for diagnostic audiology (hearing) testing before the age of 3 months (if baby did not pass) to determine if a hearing loss is present. If baby passed the hearing screen, but risk factors are present (see above), hearing testing is recommended at approximately 9 months of age. (American Academy of Pediatrics (AAP) Guidelines)

I hereby give permission to the staff of the above-named hospital/screening site to release medical information necessary to complete an audiology evaluation for my child to the listed audiologist/clinician (or the audiologist of my choice) and physician. I also give permission to the hospital and audiologist/clinician, and Idaho Sound Beginnings to share the results of the hearing screening and diagnostic audiology evaluations with the above-named physician, the Idaho Infant-Toddler Program, Idaho School for the Deaf and Blind, and Idaho Hands & Voices. I understand that the information will only be used to ensure that appropriate and timely medical, educational, and audiology services are made available to my child.

Hearing screening results are reported to Idaho Sound Beginnings—Idaho's Early Hearing Detection & Intervention Program and are not shared with the above listed entities or any other outside entities without parent/guardian consent.

I have had the opportunity to read this clinic's Notice of Privacy Practices. I understand that this information will not be shared with unauthorized individuals. This authorization expires 36 months from the date signed.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_ 8/2012

## NEXT STEPS:

(Screening and Referral Form Completed)

FAX completed referral forms to: 208-332-7331

(Idaho Sound Beginnings/ Early Hearing Program) Questions?

Phone: 208-334-0829

Email:

[IdahoSoundBeginnings@dhw.idaho.gov](mailto:IdahoSoundBeginnings@dhw.idaho.gov)

Provide parents with a copy of the referral form with documented results. Encourage parents to contact Idaho Sound Beginnings for a list of Pediatric Audiologists in their area, information on financial assistance for Audiologic Testing, questions concerning appropriate follow-up recommendations, or to speak with a parent consultant.

#### References:

- Cone-Wesson, B., Vohr, B.R., Slinger, Y.S., Wilson, J.E., Folsomm R.C., Gorga, M.P., & Norton, S.J. (2000). Identification of neonatal hearing impairment, Infants with hearing loss. *Ear and Hearing*, 21, 488-507.
- Fligor BJ, Neault MW, Mullen CH, Feldman HA, Jones DT. Factors associated with sensorineural hearing loss among survivors of extracorporeal membrane oxygenation therapy. *Pediatrics* 2005; 115(6):1519-1528.
- \*Joint Committee on Infant Hearing. Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. *Pediatrics*. 2007; 120(4):898-921. doi: 10.1542/peds.2007-2333.
- Van Piper, Lori A.; Kileny, Paul R. ABR Hearing Screening for High-Risk Infants. *American Journal of Otology*. 20(4):516-521, July 1999.

