

1-3-6 NEWBORN HEARING SCREENING CHECKLIST

Patient Name: _____ Patient DOB: _____ Date of Visit: _____

1 INITIAL SCREENING (by no later than 1 month of age)

Has the child had a newborn hearing screening?	Yes	No ⇒	Schedule initial screening
Did you obtain the test results from the screening hospital or state EHDI program?	Yes	No ⇒	Contact the hospital or state EHDI program
Are the results recorded in the patient's chart?	Yes	No ⇒	Record test results in patient chart
Did the child pass the newborn hearing screening?	Yes	No ⇒	Schedule rescreening appointment
Have the results been reported to the state EHDI program?	Yes	No ⇒	Confirm results have been reported to state EHDI program within 48 hours of receiving them
Have results been discussed with family?	Yes	No ⇒	<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)?	Yes	No ⇒	Schedule rescreening appointment

RESCREENING (by no later than 1 month of age)

Where will the rescreening be performed?	<input type="checkbox"/> Hospital <input type="checkbox"/> Office <input type="checkbox"/> Other (specify): _____ Location: _____ Date: _____		
✓ If hospital/outpatient center, when is the rescreening appointment? ✓ If conducted in office: <ul style="list-style-type: none"> Determine what screening equipment was used at the hospital. Follow the AAP office rescreening guidelines. 			
Did the child pass the rescreening?	Yes	No ⇒	Send child to audiologist with pediatric expertise for diagnostic evaluation.
Are the results recorded in the patient chart?	Yes	No ⇒	Record results in patient chart.
Have the results been discussed with the family?	Yes	No ⇒	<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?	Yes	No ⇒	Confirm results have been reported to state EHDI program within 48 hours of receipt

3 DIAGNOSTIC EVALUATION (by no later than 3 months of age)

If the child did not pass the rescreening, was he/she referred to an audiologist with expertise in pediatric?	Yes Provider: _____ Date of Visit: _____	No ⇒	Refer to audiologist with expertise in pediatrics
Were the results of the diagnostic test normal?	Yes	No ⇒	Discuss early intervention (EI) and need for comprehensive plan
Have the results been discussed with the family?	Yes	No ⇒	<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?	Yes	No ⇒	Confirm results have been reported back to state EHDI program within 48 hours of receipt

6 EARLY INTERVENTION (by no later than 6 months of age)

If the child was diagnosed with a hearing loss, was he/she referred for early intervention and multidisciplinary evaluation?	Yes Date of visit: _____	No ⇒	Provide referral for EI, ophthalmology, and otolaryngology and offer referral for genetic testing
--	-----------------------------	------	---

ONGOING SURVEILLANCE AND SCREENING

Continue to perform ongoing surveillance and screening for late-onset hearing loss, particularly children with risk factors.

*JC IH Risk Factors