

Infant Referral, 0-4 months

Potential diagnostic ABR

Infant name: _____ DOB: _____

Mother's name at time of birth: _____

First test date: _____ Result: _____

Second test date: _____ Result: _____

City of birth: _____ Hospital: _____

Pediatrician: _____ Phone: _____

City of residence: _____

Health history: _____

Timeline, urgency and other details: _____

Date of phone call: _____ Initials _____



Northern Hearing Services, Inc. | 4200 Lake Otis Parkway, Suite 302 | Anchorage, Alaska 99508
(907) 561-1326 | fax. (907) 561-2865

Patient Name: _____

Patient DOB: _____

Parental Questionnaire for Parents of Babies who Refer on Their

Newborn Hearing Screening at Alaska Regional, Mat-Su Regional or Providence Hospital

1. Did you receive the results of your newborns hearing screening? Yes/No
2. If you received the results, how were they given to you? Verbally/Written/Both?
3. Did you understand the written results? Yes/No
4. Did you understand the verbal results? Yes/No
5. Was your follow up appointment at Northern Hearing scheduled by the hospital? Yes/No



the sound choice

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Audiology Infant Referral Tracking

Referring Hospital: _____

Patient: _____ D.O.B.: _____

Date Audiologist received referral: _____ Date of Scheduling: _____

Audiologist schedule 2 appts initially: Yes/No Date of Appts: Consult _____ ABR _____

Date Audiologist Called to Confirm Appt: _____

Pre appt instructions given at confirmation call: YES/NO

Circle all that apply: Left Message Not a valid number No Answer Spoke with _____

Confirmed 2 telephone numbers in sycle and patient chart: YES / No (circle one)

Called both numbers: YES/NO (circle one)

Present at Appt: YES / No (circle one)

Hearing DX: _____



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Patient Name: _____

DOB: _____

Date Seen: _____

Audiologist: _____

Pediatrician: _____

Summary of Pediatric Hearing Evaluation

Today you met with an audiologist to determine the hearing status of your child.

Results of today's testing indicate:

- ☐ Normal hearing
- ☐ Hearing loss
- ☐ Hearing loss could not be ruled out
- ☐ Need for monitoring

Recommendations:

- ☐ Further Testing, your next appointment is: _____
- ☐ Infant Learning Program Referral
- ☐ Ophthalmology Evaluation
- ☐ ENT Evaluation
- ☐ Consult with Audiologist regarding amplification and communication options
- ☐ Follow up with physician
- ☐ Consult with Parent Navigator
- ☐ Genetics Evaluation
- ☐ No further action needed

Notes:

Infant Hearing Loss Checklist

<input type="checkbox"/> Diagnostic OAE's, Tympanometry, & Reflexes <input type="checkbox"/> EHDI Database Updated
<input type="checkbox"/> Natural Sleep ABR <input type="checkbox"/> Tympanometry <input type="checkbox"/> ENT Referral <input type="checkbox"/> ILP Referral Faxed <input type="checkbox"/> Report to PCP/Medical Home & ENT <input type="checkbox"/> Report to family <input type="checkbox"/> Parent provided written info. on communication options <input type="checkbox"/> Advised family of Parent Navigation Program <input type="checkbox"/> EHDI Database Updated
<input type="checkbox"/> If Medicaid/Tricare: P.A. written/submitted <input type="checkbox"/> Medical Clearance <input type="checkbox"/> Oticon Loaner Bank /State Loaner Program (if necessary) <input type="checkbox"/> EM Impressions/EMs ordered/Hearing aid fit scheduled
<input type="checkbox"/> Hearing aid fit / Real ear measures performed/RECD <input type="checkbox"/> Follow up in 2 weeks
<input type="checkbox"/> 3 month Check Up <input type="checkbox"/> New EM's made/Real ear re-measured
<input type="checkbox"/> 6 month Behavioral Test <input type="checkbox"/> New EM's made/Real ear re-measured
<input type="checkbox"/> Ophthalmologist Referral by 9 months of age <input type="checkbox"/> Genetics Referral <input type="checkbox"/> Re-Evaluate at 9 months of age <input type="checkbox"/> New EM's made/Real ear re-measured
<input type="checkbox"/> Re-Evaluate at 12 months of age <input type="checkbox"/> New EM's made/Real ear re-measured

YOUR BABY'S HEARING TESTS

What to expect if your baby needs more hearing testing after referring from a hearing screening

If your baby refers (does not pass) on his/her newborn hearing screening, further testing is needed to rule out hearing loss. There are special tests that can tell if your baby has hearing loss. These are some of the special tests your baby may need:

- **TYMPANOMETRY:** Tympanometry gives information about the outer and middle ear. A small, soft ear plug is held in the ear canal and sends a sound into the ear. Tympanometry helps to tell if there is any fluid behind the ear drum or if the ear canal is blocked.
- **OTOACOUSTIC EMISSIONS (OAE):** OAE's are sounds from the inner ear. The sound is measured with a tiny, soft insert placed in baby's ear. If OAE's are present, there is probably no blockage of the ear and the outer hair cells of the inner ear are working. If OAE's are absent, then more testing will need to be performed.
- **AUDITORY BRAINSTEM RESPONSE AUDIOMETRY** *((also called ABR or a BAER test):* This test is used to determine if your baby has a hearing loss and the type of hearing loss. The ABR looks at brain waves and how they react or change when sound is put in the ear. For this test the audiologist places sensors (little electrodes on sticky tape) on your baby's head. Then sounds are sent to baby's ears through soft ear inserts in baby's ear (like headphones used for an IPOD). The sensors measure brain waves produced when the sounds are heard. The volume of the sounds change and the sensors record if the brainwaves pick up the different volume of sounds from loud, medium and soft sounds. Your baby needs to be sleeping for this test.

THE ABR TEST

When your baby needs further testing to determine if there is a hearing loss, the ABR will be performed. This test takes 2 or more hours to complete. **Your baby must be sleeping for this test.** For newborns and infants 3 months or younger, he/she can be tested while sleeping naturally. For older infants and children this test may require that they be sedated at the hospital to perform this test.

This test typically takes **2 to 2 ½ hours** to complete so plan your day accordingly.

HOW TO PREPARE YOUR BABY FOR THE ABR

Your baby **MUST** be able to sleep for at least 2 hours for this test!! Please follow these instructions very carefully.

- ◆ Do not use lotions or powder on your baby's head the day of the test. Sticky sensors have to be placed on the head. If there is lotion or powder on the skin, the sensors will not stick and the appointment will have to be rescheduled.
- ◆ Keep baby awake 2-3 hours before the test. Do not let your baby take a nap. Feed your baby lightly but not completely.
- ◆ Your baby needs to come to the test being very tired, cranky and hungry!!
- ◆ Do not let your baby sleep in the car on the way to the test. Bring a friend or family member along to keep baby awake.
- ◆ Bring an extra bottle, pacifier, or swaddling blanket if your baby is soothed by these.
- ◆ When you arrive at the appointment you will be seated in a comfortable recliner holding baby. It's ok if your baby is crying, tired and hungry! The sensors will be placed on your baby's forehead and behind each ear after lightly wiping each spot with a cleaning gel.
- ◆ Then your baby can be fed and rocked to sleep. After your baby is asleep the test can begin. The better prepared the baby is for this test, the sooner the test can begin.
- ◆ Dress in layers.

PREPARING OLDER BABIES (2 ½-3 months or older): These babies must be woken up from their routine sleep and kept awake at least 2-3 hours prior to the test. These babies are more alert and have difficulty falling to sleep easily in the office.

Parent/Caregiver Preparation: The testing is performed in a quiet, dim room. You are welcome to bring a book to read. In the winter months bring a book light to use. Please do not plan to use your cell phones or I-PODs as they can cause electrical interference.

PLEASE DO NOT BRING OTHER CHILDREN TO THE APPOINTMENT! We do not provide child care services and you will not be able to manage the other children while keeping baby sleeping during the testing.

RESULTS MAY BE AVAILABLE IMMEDIATELY AFTER THE ABR TEST: Typically, there will need to be another appointment scheduled after the ABR test to discuss the results in more detail and answer any questions or concerns. At that time, plans will be discussed to determine the next step if your baby is diagnosed with hearing loss.

******There still will be a fee for the testing even if baby will not go to sleep. As much information as possible will be gathered at the appointment but if baby is fussy and will not settle down the appointment will be rescheduled********

Table 1: Types of Testing

Name of test	How is the test used?
Auditory Brainstem Response (ABR)	<ul style="list-style-type: none"> • For children of all ages • Uses a computer to record responses to sound from the hearing pathways in the brainstem
Otoacoustic Emissions (OAE)	<ul style="list-style-type: none"> • For children of all ages • Uses a probe in the ear canal and a computer to record response to sound from the organ of hearing (cochlea)
Tympanometry	<ul style="list-style-type: none"> • For children of all ages • Uses a probe in the ear canal to record movement of the eardrum • Can detect problems such as fluid in the middle ear or a hole in the eardrum
Acoustic Reflexes	<ul style="list-style-type: none"> • For children of all ages • Uses a probe in the ear canal to record movement of the eardrum when a muscle in the middle ear contracts to loud noise
Visual Reinforcement Audiometry (VRA)	<ul style="list-style-type: none"> • For children ages 6 months to 2.5 years • Testing done in the test booth • Looking for child to turn his/her head to the sound
Conditioned Play Audiometry	<ul style="list-style-type: none"> • For children 2.5 years to 5 years • Testing is done in the test booth • The child is trained to place a block in a bucket when the sound is heard

Universal Newborn Hearing Screening, Diagnosis, and Intervention Learning about Hearing Loss -- A Family's Checklist

Child's Name: _____
Child's Date of Birth: ____/____/____

Birth

Before 1 Month

Before 3 Months

Before 6 Months

Checkups with Health Care Provider 2-4 days 1 mo. 2 mos. 4 mos. 6 mos.

☐ Hospital Birth:
Newborn Hearing Screen

Date: ____/____/____

Screening Results

Left Ear Right Ear

☐ Fail ☐
☐ Pass ☐
☐ Not screened (missed) ☐

☐ Outpatient Hearing
Screen (or Rescreen)

Date: ____/____/____

Screening Results

Left Ear Right Ear

☐ Fail ☐
☐ Pass ☐

Be sure your doctor gets the results.
If your baby does not pass the screening on both ears, or was not screened, schedule an Outpatient Screen (or evaluation by a Pediatric Audiologist [Hearing Specialist]).

Be sure your doctor gets the results. If your baby does not pass the screening on both ears, make an appointment to see a Pediatric Audiologist [Hearing Specialist].

☐ Home Birth:

Contact _____
to schedule a hearing screening

Service Provider Contact Information

Health Care Provider:

Pediatric Audiologist:

Early Intervention Provider:

Family Support Group:

Other:

☐ Evaluation by Pediatric Audiologist^{1,2}
(Hearing Specialist) with experience testing children 0 - 2 years of age.
(Babies over 4 mos. old may need sedation.)
Be sure your doctor gets the results.

Date: ____/____/____

Test Results

Left Ear Right Ear

☐ Normal hearing ☐
☐ Hearing loss ☐

☐ Visit www.babyhearing.org

If a baby has a HEARING LOSS, the next steps are:

☐ Evaluation by an ENT¹ (Ear, Nose and Throat doctor)
Place: _____
Date: ____/____/____

☐ Hearing aid fitting and monitoring by a Pediatric Audiologist, if needed, including information on loaner hearing aids

☐ Learn about assistive listening devices (FM systems, cochlear implants, etc.) and communication options

☐ Contact family support groups

☐ Enroll in early intervention program that has experience serving children with hearing loss

Place: _____

Date: ____/____/____

☐ Regular visits to a Pediatric Audiologist

Evaluations:

☐ Ophthalmologist¹ (eye specialist) every year
Place: _____
Date: ____/____/____

☐ Genetic Specialist¹
Place: _____
Date: ____/____/____

☐ Other Medical Specialists¹ (heart, kidneys, etc.) as needed
Place: _____
Date: ____/____/____

¹You will usually need a referral from your doctor to see these specialists

²Many services may be available at no cost; contact your state Early Hearing Detection and Intervention (EHDI) program coordinator at 1-866-H-HEAR (4327) or visit www.hearandnow.org

