**NEWBORN HEARING SCREENING CHECKLIST**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Patient DOB:</th>
<th>Date of Visit:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the child had a newborn hearing screening?</td>
<td></td>
<td></td>
<td>Schedule initial screening</td>
</tr>
<tr>
<td>Did you obtain the test results from the screening hospital or state EHDI program?</td>
<td></td>
<td></td>
<td>Contact the hospital or state EHDI program</td>
</tr>
<tr>
<td>Are the results recording in the patient’s chart?</td>
<td></td>
<td></td>
<td>Record test results in patient chart</td>
</tr>
<tr>
<td>Did the child pass the newborn hearing screening?</td>
<td></td>
<td></td>
<td>Schedule rescreen appointment</td>
</tr>
<tr>
<td>Have the results been reported to the state EHDI program?</td>
<td></td>
<td></td>
<td>Confirm results have been reported to state EHDI program within 48 hours of receiving them.</td>
</tr>
<tr>
<td>Has a rescreening occurred (if the initial screening resulted in ‘did not pass’ or if otherwise necessary)?</td>
<td></td>
<td></td>
<td>Schedule rescreen appointment</td>
</tr>
</tbody>
</table>

### RESCREENING (by no later than 1 month of age)

<table>
<thead>
<tr>
<th>Where will the rescreening be performed?</th>
<th></th>
<th></th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes Hospital:</td>
<td></td>
<td></td>
<td>Send child to audiologist with pediatric expertise for diagnostic evaluation.</td>
</tr>
<tr>
<td>Office</td>
<td></td>
<td></td>
<td>Record results in patient chart.</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td>For a child that passed, stress the importance of ongoing surveillance and risk factors.</td>
</tr>
<tr>
<td>Location:</td>
<td></td>
<td></td>
<td>For a child that did not pass, discuss the need for follow-up and assist in arranging a rescreening</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the child pass the rescreening?  
Are the results recorded in the patient chart?  
Have the results been discussed with the family?  
Have the results been reported?

### 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 pediatrics?  
Provider:  
Date of Visit:  
Were the results of the diagnostic test normal?  
Have the results been discussed with the family?  
Have the results been reported?

### 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?  
Date of visit:  
Provide early intervention referral and ophthalmology, and ENT, offer genetics

### ONGOING SURVEILLANCE AND SCREENING

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

*JCIH Risk Factors*