

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 recording in the patient's chart?	Yes	No ⇨	Record test results in patient chart
Did the child pass the newborn hearing screening?	Yes	No ⇨	Schedule rescreen 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 that passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child that 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 rescreen 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): _____		
✓ 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. 	Location: _____ Date: _____		
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 that passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child that did not pass, discuss the need for follow-up and assist in arranging an audiological 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 pediatrics?	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 that passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child that 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 multi-disciplinary evaluation?	Yes	Date of visit: _____		No ⇨ Provide early intervention referral and ophthalmology, and ENT, offer genetics
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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

