

1. A letter shall be sent by the ADPH as confirmation of screening results and the need to follow-up with diagnostic audiological and medical evaluation.
  2. If hearing loss is confirmed, hearing aids shall be fit according to the following guidelines:
    - By six months of age for infants.
    - As soon as possible for all other infants/children with confirmed hearing loss.
    - Based on type, degree and etiology (if known) of hearing loss.
  3. Tracking and data management of infants/children who fail the outpatient hearing screening will be performed by the ADPH.
- C. Refer infant/child to “Child Find” for possible eligibility in Alabama’s Early Intervention System (AEIS) at 1-800-543-3098 due to existing hearing loss.

**RECOMMENDED DIAGNOSTIC AUDIOLOGICAL ASSESSMENT PROTOCOL FOR INFANTS/CHILDREN**

Infants/children who meet the defined referral criteria listed under the previous section will be referred for comprehensive audiologic assessment and specialty medical evaluation to confirm the presence of hearing loss and to determine type, nature, options for treatment, and (whenever possible) etiology of the hearing loss (Joint Committee on Infant Hearing Screening Position Statement, 2000).

The audiological test procedures indicated below are age-specific and are recommended for use with infants/children and are consistent with protocols recommended by the Joint Committee on Infant Hearing. A battery of audiological tests is suggested as no single procedure has sufficient reliability to stand alone. Parents/primary caretaker(s) should be present and participate in the administration of all assessment procedures.

**Age of Child**

0-6 Months

**Audiological Procedures**

\*Child and family case history/Parent observation report.

\*Otoscopic examination.

\*Acoustic immittance: tympanometry, physical volume, and acoustic reflexes (Using a higher probe tone, i.e., 1000Hz).

\*Otoacoustic emissions—distortion product and/or transient evoked emissions.

\*Auditory brainstem response—click and tone bursts (500 and 4000Hz) stimuli by air and bone conduction.

\*Behavioral observation audiometry (BOA)/Visual reinforcement

Audiometry (VRA) depending on the child's developmental age.

6 Months – 2 Years

\*Child and family case history/Parent observation report.

\*Otoscope examination.

\*Acoustic immittance: tympanometry, physical volume, and acoustic reflexes.

\*Otoacoustic emissions—distortion product and/or transient evoked emissions—for continued monitoring of cochlear function.

\*Auditory brainstem response—click and tone bursts (500 and 4000Hz) stimuli by air and bone conduction—may still need to be used to monitor individual ear thresholds if reliable individual ear results cannot be obtained, especially in the presence of an asymmetric hearing loss.

\*Behavioral observation audiometry (BOA)/Visual reinforcement audiometry (VRA) depending on the child's developmental age.

2 Years – 5 Years

\*Child and family case history/Parent observation report.

\*Otoscope examination.

\*Acoustic immittance: tympanometry, physical volume, and acoustic reflexes.

\*Conditioned Play Audiometry—to include pure tones from 250-8000Hz by air conduction and 250-4000Hz by bone conduction, speech awareness and/or

reception thresholds if possible.

\*Otoacoustic emissions—distortion product and/or transient evoked emissions—for continued monitoring of cochlear function.

5 + Years

\*Child and family case history/Parent observation report.

\*Otoscope examination.

\*Acoustic immittance: tympanometry, physical volume, and acoustic reflexes.

\*Standard audiometry— to include air and bone conduction, speech reception thresholds and speech/word recognition.

\*Otoacoustic emissions— for continued monitoring of cochlear function.

**RECOMMENDED MEDICAL PROTOCOL FOR INFANTS/CHILDREN WITH  
CONFIRMED HEARING LOSS**

1. Primary Medical Care Provider
  - A. Activities
    1. Initiates and supervises evaluation and referral process.
    2. Referral sources include ENT and/or Otology, Genetics, Audiologists and Therapists.
  - B. Notification sent to parents/primary caretaker(s) and the ADPS Newborn Hearing Screening Coordinator.
  - C. Important Historical Factors
    1. Exposure to ototoxic medications.
    2. Significant complications during pregnancy.
    3. Immunization to Rubella.
    4. Syphilis screening.