FOLLOW-UP FOR CONFIRMED HEARING LOSS IN INFANTS/CHILDREN

The following should be completed by six months of age for infants and as soon as possible for all other infants/children with confirmed hearing loss (See Appendix D, Pediatric Amplification Guidelines).

1. If a bilateral/unilateral sensorineural or permanent hearing loss of 30dB* or greater in the better ear is detected, refer the infant/child to an ENT/Otologist for an examination and medical clearance. (See Recommended Medical Protocol included previously in this document).

   ***The Year 2000 Joint Committee on Infant Hearing Screening Position Statement recognized hearing loss as being "permanent bilateral or unilateral, sensory or conductive hearing loss, averaging 30 to 40dB or more in the frequency region important for speech recognition (approximately 500 through 4000Hz)."**

2. If significant air/bone gaps are present or if other evidence of middle ear disease is seen, i.e., click-evoked ABR is normal, but OAE results are abnormal, refer the patient to an ENT/Otologist for evaluation and treatment. Repeat the diagnostic evaluation following medical treatment.

3. If results indicate a mixed hearing loss, refer the infant to an ENT/Otologist for evaluation, treatment, and medical clearance as necessary. Begin the process of fitting amplification if appropriate and repeat the diagnostic evaluation following medical treatment.

4. If the ABR threshold is significantly elevated or the morphology is abnormal (i.e., prolonged interpeak latencies) and OAE results are normal, refer the infant to an ENT/Otologist for evaluation of possible retrocochlear dysfunction (auditory neuropathy). Repeat the diagnostic evaluation to monitor neuromaturation.

5. If a unilateral hearing loss is detected with normal hearing sensitivity in the "good" ear, provide the family with information regarding the effects of unilateral hearing loss on auditory, speech, and language skills, as well as the importance of hearing conservation for the "good" ear. Continued audiologic monitoring of the child's hearing and speech/language development is recommended every six months until the age of three and every year thereafter until age five. Also, consider amplification options and refer the infant/child to an ENT/Otologist for evaluation, treatment, and medical clearance, if appropriate.