    - Review of prior testing, i.e., Auditory Brainstem Response (ABR) and Otoacoustic Emission (OAE) results.

- Evaluation:
    - Infectious diseases: cytomegalovirus, rubella, syphilis, toxoplasmosis.
    - Urinalysis.
    - Ophthalmologic examination.
    - Computed Tomography (CT) high resolution of temporal bones.
    - Auditory Brainstem Response for threshold (if not previously done).
    - Otoacoustic Emissions (if not previously done).
    - Medical clearance for amplification and referral.
- Referrals:
    - Genetics.
    - Audiology assessment (see Guideline IV: Recommended Protocol for Infant Audiologic Assessment).
    - Regional Colorado Hearing Resource (CO-Hear) Coordinator (Appendix 6).
    - Early intervention, if not currently being provided.

Genetic Evaluation

- History:
    - Pregnancy.
    - Family pedigree.
    - Developmental.
- Physical Examination:
    - General pediatric examination.
    - Careful dysmorphologic examination.

- Neurologic/developmental evaluation.

- Diagnostic Tests:

  - Hearing tests on first-degree relatives (parents and siblings).

  - Ophthalmologic examination by six months of age.

  - Toxoplasmosis, herpes, rubella, or cytomegalovirus specific Immunoglobulin G and Immunoglobulin M if under six months.

  - All other laboratory tests depend upon clinical evaluation and history but may include the following:

    - Chromosomes (if dysmorphic).
    - Electrocardiograph (EKG).
    - Skeletal survey if there is short stature or disproportional growth.
    - Evaluation of other systems: renal, cardiac, skin.
    - CT or MRI of brain, if neurologically abnormal.
    - Specialized genetic studies: molecular, gene testing, etc.

Ophthalmology Evaluation

Following the diagnosis of confirmed congenital hearing loss, evaluation by a pediatric ophthalmologist is indicated. Yearly re-evaluation by the ophthalmologist is also recommended.