

# Florida Newborn Screening Metabolic Specimen Collection Card Hearing Screening Section Instructions

## HEARING SCREENING

### DATE

Mark the date of the most recent hearing screen performed in a mm/dd/yy format.

## HEARING SCREENING

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| M | M | D | D | Y | Y |
|---|---|---|---|---|---|

DATE

## LEFT EAR

PASS     REFER

OAE     ABR

## RIGHT EAR

PASS     REFER

OAE     ABR

## OAE/ABR

Darken the circle for the test method used for the most recent hearing screen. Example: If the baby is tested using an OAE and then is tested using an ABR, mark ABR. There may be different methods of testing for each ear. IF AN OAE AND ABR ARE BOTH PERFORMED, MARK THE LAST TESTING METHOD ONLY.

## HEARING RISK STATUS

Darken the circle of any risk factor present. While NICU is considered a risk factor, NICU status is indicated elsewhere on the card. Select “PPHN” if the patient has persistent pulmonary hypertension associated with mechanical ventilation. Select “ECMO” if the patient has a condition that required use of extracorporeal membrane oxygenation. Select “Family History” if the patient has a sibling, parent, aunt, uncle, grandparent or first cousin with permanent hearing loss that was diagnosed in childhood. Select “Exchange Transfusion...” if the patient had a transfusion to treat Hyperbilirubinemia.

## HEARING RISK STATUS

(Darken all circles that apply)

- ECMO
- PPHN
- FAMILY HISTORY
- BIRTH WEIGHT <1500 GRAMS
- EXCHANGE TRANSFUSION FOR HYPERBILIRUBINEMIA

## HEARING NOT SCREENED BEFORE DISCHARGE DUE TO:

(Darken all circles that apply)

- BABY EXPIRED     MISSED
- BIRTH DEFECT     FACILITY TRANSFER
- NOT YET SCREENED (NICU)
- PARENT/GUARDIAN REFUSED

## PASS/REFER

Darken the circle for the result of the most recent hearing screen performed. **Complete information for both the right and left ears.**

## HEARING NOT SCREENED BEFORE DISCHARGE DUE TO

If the hearing screen was not performed **prior to discharge**, darken the circle for the reason it was not performed. If the screening was not done due to broken equipment, choose “MISSED”. It is not appropriate to darken “NOT YET SCREENED (NICU)” if the baby is/was not in the NICU.

If an ear malformation prevents testing, do not select “Birth Defect” as a not screened reason. Rather, mark the result as refer for the corresponding ear(s).

## WHEN TO LEAVE HEARING SECTION BLANK

Oftentimes, the card needs to be sent to the lab prior to the hearing screening being performed or prior to the hearing screening information being recorded on the card. In this case, leave the entire hearing screening section blank and enter the hearing screening information in eReports™.