Risk Monitoring for Later Onset Hearing Loss in Young Children Following Infant Hearing Screening

Risk Factor	Risk Factor Class	Recommended Follow Up	Monitoring
Baby Did Not Pass Newborn Screen	High	Diagnostic evaluation before 3 months Consider CMV testing	Monitoring per diagnosis (Consult your audiologist)
Baby Passed Newborn Screen	Risk Factor Class Dependent		
	Higher Risk		
In utero infection (CMV, herpes, toxoplasmosis, rubella, syphilis)	High – Class A	Diagnostic evaluation including ABR by 3 months	For CMV, evaluate q3 months to 18 months of age and yearly until school age
Culture positive postnatal meningitis	High –Class A	Diagnostic evaluation including ABR and MRI by1 month	Cochlear implant ASAP before cochlear ossification! Evaluate q 3 months to I year, @18 months and yearly to school age
Syndrome or physical finding associated with hearing loss	High –Class A	Diagnostic evaluation including ABR by 3 months	According to natural history of syndrome
Craniofacial/ temporal bone anomalies	High –Class A	Diagnostic evaluation including ABR by 3 months	Evaluate q3-6months to 12-18 months and yearly to school age
ECMO	High –Class A	Diagnostic evaluation including ABR by 3 months	Evaluate q3-6 month to 18 months and yearly to school age
Head trauma, especially basilar or temporal fracture	High –Class A	Diagnostic evaluation including ABR by 3 months	Evaluate q3 to 6 months to 12-18 months and yearly to school age
Hyperbilirubinemia requiring exchange	High –Class A	Diagnostic evaluation including ABR by 3 months	Evaluate q3 to 6 months 12-18 months and yearly to school age
	Moderate Risk		
Family History of childhood hearing loss	Class B	Diagnostic evaluation with ABR by 1 year-schedule appointment @9 months	According to natural history of syndrome
NICU stay>5 days	Class B	Diagnostic evaluation with ABR by 1 year-schedule appointment @9 months	Evaluate again in a year
Ototoxic exposure (aminoglycin, loop	Class B	Diagnostic evaluation 7 months after last	Routine follow up

diuretics) any amount		dose (may not need ABR unless other risk factors)	
Mechanical ventilation any amount	Class B	Diagnostic evaluation by 1 year-schedule appointment @9 months	Routine follow up

After JCIH 2007 and Idaho Protocol

Notes:

The table assumes that each baby who did not pass in the hospital was rescreened (both ears) before one month of age and still did not pass.

The suggested monitoring plan assumes that the recommended follow up was done and that the results of those evaluations were normal. Clearly appropriate further evaluation/ intervention is needed for any abnormal test results. Your audiologist can advise you on appropriate further evaluation.

The table only shows a general outline of suggested follow up. Each baby and each family is unique. The follow up / monitoring plan may need to be adjusted to accommodate other medical issues, family culture, the language environment in the home (?ASL) and preferences. No table can replace the clinical judgment of the family's primary care pediatrician.

Only about half of children with significant early hearing loss have any recognizable risk factors. Hearing and language milestones should be monitored in all children. Evaluation is always indicated for care- giver concerns. Hearing and language milestones should be monitored in all children.

All NICU babies should have been screened with ABR.

In addition to the risk factors listed in the table, evaluation is indicated for children who received chemotherapy, especially with platinum compounds.

Babies with multiple class B risk factors (NICU, ototoxic meds, and mechanical ventilation) should also be reevaluated in a year.