



Risk Factors for Hearing Loss Requiring Surveillance

Babies with one or more of following risk factors require hearing surveillance as part of the Universal Newborn Hearing Screening and Early Intervention Programme. This form is to be completed by medical, nursing or midwifery staff to enable newborn hearing screeners to make audiology referrals, or in the case of jaundice, to be re-screened.

Baby's sticker can be put here:

Baby's name

Baby's NHI DOB.....

LMCs and Midwives' please fill in the top 3 questions post birth

YES NO

1. Does the baby have cranio-facial anomalies, including those involving the pinna, ear canal, cleft palate? (excluding ear pits and tags or cleft lip in isolation). <i>Note: if the baby has atresia or significant facial malformation they will not be screened automatically.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the baby have a confirmed or suspected syndrome related to hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the baby have a proven congenital infection due to toxoplasmosis, rubella or CMV?	<input type="checkbox"/>	<input type="checkbox"/>
Comments		
Form completed by (full name)		
Name:		Date:
Signature:		Designation:

Complete the following questions for babies admitted to the Neonatal Unit or Paediatrics not previously screened or admitted post screening for treatment of jaundice

YES NO

4. Has the baby been ventilated using IPPV or HFV for more than 5 days, or Nitric or ECMO for any length of time? (CPAP excluded)	<input type="checkbox"/>	<input type="checkbox"/>
5. Has the baby had severe asphyxia (Sarnat stage 2/3, cooled)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the baby had a brain haemorrhage (Grade 4+ post haemorrhagic hydrocephalus?)	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the baby been exposed to ototoxic medications at above therapeutic levels? (Paediatrician discretion – levels monitored after third course, refer only if outside of therapeutic range).	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the baby had severe neonatal jaundice at or above exchange transfusion level? (once resolved, notify UNHSEIP screening staff in your DHB for re-screening up to 3 months of age)	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the baby have confirmed or strongly suspected meningitis /meningoencephalitis?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has the baby received head/brain trauma (especially basal skull/temporal bone fracture)?	<input type="checkbox"/>	<input type="checkbox"/>
Form completed by (full name)		
Name:		Date:
Signature:		Designation:

[CLICK HERE TO EMAIL FORM TO CDHB UNHSEIP](#) OR fax to 364 4005 (internal 85005)

RESET FORM