Universal Newborn Hearing Screening and Early Intervention Programme

# 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 name.....

Baby's NHI. ..... DOB.....

| | YES |
|---|---|
| 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) *Note: if the baby has atresia or significant facial malformation they will not be screened automatically* | ☐ |
| 2. Does the baby have a confirmed or suspected syndrome related to hearing loss? | ☐ |
| 3. Does the baby have a proven congenital infection due to toxoplasmosis, rubella or CMV? | ☐ |
| 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) | ☐ |
| 5. Has the baby had severe asphyxia (Sarnat stage 2/3, cooled)? | ☐ |
| 6. Has the baby had a brain haemorrhage (Grade 4+ post haemorrhagic hydrocephalus)? | ☐ |
| 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). | ☐ |
| 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) | ☐ |
| 9. Does the baby have confirmed or strongly suspected meningitis /meningoencephalitis? | ☐ |
| 10. Has the baby received head/brain trauma (especially basal skull/temporal bone fracture)? | ☐ |

Form completed by (full name)……

Position .....

Date.....