

Risk Factor	Special Considerations	Initial Evaluation	Follow-Up
Parental Concern	Any parent concern regarding hearing status	Immediate referral	According to findings and/or continued concerns
Speech or Developmental Delays	Any concern regarding speech-language or hearing status	Immediate referral	According to findings or continued concerns, or annually with speech services
Cytomegalovirus (CMV) or Zika (Congenital)	Confirmed Diagnosis of baby	If pass NHS, full evaluation by 3 mos of age	Every 3-6 months for the first year of life, then every 6 months until age 3, then annually until 6 years of age
Cleft Lip/Palate		If pass NHS, full evaluation by 3 mos of age	Based on audiological evaluation & physical findings
Atresia/Microtia	Child should not be screened in affected ear	Schedule full evaluation for as soon after discharge as possible	Based on audiological evaluation & physical findings
Extracorporeal Membrane Oxygenation (ECMO)		Full evaluation upon discharge, no later than 3 months after actual occurrence	Annually until school age, or at any time there are caregiver or audiologist /pediatrician concerns
Culture positive infections associated with SNHL (meningitis/encephalitis)	Confirmed or Suspected (Viral and/or Bacterial)	Full evaluation upon discharge, no later than 3 months after actual occurrence	Annually until school age, or at any time there are caregiver or audiologist /pediatrician concerns
Refer Newborn Hearing Screening (NHS)		Full evaluation including Auditory Brainstem Response (ABR) by 3 months of age	Every 3-6 months if confirmed hearing loss
Chemotherapy	Full audiological evaluation pre-chemotherapy	Per oncology protocol; no later than 3 months after actual occurrence	Per oncology protocol
Head Trauma	Penetrating or blunt force trauma to the head or ear, or barotrauma to the ear	Full evaluation upon discharge, no later than 3 months after actual occurrence	According to findings or continued concerns

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Family History of PCHL (Permanent Childhood Hearing Loss)	1 st or 2 nd degree relative with permanent hearing loss in childhood (under age 18).	If pass NHS, full evaluation no later than 9 mos. of age	Based on etiology of hearing loss and caregiver concern
Syndromes associated w/ Hearing Loss (Confirmed or Suspected)	Syndromic Hearing Loss - The American Academy of Audiology Syndromic Hearing Loss Hereditary Hearing Loss Homepage	If pass NHS, full evaluation by 9 months of age	According to natural history of syndrome, caregiver or audiologist/pediatrician concern
Ototoxic Medication	Loop diuretics (furosemide), gentamycin, vancomycin, streptomycin, cisplatin, carboplatin— up to 5 days duration total (not consecutive)	If pass NHS, full evaluation no later than 9 mos. of age	Per concerns re: speech/language/hearing milestones; start w/ tympanograms and OAE's if previous tests were normal
Elevated Bilirubin	>= 18 mg/dl or exchange transfusion	If pass NHS by AABR, full evaluation by 9 months of age	Per concerns re: speech/language/hearing milestones
Craniofacial Anomalies (excluding isolated ear pits or tags)	Congenital microcephaly, ear canal, temporal bone	If pass NHS, full evaluation by 9 months of age	Per concerns re: speech/language/hearing milestones
In Utero Infection	Confirmed Diagnosis of baby after birth including Herpes, Rubella, Syphilis, Toxoplasmosis	If pass NHS, full evaluation by 9 months of age	Per concerns re: speech/language/hearing milestones
NICU Stay	Greater than 5 days for any reason	If pass NHS by AABR, full evaluation by 9 months of age	Per concerns re: speech/language/hearing milestones
Other Severe Medical Conditions	Including Persistent Newborn Pulmonary Hypertension (PPHN), Hydrocephalus, Perinatal Asphyxia; Hypoxic Ischemic Encephalopathy	If pass NHS, full evaluation by 9 months of age	Per concerns re: speech/language/hearing milestones