PEDIATRIC MIDDLE-EAR/HEARING SCREENING FORM

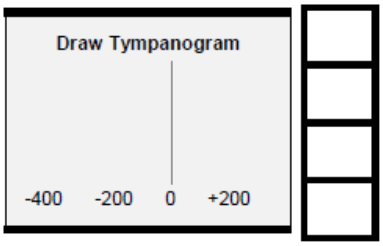
NAME_____ SEX_____ BIRTHDATE_____ DATE_____

MOTHER'S NAME_____

SCREENER_____ TITLE_____ COUNTY_____

INSTRUCTIONS FOR MIDDLE-EAR SCREENING: For each ear, draw the tympanogram and record the type, canal volume, admittance peak, and pressure peak in the appropriate boxes according to screening results. See flowchart on reverse of this page.

RIGHT EAR



Type

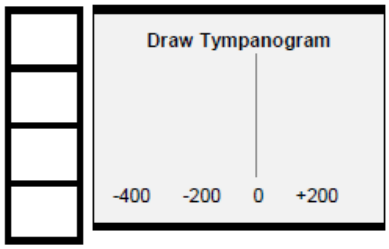
Canal Volume

Admittance Peak

Pressure Peak

Otoscopy? Yes No

LEFT EAR



INSTRUCTIONS FOR PURE TONE SCREENING: Present a 20dB HL signal at each screening frequency. Not responding to the 20 dB tone at any frequency in either ear shall constitute a does not pass. Record a "+" (plus) for "pass" or "-" (minus) for "does not pass" in the appropriate boxes.

	1000 Hz	2000 Hz	4000 Hz
RIGHT			
LEFT			

INSTRUCTIONS FOR PHYSIOLOGIC SCREENING: Refer to the specific OSDH protocol for the technology used. Check the type(s) of physiologic screening employed. Indicate screening results for each ear. Record a "+" (plus) for "pass" or "-" (minus) for "does not pass" in the appropriate box.

Type of screening: ABR ☐ RIGHT EAR ☐ LEFT EAR ☐

OAE ☐ RIGHT EAR ☐ LEFT EAR ☐

SCREENING RESULTS: Pass ☐ Does Not Pass ☐

RECOMMENDATIONS: Audiologic Referral ☐ PCP Referral ☐

Re-Check in 4-6 Weeks ☐ Other (specify) ☐

Pass newborn Hearing Screening? Y N Risk Factors:_____

History of ear infections? Y N

P.E. Tubes? Y N If Yes, When? _____

COMMENTS :_____

_____

_____

MIDDLE-EAR / HEARING SCREENING PROTOCOL

WITHOUT OTOSCOPIC EXAMINATION

(PHNs and PNPs should refer to Practice Guidelines/Approved Orders: Middle Ear Dysfunction)

1. Canal vol.: 0.2-1.8 mmho
   AND
2. Admit. peak: 0.3-1.8 mmho
   AND
3. Press. peak:
   +100 thru -190 daPa
   AND
4. Pass pure tone, VRA or physiologic screen

PASS

1. Canal vol.: Less than 0.2 mmho
   OR
2. Canal vol.: Greater than 1.8 mmho and no hx of ventilation tubes
   OR
3. Admit. peak: Less than 0.3 mmho **and** not pass pure tone, VRA or physiologic screening*
   OR
4. Presence of drainage/blood

IMMEDIATE REFERRAL PCP

All conditions present that are not specifically noted in the PASS or the IMMEDIATE REFERRAL TO PCP categories and including a pressure measure greater than 200 daPa (in children) constitute an "at-risk ear".

n.b.: *A negative pressure peak (outside normal range) on three consecutive occasions warrants medical consultation.*

RECHECK IN 4-6 WEEKS

SECOND SCREENING

NOT PASS
pure tone, VRA or physiologic screening
BUT
PASS middle-ear screening

AUDIOLOGIC REFERRAL

Type A- normal middle ear compliance and pressure
As-low compliance
Ad-hyper-compliant

Type B- no peak, suggests middle ear pathology, possible fluid

Type C- negative pressure, Eustachian Tube Dysfunction

*NOTE: IF THE CHILD IS TOO YOUNG TO TEST USING PURE TONE SCREENING AND VRA OR PHYSIOLOGIC SCREENING IS NOT AVAILABLE, THE COMBINATION OF AN ADMITTANCE PEAK OF LESS THAN 0.3 MMHO AND A HISTORY OF MIDDLE EAR EPISODES IN THE LAST SIX MONTHS IS A BASIS FOR AN IMMEDIATE REFERRAL TO A PNP OR A PHYSICIAN.