



DT9271

## HEARING SCREENING

### Québec Newborn Hearing Screening Program (PQDSN)

Screening center	Date (year, month, day)	Number of weeks of gestation weeks      days	Age at screening (specify "corrected" if applicable)
------------------	-------------------------	---	--

#### RISK FACTORS FOR HEARING LOSS

No risk factor(s) for hearing loss identified

Risk factor(s) for hearing loss identified:

- |   |  |
|---|--|
| <input type="radio"/> Family history of hearing loss        | <input type="radio"/> Very low birth weight: < 1,500 g     |
| <input type="radio"/> Congenital TORCH infection            | <input type="radio"/> Prematurity: < 29 weeks of gestation |
| <input type="radio"/> Craniofacial anomaly                  | <input type="radio"/> Respiratory disorders                |
| <input type="radio"/> Syndrome associated with hearing loss | <input type="radio"/> Neurological disorders               |
| <input type="radio"/> Hyperbilirubinemia                    | <input type="radio"/> Excessive doses of ototoxic drugs    |

Risk factor(s) requiring a comprehensive audiological evaluation:

- Confirmed bacterial or viral meningitis
- Anotia, microtia, atresia
- Extended stay in the neonate ICU (reached the corrected age of 3 months)

#### HEARING SCREENING TEST RESULTS AND RECOMMENDATIONS

<b>Left ear</b> <input type="checkbox"/> Passed <input type="checkbox"/> Repeat <input type="checkbox"/> Incomplete	<b>Right ear</b> <input type="checkbox"/> Passed <input type="checkbox"/> Repeat <input type="checkbox"/> Incomplete
--	---

**PASSED SCREENING TEST**

*Hearing probably normal.  
Progressive or delayed-onset hearing loss cannot be excluded.*

End of PQDSN participation. Age-appropriate parental and medical monitoring of expected auditory and language behaviors remains essential.

Risk factor(s) for progressive or late onset hearing loss identified:

Referred for audiological surveillance at \_\_\_\_\_ months (corrected age).

The parents are responsible to contact their hospital \_\_\_\_\_ to schedule an appointment.

Referred for audiological surveillance at 3 months (corrected age).

The diagnostic confirmation center: \_\_\_\_\_ will contact the parents to schedule an appointment.

**REFERRED FOR OUT-PATIENT SCREENING**

**Expected results not obtained during the stay.** Possible reasons: temporary (fluid or debris in the ear) or permanent (hearing loss).

**No screening conducted during the stay.** The newborn left before the screening test(s) could be conducted.

Scheduled appointment (screening center)

Date: \_\_\_\_\_ Year    Month    Day      Time: \_\_\_\_\_

The screening center will contact the parents to schedule the appointment.

**REFERRED TO THE DIAGNOSTIC CONFIRMATION CENTER**

**Screening failed:** A comprehensive audiological evaluation is required (does not necessarily mean the baby has a permanent hearing loss).

**Screening not done:** Risk factor(s) for hearing loss identified requiring a comprehensive audiological evaluation.

The diagnostic confirmation center: \_\_\_\_\_ will contact the parents to schedule an appointment.

**PQDSN PARTICIPATION ENDED DUE TO:**

Newborn deceased

Parent's withdrawal of consent during the protocol

Newborn under palliative care

<b>Name and signature</b>	Name (in block letters)	Signature
---------------------------	-------------------------	-----------