



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)
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#### RISK FACTORS FOR HEARING LOSS

No risk factor(s) for hearing loss identified

Risk factor(s) for hearing loss identified:

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|---|--|
| <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
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**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
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