



DT9273

Quebec Newborn Hearing Screening Program
LIST OF RISK FACTORS FOR HEARING LOSS

The physician or the nurse verifies if the newborn has a risk factor(s) for hearing loss.
A signature and a date are required if different persons identify the presence of different risk factors for hearing loss.

NO RISK FACTOR(S) FOR HEARING LOSS IDENTIFIED

Risk factor(s) for hearing loss identified	Indicators	Signature and date
<input type="checkbox"/> Family history of hearing loss	<input type="checkbox"/> Hearing loss in a parent, brother/sister <input type="checkbox"/> Hearing loss in an uncle/aunt, cousin, grandparent	
<input type="checkbox"/> Congenital TORCH infection	<input type="checkbox"/> Cytomegalovirus (suspected or confirmed) <input type="checkbox"/> Toxoplasmosis, rubella, syphilis (suspected or confirmed)	
<input type="checkbox"/> Obvious craniofacial anomaly	<input type="checkbox"/> Preauricular appendix (Ear tag) <input type="checkbox"/> Preauricular sinus (Ear pit) <input type="checkbox"/> Low-lying ear <input type="checkbox"/> Dysmorphism <input type="checkbox"/> Microcephaly <input type="checkbox"/> Cleft palate <input type="checkbox"/> Pierre Robin sequence	
<input type="checkbox"/> Syndrome associated with hearing loss	<input type="checkbox"/> Syndrome known or suspected at birth	
<input type="checkbox"/> Hyperbilirubinemia	<input type="checkbox"/> Unconjugated bilirubin level $\geq 400 \mu\text{mol/L}$ <input type="checkbox"/> Exchange transfusion	
<input type="checkbox"/> Very low birth weight	<input type="checkbox"/> Birth weight $< 1500 \text{ g}$	
<input type="checkbox"/> Prematurity	<input type="checkbox"/> Gestational age < 29 weeks' gestation	
<input type="checkbox"/> Respiratory disorders	<input type="checkbox"/> Prolonged mechanical ventilation (> 5 days) <input type="checkbox"/> Inhalation of nitrous oxide <input type="checkbox"/> High-frequency oxygenation <input type="checkbox"/> JET ventilation (no minimum duration) <input type="checkbox"/> Congenital diaphragmatic hernia <input type="checkbox"/> Extracorporeal membrane oxygenation (ECMO)	
<input type="checkbox"/> Neurological disorders	<input type="checkbox"/> Low Apgar score (0-3 at 5 minutes) <input type="checkbox"/> Intraventricular hemorrhage (Grades III and IV) <input type="checkbox"/> Moderate to severe hypoxic-ischemic encephalopathy (Sarnat II or III) <input type="checkbox"/> Therapeutic Hypothermia (Cooling)	
<input type="checkbox"/> Excessive dosage of ototoxic drugs	<input type="checkbox"/> Dosage determined by the physician (no specific indication of level)	
Risk factors of hearing loss requiring a comprehensive audiological evaluation (no screening)		
Immediate referral to the diagnostic confirmation centre		
<input type="checkbox"/> Confirmed meningitis (bacterial or viral)	<input type="checkbox"/> Anotia, microtia, atresia (bilateral or unilateral)	<input type="checkbox"/> Extended stay in NICU (reached the corrected age of 3 months)
Signature and date	Signature and date	Signature and date
Signature of the physician or the nurse	Licence No.	Date Year Month Day