



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"/> <b>Family history of hearing loss</b>	<input type="checkbox"/> Hearing loss in a parent, brother/sister <input type="checkbox"/> Hearing loss in an uncle/aunt, cousin, grandparent	
<input type="checkbox"/> <b>Congenital TORCH infection</b>	<input type="checkbox"/> Cytomegalovirus (suspected or confirmed) <input type="checkbox"/> Toxoplasmosis, rubella, syphilis (suspected or confirmed)	
<input type="checkbox"/> <b>Obvious craniofacial anomaly</b>	<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"/> <b>Syndrome associated with hearing loss</b>	<input type="checkbox"/> Syndrome known or suspected at birth	
<input type="checkbox"/> <b>Hyperbilirubinemia</b>	<input type="checkbox"/> Unconjugated bilirubin level $\geq 400 \mu\text{mol/L}$ <input type="checkbox"/> Exchange transfusion	
<input type="checkbox"/> <b>Very low birth weight</b>	<input type="checkbox"/> Birth weight < 1500 g	
<input type="checkbox"/> <b>Prematurity</b>	<input type="checkbox"/> Gestational age < 29 weeks' gestation	
<input type="checkbox"/> <b>Respiratory disorders</b>	<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"/> <b>Neurological disorders</b>	<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"/> <b>Excessive dosage of ototoxic drugs</b>	<input type="checkbox"/> Dosage determined by the physician (no specific indication of level)	
<b>Risk factors of hearing loss requiring a comprehensive audiological evaluation (no screening)</b>		
<b>Immediate referral to the diagnostic confirmation centre</b>		
<input type="checkbox"/> <b>Confirmed meningitis</b> (bacterial or viral)	<input type="checkbox"/> <b>Anotia, microtia, atresia</b> (bilateral or unilateral)	<input type="checkbox"/> <b>Extended stay in NICU</b> (reached the corrected age of 3 months)
Signature and date	Signature and date	Signature and date
<b>Signature of the physician or the nurse</b>	Licence No.	<b>Date</b>
		Year    Month    Day