

Child and Family Hearing History and Joint Commission Committee on Infant Hearing* (JCIH) Risk Assessment

Ages

One month through 20 years: most important to fill out before the child can reliably be screened with pure tone audiometry typically at three to four years of age.

Purpose

To assess risk factors for delayed onset, progressive and acquired hearing loss

Procedure

For initial interviews review all the following Joint Committee on Infant Hearing risk indicators including postnatal risk indicators which are associated with permanent congenital, delayed onset or progressive hearing loss in childhood. Refer to Child and Family Hearing History and *JCIH Risk Assessment Questionnaire (www.health.state.mn.us) for a form the parent or caregiver can fill out.

For subsequent visits review only: Postnatal history, ear infection history, and parental concerns and observations.

Perinatal Risk Indicators

Birth and Family History Section of Risk Assessment Form

- 1. A history of family members of early progressive or delayed onset, permanent hearing loss in childhood.
- 2. Neonatal Intensive care of more than five days.
- 3. Hyperbilirubinemia requiring exchange transfusion.
- 4. Aminoglycoside administration greater than 5 days duration.
- 5. Asphyxia and or hypoxic ischemic encephalopathy.
- 6. Extracorporeal membrane oxygenation (ECMO.)
- 7. In-utero infections such as herpes, rubella, syphilis, and toxoplasmosis.
 - a. In-utero infections with cytomegalovirus (CMV)
 - b. Mother + Zika and infant with laboratory findings of Zika clinical findings

- 8. Certain birth conditions or findings:
 - a. Craniofacial anomalies including microtia, atresia, ear dysplasia, white forelock, and microphthalmia.
 - b. Congenital microcephaly, congenital or acquired hydrocephalus.
 - c. Temporal bone anomalies
- 9. Over 400 syndromes have been identified with atypical hearing thresholds for more information refer to <u>Hereditary Hearing Loss (hereditary hearingloss.org)</u>.

Postnatal Risk Factors

Child's Postnatal History Section of Risk Assessment Form

- 10. Culture-positive infections associated with sensorineural hearing loss (meningitis, encephalitis) including viral infections such as varicella or herpes
- 11. Events associated with hearing loss
- Significant head trauma especially basal skull/ temporal bone fracture
- Chemotherapy
- 12. Family/caregiver concern

PASS

Children for whom no risk factors for hearing loss are identified do not require referral.

REFER

Refer for an audiological evaluation:

- Any newly identified parent concern
- Any child with a risk factor which has not been screened previously by an audiologist

Refer: Any complaints or concerns should be referred to their primary care provider to determine appropriate treatments or referrals.

Minnesota Department of Health Child and Teen Checkups 651-201-3650 health.childteencheckups@state.mn.us www.health.state.mn.us

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To obtain this information in a different format, call: 651-201-3650.