

**New Jersey Department of Health  
Early Hearing Detection and Intervention Program  
PO Box 364, Trenton, NJ 08625-0364  
NEWBORN HEARING FOLLOW-UP REPORT\***

\*Record "Lost to Follow-Up" Data Separately on SCH-3 Form.

<b>1</b>	Baby's Name (Last, First) or Imprint/Label			Date of Birth			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Medical Record Number			
	Also Known As			Name of Parent/Guardian (Last, First)						Name of Baby's Physician		
	Name of Parent/Guardian (Last, First)			Relationship to Child						Physician Telephone Number		
	Street Address			Physician Address								
	City State Zip Code			City State Zip Code								
	Parent/Guardian Telephone Number			Facility of Birth								
	Reason for Follow-up <input type="checkbox"/> Not Screened Previously <input type="checkbox"/> Return for Ear-Specific Results <input type="checkbox"/> Refer Result on Previous Screen ( <input type="checkbox"/> OAE <input type="checkbox"/> ABR <input type="checkbox"/> Both): <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both <input type="checkbox"/> Hospital Readmission in 1st Month for: <input type="checkbox"/> Hyperbilirubinemia w/exchange transfusion <input type="checkbox"/> Culture positive sepsis <input type="checkbox"/> Other hospitalization (reason): _____ <input type="checkbox"/> Risk Indicator 24-30 month follow-up (see instructions for codes): _____ <input type="checkbox"/> Other: _____											

<b>2</b>	<b>Name and Address of Outpatient Screening/Audiologic Evaluation Facility:</b>		
	Name of Evaluator / Telephone Number		Date of Exam

OUTPATIENT SCREENING RESULTS/RECOMMENDATIONS						
<b>3</b>	Method:		Findings:		Screening Recommendations:	
	<u>Right</u>	<u>Left</u>	<u>Right</u>	<u>Left</u>		
<input type="checkbox"/> TEAOE	<input type="checkbox"/>	<input type="checkbox"/> Pass	<input type="checkbox"/>	<input type="checkbox"/> Pass, no further evaluation required unless future clinical indication or parental concern		
<input type="checkbox"/> DPOAE	<input type="checkbox"/>	<input type="checkbox"/> Refer	<input type="checkbox"/>	<input type="checkbox"/> Pass, risk indicator follow-up: PAE by 24-30 months of age (more often if needed)		
<input type="checkbox"/> ABR	<input type="checkbox"/>	<input type="checkbox"/> Cannot Screen (ear canal atresia)	<input type="checkbox"/>	<input type="checkbox"/> Referral to physician with re-screening following medical intervention		
<input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/> Did Not Screen	<input type="checkbox"/>	<input type="checkbox"/> Did not pass; refer for complete audiologic evaluation		
				<input type="checkbox"/> Pass, risk indicator reported in error, discharge from follow-up		

PEDIATRIC AUDIOLOGIC EVALUATION (PAE)						
<b>4</b>	Ear-Specific Results:		Was a diagnostic ABR done during this evaluation?		Degree of Hearing Loss	
	<u>Right</u>	<u>Left</u>			<u>Right</u>	<u>Left</u>
<input type="checkbox"/> Normal Hearing	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Normal (-10 to 15 dB HL)	<input type="checkbox"/>	
<input type="checkbox"/> Conductive hearing loss (transient)	<input type="checkbox"/>	Other Results:		<input type="checkbox"/> Slight (16 to 25 dB HL)	<input type="checkbox"/>	
<input type="checkbox"/> Conductive hearing loss* (permanent)	<input type="checkbox"/>			<input type="checkbox"/> Soundfield responses at 1, 2 and 4K are ≤ 30dB HL with present OAEs, bilaterally.	<input type="checkbox"/> Mild (26 to 40 dB HL)	<input type="checkbox"/>
<input type="checkbox"/> Sensorineural hearing loss*	<input type="checkbox"/>	<input type="checkbox"/> Probable permanent hearing loss in at least 1 ear, further testing needed.	<input type="checkbox"/> Moderate (41 to 55 dB HL)	<input type="checkbox"/>		
<input type="checkbox"/> Mixed hearing loss (SN/trans. cond.)	<input type="checkbox"/>	<input type="checkbox"/> Unable to determine hearing status of each ear at this visit.	<input type="checkbox"/> Moderately Severe (56 to 70 dB HL)	<input type="checkbox"/>		
<input type="checkbox"/> Mixed hearing loss (SN/perm. cond.)	<input type="checkbox"/>		<input type="checkbox"/> Severe (71 to 90 dB HL)	<input type="checkbox"/>		
<input type="checkbox"/> Auditory Neuropathy/Dyssynchrony*	<input type="checkbox"/>		<input type="checkbox"/> Profound (+91 dB HL)	<input type="checkbox"/>		

<b>4</b>	Next Audiologic Evaluation:		
	<input type="checkbox"/> None required, unless future clinical indication or parental concern <input type="checkbox"/> Pediatric Audiologic Evaluation by 24-30 months for risk monitoring (more often if needed) <input type="checkbox"/> Additional evaluation in: _____ weeks/ _____ months <input type="checkbox"/> If additional testing is to be performed at a different facility, please indicate facility: _____ <input type="checkbox"/> *Hearing loss diagnosed on (date): _____ <input type="checkbox"/> *Registered with SCHS Registry on (date): _____		
Recommended Referral (Check all that apply):			
<input type="checkbox"/> Pediatrician	<input type="checkbox"/> Ophthalmologist	<input type="checkbox"/> Hearing Aid Services	<input type="checkbox"/> Speech/Language Pathologist
<input type="checkbox"/> Otolaryngologist	<input type="checkbox"/> Parent Support Services	<input type="checkbox"/> Early Intervention/Case Management	<input type="checkbox"/> Craniofacial/Cleft Center
<input type="checkbox"/> Genetics Evaluation	(e.g., NJ Parent-to-Parent)		<input type="checkbox"/> Other: _____

Comments
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## INSTRUCTIONS FOR COMPLETING THE NEWBORN HEARING FOLLOW-UP REPORT (SCH-2)

Newborn Hearing Follow-up Report (SCH-2) submission is mandated by New Jersey Rules (N.J.A.C. 8:19-1.9 and 8:19-1.10) to ensure tracking of children who need follow-up screening, audiologic evaluation and monitoring. The SCH-2 can be submitted using this paper form or to submit forms electronically, contact the New Jersey Early Hearing Detection and Intervention Program at 609-292-5676. The Rules require clinicians who perform outpatient screening and/or audiologic exams to submit this form to the New Jersey Early Hearing Detection and Intervention Program within 10 business days of the visit. The pink (top) copy can be mailed or faxed and additional copies are for distribution to the child's medical home, the examiner's medical record, and/or the birth facility's maternity unit. Complete the Report for outpatient visits for children ages 0-3 who: were not screened prior to nursery discharge; did not pass initial screening; have undergone pediatric audiologic evaluation; or receive audiologic evaluation for a risk indicator.

**Section 1:** Multiple identifiers are needed to match babies to their inpatient screening record. Complete all fields as thoroughly as possible. If the reason for testing/screening is not included in the check boxes or risk codes listed, please utilize the "Other" field.

**Risk Indicator Codes:** The NJ Early Hearing Detection and Intervention Program adheres to the most recent Joint Committee on Infant Hearing (JCIH) Position Statement regarding risk indicators and time frames requiring ongoing monitoring for delayed-onset hearing loss. The current JCIH Statement (2007) includes the risk indicators below for at least one diagnostic evaluation by 24-30 months of age. Codes identified with an asterisk (\*) are of greater concern for delayed-onset hearing loss and may require more frequent monitoring. Enter the appropriate code(s), including all codes that apply:

**CO** = Caregiver concern\* regarding hearing, speech, language and/or developmental delay  
**HX** = Family history\* of permanent childhood hearing loss  
**NI** = Neonatal intensive care unit (NICU) admission of more than 5 days  
**EC** = Use of extracorporeal membrane oxygenation (ECMO)\* during a NICU admission of >5 days  
**AV** = Use of assisted ventilation during a NICU admission of >5 days  
**OT** = Exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide/Lasix) during a NICU admission of >5 days  
**HB** = Hyperbilirubinemia that requires exchange transfusion  
**TO** = In utero infections such as CMV (cytomegalovirus)\*, herpes, rubella, syphilis and toxoplasmosis (TORCH)  
**CR** = Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies  
**PF** = Physical findings, such as a white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss  
**SY** = Syndromes associated with hearing loss or progressive or late-onset hearing loss\* such as neurofibromatosis, osteopetrosis and Usher's syndrome; other frequently identified syndromes include Waardenburg, Alport, Pendred, and Jervell and Lange-Nielson  
**ND** = Neurodegenerative disorders\*, such as Hunter syndrome or sensory motor neuropathies such as Friedreich's ataxia and Charcot-Marie-Tooth syndrome, etc.

**PI** = Culture-positive postnatal infections associated with sensorineural hearing loss\*, including confirmed bacterial and viral (especially herpes virus and varicella) meningitis  
**TR** = Head trauma, especially basal skull/temporal bone fracture\* that requires hospitalization  
**CH** = Chemotherapy\*

**Section 2:** Enter name, address, evaluator name, and phone number of the facility that completed outpatient screening or pediatric audiologic evaluation.

### **Section 3 (Outpatient Screening):**

**Method and Results:** Select the ONE most appropriate box for each ear. Select "Cannot Screen/ear canal atresia" when external auditory canal atresia (aural atresia) prevents testing. Infants with atresia in one or both ears should be referred for diagnostic ABR studies with bone conduction by 3 months of age to determine the type and degree of hearing loss in the affected ear(s). Select "Did Not Screen" when screening was not completed on that ear for any other indication (uncooperative infant, etc.).

**Recommendations:** A "Pass" result must only be documented if the child has passed screening **for each ear**. Any outpatient screening that does not include ear-specific results must be labeled as a "Refer" result with follow-up audiologic testing recommended **no later than 1-3 months of age**.

**Section 4 (Pediatric Audiologic Evaluation):** Exams must include ear-specific assessment and ALL criteria listed in the 2007 JCIH Position Statement. For children birth to 6 months of age, the criteria includes: child and family history; frequency-specific ABR using air-conducted tone bursts and bone-conducted tone bursts when indicated; click-evoked ABR using both condensation and rarefaction single-polarity stimulus, if there are risk indicators for neural hearing loss or children who demonstrate "no response" on tone-burst ABR; DPOAE or TEOAE; 1000 Hz tympanometry; and behavioral observation. For children 6 to 36 months of age, the criteria includes: child and family history; parental report of auditory and visual behaviors and communication milestones; behavioral audiometry including pure-tone audiometry across the frequency range for each ear and speech-detection and speech-recognition measures; OAE testing; acoustic immittance measures; ABR if responses to behavioral audiometry are not reliable or if ABR testing has not been performed in the past. If these criteria are not met, select the appropriate box in the "other results" section. The NJ EHDI Program requires documentation of **ear-specific test results and recommendations** (not test methodology). If ear specific information is not obtained, the child should be reassessed at **no later than 1 to 3 months** from the date of the initial diagnostic test. The NJ EHDI Program must report and collect degree of loss using DSHPHWA classifications. Indicate the degree of loss using the given checkboxes. For children with certain hearing loss configurations (e.g., precipitously sloping, rising, etc.), terminology may be inadequate when attempting to select one category to describe the degree of loss measured. However, for purposes of NJ EHDI data collection, a "Degree of Hearing Loss" selection should be made based on the degree that best classifies the child's audiologic profile. If a permanent hearing loss is identified, the individual completing this Report **must also** document completion of a Special Child Health Services Registration Form (SCH-0) in Section 4. SCH-0 forms may be obtained by calling 609-292-5676 or by downloading copies at: <http://www.nj.gov/health/forms/sch-0.dot>.

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