TIER 1\*

**Schedule diagnostic evaluation immediately in the event of:**

* Bacterial meningitis
* C ongenital cytomegalovirus (cCMV) infection
* Parental or medical provider concern

TIER 2\*

**Audiologic diagnostic appointments: Risk factor algorithm for birth hospitals**

For infants who pass the newborn hearing screen, but have any of the following risk factors for reduced hearing:

**\*NOTIFY FAMILY AND PEDIATRICIAN IN ALL CASES**

**Schedule evaluation by 3 months of age in the event of:**

* Aminoglycoside administration for more than 5 days
* Chemotherapy
* Cleft lip/palate
* Craniofacial anomalies (e.g. microtia/atresia)
* Down Syndrome
* ECMO
* Hyperbilirubinemia with exchange transfusion
* Perinatal asphyxia or hypoxic ischemic encephalopathy
* Permanent childhood hearing loss in immediate family (infant’s parents or siblings)
* Positive diagnosis of infection associated with reduced hearing (e.g. herpes, rubella, syphilis, toxoplasmosis, viral meningitis, encephalitis)
* Significant head trauma especially basal skull/temporal bone fractures
* Syndromes associated with reduced hearing (e.g. CHARGE, Treacher Collins, Pierre Robin)

**Schedule evaluation by 1 month of age in the event of:**

* History of maternal in utero Zika infection and screening via otoacoustic emissions methodology only

**Recommend behavioral audiologic diagnostic evaluation to occur at 9 months of age (corrected age) in the event of:**

* ≥10 days mechanical ventilation
* ≤ 32 weeks gestational age
* ≤1500 grams birthweight
* Ear pits and/or preauricular tags
* History of maternal in utero infection (e.g. herpes, rubella, syphilis, toxoplasmosis)
* History of maternal in utero Zika infection and screening via ABR methodology
* Permanent childhood hearing loss in extended family



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