

Risk Factor Assessment Checklist for Reporting to NE-EHDI

Child's Name: _____ DOB: _____ MRN: _____

Primary Care Physician: _____

Event type: Inpatient Screening Outpatient Screening

NOTE

**Do not send this form to NE-EHDI if the child will be enrolled in TIPS (Tracking Infant Progress Statewide)
If the child is NOT enrolled in TIPS, please fax this form to NE-EHDI with all the risk factors checked.**

Joint Committee on Infant Hearing (JCIH) Risk Factors:

Perinatal:

- Family history* of early, progressive, or delayed onset permanent childhood hearing loss
- Neonatal intensive care of more than 5 days
 - Family declined TIPS referral/enrollment
- Hyperbilirubinemia with exchange transfusion regardless of length of stay
- Aminoglycoside administration for more than 5 days**
- Asphyxia or Hypoxic Ischemic Encephalopathy
- Extracorporeal membrane oxygenation (ECMO)*
- In utero infections, such as herpes, rubella, syphilis, toxoplasmosis, cytomegalovirus (CMV), Zika
- Birth conditions or findings such as:
 - Craniofacial malformations including microtia/atresia, ear dysplasia, oral facial clefting, white forelock, and microphthalmia
 - Congenital microcephaly, congenital or acquired hydrocephalus
 - Temporal bone abnormalities
 - Syndromes associated with hearing loss or progressive or late-onset hearing loss. (For information on the over 400 syndromes, visit HereditaryHearingLoss.org)

Perinatal/Postnatal:

- Culture-positive postnatal infections associated with sensorineural hearing loss***, including confirmed bacterial and viral (especially herpes viruses and varicella) meningitis, or encephalitis.
- Events associated with hearing loss:
 - Significant head trauma, especially basal skull/temporal bone fractures
 - Chemotherapy*
- Caregiver concern**** regarding hearing, speech, language, or developmental delay

* Infants at increased risk of delayed onset or progressive hearing loss

** Infants with toxic levels or with a known genetic susceptibility remain at risk

*** Syndromes (Van Camp & Smith, 2016)

**** Parental/caregiver concern should always prompt further evaluation.

Please fax to NE-EHDI if infant has one or more risk factors and WILL NOT be enrolled in the TIPS Program:

402-742-2395

NEBRASKA
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