

Newborn Hearing Screening Check List for Completed Training: Competency

Name _____ Date _____

Newborn Hearing Screening Program Director:

TASK	√	Date
Read and Review Newborn Hearing Screening Policy, Procedure and Protocols		
Understand contact to NHS Coordinator and/or Bio-Med		
Preparation		
Obtain Daily Birth Census		
Prioritize Daily Screenings		
Enter birth census information into Logbook		
Screening		
Enter Room/remove baby from room at appropriate times (i.e. after baby has been fed (or after circumcision for males), check with nurse, etc)		
Set up baby for screening		
Complete screening ¹ as trained for site (equipment training checklist)		
Completed Screen (1x or 2x depending on results)		
Print out hearing screening results		
Attach printout to appropriate paperwork (pass, refer)		
Complete appropriate paperwork for completed hearing screening (pass, refer, waive, etc)		
<ul style="list-style-type: none"> • Pass form: given to parent when baby passes BOTH ears (up to 2 screens) 		
<ul style="list-style-type: none"> • Follow-up Refer form: given when baby refers in one or both ears <u>TWICE- MUST BE SIGNED BY PARENT AND BY SCREENER</u> 		
<ul style="list-style-type: none"> • Waiver form: signed by parent at time they choose to waive 		
<ul style="list-style-type: none"> • Missed form: sent home to baby after discharge with a missed hearing screen 		
Explain results to parents/caregivers and hand them completed paperwork (or give paperwork to nurse to give to parents- NICU only- in which case nurse signs paperwork as well)		
IF BABY REFERS TWICE		
<ul style="list-style-type: none"> • Counsel parents on follow-up options • If applicable, fax refer results to appropriate audiology diagnostic clinic • Contact EHDI if further support is needed 		
Documentation		
Enter demographic information, hearing screening results, and any other remarkable information into birth log on <u>EVERY</u> baby born in Birth Facility:		
<ul style="list-style-type: none"> • Demographic Information for baby and mother 		
<ul style="list-style-type: none"> • First Screening results 		
<ul style="list-style-type: none"> • Second Screening results (if necessary) 		
<ul style="list-style-type: none"> • Baby's status: transferred out, transferred in, demise, waived, missed, risk factors, etc 		
<ul style="list-style-type: none"> • Document YOUR name as the person completing screening- do NOT input someone else's name 		
<ul style="list-style-type: none"> • INITIAL and DATE any and all logged information 		

Hearing Screener Signature

Date

Newborn Hearing Coordinator

Date