



Checklist for Medical Work-up of Infants with Hearing Loss

California Newborn Hearing Screening Program

- 1. Document prenatal history**
 - Ototoxic medication exposure
 - Pregnancy complications
 - Immunization status for Rubella
 - Maternal status for syphilis
 - Maternal drug and/or alcohol use
 - Frequent spontaneous abortions
- 2. Document perinatal risk factors**
 - NICU admission \geq 48 hours
 - In-utero infections
 - Craniofacial or external ear anomalies
 - Stigmata associated with syndromes known to have hearing loss
- 3. Document family history**
 - Family members with permanent hearing loss with onset before 30 years of age
- 4. Complete physical examination, with special attention to:**
 - Minor anomalies – unusual morphologic features with no cosmetic or functional significance
 - Major anomalies – dysmorphic features causing cosmetic or functional abnormalities (ie, cleft palate, cardiac, limb, or other skeletal deformities)
 - Poor growth, microcephaly, or abnormal neurological exam
- 5. Laboratory**
 - Urine for CMV if $<$ 3 weeks of age
 - Consistent with history of findings, consider testing for rubella, syphilis, or toxoplasmosis
 - Chromosome testing if significant dysmorphic features
 - EKG if cardiac condition suspected
 - Skeletal survey if growth delayed or disproportionate
 - Head CT or MRI if neurological exam abnormal or if need to evaluate structure of middle or inner ear
- 6. Otolaryngology/otology referral**
- 7. Ophthalmology referral**
- 8. Cardiology/nephrology/neurology referral if indicated**
- 9. Developmental evaluation if indicated**
- 10. Genetics referral for syndromic forms of hearing loss or if no etiology for hearing loss is determined**