

Newborn Hearing Screening

This facility is required by state law to screen all newborn/infant's hearing prior to discharge. The hearing screening does not cause pain or discomfort to the newborn and may show that further testing by a hearing professional is needed. A newborn who is deaf or hard of hearing that is not identified and enrolled in an intervention program in the first months of life may have delays in language, communication and cognitive development. Identifying an infant as deaf or hard of hearing early in life is critical for this development to occur as timely as possible.

_____ (Initial for understanding)

Parents may decline the hearing screening. This will not result in any change in the level of services the newborn and family receive at this hospital. The hospital will maintain the decline statement in the newborn's file.

_____ (Initial for understanding)

Texas law requires the parent(s) be provided the screening results. In addition:

- Infants who do not pass the hearing screen and are <10 days old at discharge will be referred and scheduled for an outpatient follow-up screen. If the infant does not pass the outpatient screen, the infant will be referred for a diagnostic audiological evaluation with a licensed audiologist who can treat newborns and will be referred to Early Childhood Intervention for case coordination services.
- Infants whose NICU stay was >10 days and does not pass the hearing screen prior to discharge will be referred for a diagnostic audiological evaluation with a licensed audiologist who can treat newborns and will be referred to Early Childhood Intervention for case coordination services.

_____ (Initial for understanding)

To improve the continuum of care, results of the newborn hearing screening will be reported to the infant's parent(s), Department of State Health Services' Texas Early Hearing Detection and Intervention (TEHDI), attending physician, primary care provider and/or other applicable healthcare providers with the parent's written consent. The hospital will maintain the consent statement in the newborn's file. Contact information for TEHDI is as follows: Phone 1-800-252-8023, ext. 7726; Email tehdi@dshs.state.tx.us, or website www.dshs.state.tx.us/tehdi.

_____ A.M. (P.M.)
Date Time

*Patient/Other legally responsible person signature Relationship to newborn/infant

*Witness Signature Printed Name

UMC 602 Indiana Avenue, Lubbock, TX 79415

Interpretation/ODI (On Demand Interpreting) Yes No _____
Date/Time (if used)

Alternative forms of communication used Yes No _____
Printed name of interpreter Date/Time

Date procedure is being performed: _____

Newborn Hearing Screening Refusal

I decline for University Medical Center to perform the hearing screening of my newborn/infant son/daughter (circle correct one), _____, born on _____

*Patient/Other legally responsible person signature Relationship to newborn/infant

Witness Signature Printed Name

