

Hospital Newborn Hearing Screening Log

Hospital: _____ **Completed by:** _____ **Month/Year:** _____

Total Babies on Log:	Total Not Screened:	Total Passed:				Total Referred:
Total Live Births:	Deceased:	Transferred:	<1 Month:	>1 Month:	No Risk:	High Risk:
						Total #228 Rpt:

DOB	Sex	Child's Name	Medical Record Number	High Risk	Screening Results						Form #288 Rpt	Comments <i>Note reason if not screened or referral provider</i>
					Screen #	Screen Date	Left	Right	In/Out Patient	Screeener ID		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	1 st						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	1 st						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	1 st						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	1 st						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	1 st						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	1 st						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	2 nd						<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	3 rd						<input type="checkbox"/> Yes <input type="checkbox"/> No	

Mail/Fax to the Mississippi State Department of Health Early Hearing Detection & Intervention (EHDI) Program or submit electronically via MS-HIN by the 5th of the month:

Mail: Early Hearing Detection and Intervention Program
570 East Woodrow Wilson, O-204
P.O. Box 1700, Jackson, Mississippi 39215-1700

Fax: 601-576-7540
MS-HIN: msdh-ehdi@ms-hin.medicity.net

*Form No. 1100
Revised 4/9/2018*

Hospital Newborn Hearing Screening Log – Form 1100

Instructions

PURPOSE

This form is intended to document and report the hearing screening results of all newborns/infants monthly to the Mississippi State Department of Health (MSDH) Early Hearing Detection and Intervention (EHDI) Program.

SCREENING PROCEDURES

All infants should receive hearing screenings according to EHDI Hearing Screening Procedures:

1. An initial hearing screen should occur on both ears simultaneously between twelve (12) and twenty-four (24) hours after birth when the baby is quiet and calm.
2. If the baby refers on either ear or no results are obtained, a second hearing screen should be completed at least four (4) hours after the initial hearing screen and as close as possible to but no more than eight (8) hours prior to discharge. Both ears must be screened simultaneously.
3. **OPTIONAL:** If the baby refers on either ear or no results are obtained after a second hearing screen, a follow-up outpatient screening may be conducted before the child reaches one (1) month of age.

All children who do not pass on one or both ears on a final hearing screening (a second inpatient, or a third outpatient, if provided) must be referred for a diagnostic evaluation.

INSTRUCTIONS

1. The *Hospital Hearing Screening Log* form must be used to document hearing screening results for every live birth. Indicate for each child reported:
 - a. If the child is at high risk for late onset hearing loss;
 - b. If the child received one or more hearing screenings and the results of those screenings;
 - c. If an individual *Hearing Screening Report* (Form 288) was submitted for that child; and
 - d. If applicable, comments including any reason the child did not receive a hearing screening, the birth hospital if the child transferred into the reporting hospital, or the referral provider if the child was referred for follow-up.
2. The *Hospital Hearing Screening Log* form should be mailed, faxed, or sent electronically through the Mississippi Health Information Network (MS-HIN) **by the 5th of each month.**

Fax: (601) 576-7540
Mail: MSDH – EHDI
P.O. Box 1700
Jackson, MS 39215-1700
MS-HIN: msdh-ehdi@ms-hin.medicity.net

Please print or type the following requested information in the space provided:

Hospital Summary Information

- **Hospital:** Record the name of the reporting hospital
- **Completed by:** Record the name of the person completing the log
- **Month/Year:** Record the month and year (MM/YYYY) of the report

Monthly Summary Results (Please complete this information only on page 1.)

- **Total Babies on Log:** Record the total number of babies for whom results or other information are being reported, including any babies who may have been born in another setting (e.g., home births) or transferred into the reporting hospital
- **Total Live Births:** Record the total number of live births for the reporting hospital for the month – *Note: Do not include babies born in another hospital or other setting (e.g., home birth)*
- **Total Not Screened:** Record the total number of babies who did not receive any hearing screenings for any reason (i.e., died, transferred out of hospital, refused, broken machine, medical issue, etc.)

- **Deceased:** Record the number of babies who did not receive hearing screenings before dying
- **Transferred:** Record the number of babies who did not receive hearing screenings before being transferred out of the reporting hospital
- **Total Passed:** Record the total number of babies who received one or more hearing screenings and passed the final hearing screening according to the EHDI screening procedures
 - **<1 Month:** Record the number of babies who passed the final screening by one month of age
 - **>1 Month:** Record the number of babies who passed the final screening after one month of age
 - **No Risk:** Record the number of babies who passed the final hearing screening without any risk factors for late onset hearing loss
 - **High Risk:** Record the number of babies who passed the final hearing screening with any risk factors for late onset hearing loss
- **Total Referred:** Record the total number of babies who referred on the final hearing screening
- **Total #288 Rpt:** Record the total number of *Hearing Screening Report* (Form 288) submitted for babies included on the *Hospital Hearing Screening Log*

Child Information

- **Date of Birth:** Record the month, day, and year (MM/DD/YYYY) the child was born.
- **Sex:** Record the child's sex using one of the following options:
(M) Male (F) Female (U) Unknown
- **Child's Name:** Record the child's *current* last and first name.
- **Medical Record Number:** Record the child's permanent medical record number assigned by the reporting hospital.
- **High Risk:** Check the appropriate box to report if the child has any risk factors for late onset hearing loss. *If "Yes", submit a Hearing Screening Report (Form 288) indicating the risk factor(s).*

Hearing Screening Results Record the results for the first, second, and (optional) third screening, if conducted. *NOTE: Both ears must be screened simultaneously for each hearing screening conducted.*

- **Screen Date:** Record the month, day, and year (MM/DD/YYYY) the screening was conducted.
- **Left:** Record the child's results for the left ear using one of the following options:
(P) Pass (R) Refer (DNT) Did Not Test
- **Right:** Record the child's results for the right ear using one of the following options:
(P) Pass (R) Refer (DNT) Did Not Test
- **In/Out Patient:** Record the location where the hearing screening was conducted using one of the following options: (IP) Inpatient (OP) Outpatient
- **Screeener ID:** Record the unique identification number for the individual who conducted the screen.

Form #288 Rpt Check the appropriate box to report if an individual *Hearing Screening Report* (Form 288) was submitted for the child.

Comments Record any information relevant for follow-up, including birth hospital if the child transferred to the reporting hospital, home birth (if applicable), reason if the child was not screened, or the diagnostic provider the child was referred to if the child did not pass the final screening.

Please record the page number and total number of pages at the top of each page.

OFFICE MECHANICS AND FILING

After the *Hospital Hearing Screening Log* form is completed, a copy should be submitted **by the 5th of the month** to the MSDH-EHDI Program.

RETENTION PERIOD

The MSDH-EHDI Program will retain this report for five years. Other agencies, facilities, and medical providers will retain this report according to their applicable patient records retention policy.