

NEW MEXICO NEWBORN HEARING SCREENING PROGRAM NEWBORN HEARING SCREENER COMPETENCIES

Competencies: Demonstrates skills needed to screen a newborn for hearing loss.
Practices standard hospital wide infection precautions regarding hand washing protocol prior to screening newborn.

Skills:

1. Plug in and turn on screener (if necessary).
2. Assess infant for appropriateness of a hearing screening:
 - a. At least 34 weeks gestational age. For ICU, close to discharge.
 - b. Calm, quiet, preferably sleeping.
 - c. Off all ototoxic medications, CNS stimulants (unless going home on these), not being treated for hyperbilirubinemia or any other contraindications.
3. Follow craniofacial protocol for infants with anomalies:
 - a. Screen infants who have a cleft lip, cleft palate, ear tags and ear pits and record screen results and type of craniofacial anomaly on the Newborn Hearing Screening Referral Form.
 - b. Screen BOTH ears on infants who have unilateral atresia of the ear canal or other ear malformations (Note: screening both ears will provide results for the non-affected ear). Record screen results and record type of craniofacial anomaly (e.g. ear tags) on the Newborn Hearing Screening Referral Form.
4. Explain importance of newborn hearing screening to parent or legal guardian and describe procedure.
5. Take a packet of sensors and a packet of ear couplers.
6. Attach spring clips to sensors.
7. Insert transducers into ear couplers.
8. Complete patient information screen per protocol.
9. Select screening mode.
10. Place sensors on infants skin:
 - a. White – Nape
 - b. Green – Shoulder
 - c. Black – Forehead
11. Check impedance and adjust sensors if necessary. If still flashing, prep skin.

New Mexico Newborn Hearing Screener Competencies (cont'd)

12. Place ear couplers over the infant's ears appropriately: Right-red, Blue-left.
13. Start the screening process.
14. Monitor for unacceptable levels of myogenic / ambient interference or impedance changes.
15. Monitor for ear coupler placement.
16. Intervene appropriately to correct problems as instructed:
 - a. Myogenic - Demonstrate appropriate troubleshooting techniques, quiets infant or stops test and retests later.
 - b. Ambient - Eliminate noise from environment.
 - c. Impedance - Demonstrate skills such as re-prepping, putting drop of saline on sensor.
 - d. Check and troubleshoot ear couplers as necessary.
17. Print result labels.
18. Remove sensors and ear couplers from infant and dispose of them.
19. Explain results to parents or legal guardian and provide them with appropriate state brochure.
20. Wipe down cables per as hospital protocol. Store cables in drawer.
21. Return to main screen.
22. Place result labels as per hospital protocol.
23. Complete Newborn Hearing Screening Referral Form for infants who:
 - a. Do not pass second screen.
 - b. Pass screen but have a risk factor for hearing loss.
 - c. Are discharged without a hearing screen.
 - d. Are transferred without a hearing screen.
 - e. Are not screened for any reason (including parent / legal guarding waiving screen).
24. Fax Newborn Hearing Screening Referral Form as per hospital protocol to the State Children's Medical Services (CMS) office at (505) 827-5995, or mail to Newborn Hearing Screening Program, Children's Medical Services, 1190 St. Francis Drive, Santa Fe, NM 87505 within 24 hours of a newborn's discharge.