Risk Assessment: Joint Commission on Infant Hearing (JCIH)

Risk Indicators

Ages

One month through 20 years

Purpose

To assess risk factors for delayed onset, progressive and acquired hearing loss

Procedure

For initial interviews review all the following risk indicators (JCIH, 2007) which are associated with permanent congenital, delayed onset or progressive hearing loss in childhood. For subsequent visits review interim hearing history indicated by an *. Refer to the JCIH Position Statement (2007) in Appendix B of this manual for more information on each indicator.

1. Caregiver concern regarding hearing, speech, language, or developmental delay.*
2. Family history of permanent childhood hearing loss.
3. Neonatal intensive care for more than 5 days, or any of the following: extra- corporeal membrane oxygenation (ECMO), assisted ventilation, exposure to ototoxic medications (gentamycin and tobramycin) or loop diuretics (furosemide also known as Lasix) and hyperbilirubinemia that requires exchange transfusion.
4. In utero infections such as cytomegalovirus (CMV), herpes, rubella, syphilis, and toxoplasmosis.
5. Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies.
6. Physical findings, such as a white forelock that are associated with syndrome, known to include sensorineural or permanent conductive hearing loss.
7. Syndromes associated with congenital hearing loss or progressive or late onset hearing loss such as neurofibromatosis, osteoporosis, and Usher syndrome; other frequently identified syndromes include Alport, Pendred, and Jervell and Lange-Nielson.
8. Neurodegenerative disorders such as Hunter syndrome, or sensory motor neuropathies such as Friedreich ataxia and Charcot-Marie-Tooth Syndrome.
9. Culture positive postnatal infections associated with sensorineural hearing loss including confirmed bacterial and viral (especially herpes virus and varicella) meningitis.
10. Head trauma, especially basal skull or temporal bone fractures that required hospitalization.*
11. Chemotherapy.*
JCIH RISK ASSESSMENT

PASS

Children for whom no risk factors for hearing loss are identified do not require referral.

REFER

Children who pass their newborn hearing screen but have a risk factor for hearing loss should be referred to an audiologist (ideally one specializing in pediatrics) for at least one diagnostic audiology assessment by age 24 to 30 months or as soon as a concern is identified. Infants and children with specific risk factors, such as those who received ECMO therapy and those with CMV infection, have a higher risk of delayed onset or progressive hearing loss require ongoing monitoring by an audiologist as soon as a concern is identified.

Maternal Child Health section
www.health.state.mn.us

For questions about this document or to obtain this information in a different format, call: 651-201-3760 or email health.childteencheckups@state.mn.us.

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