

Section:
Division of Nursing

GUIDELINE

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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NEWBORN SERVICES
(Scope)

TITLE: NEWBORN HEARING FOLLOW-UP REPORT GUIDELINE

PURPOSE: To outline instructions for completing the follow up screening report.

NATURE OF FORM: Temporary

TARGETED

POPULATIONS: Infants who require screening due to not passing initial screenings or have risk factors indicated on page 3 of NJ Administrative Code Title and Department of Health and Senior Services-Chapter 19.

PERSON

RESPONSIBLE: Physician or RN performing outpatient hearing screening for infants.

PLACEMENT: In filing cabinet on Post Partum side.

EQUIPMENT LIST: Newborn Hearing follow-up Report form

CONTENT: **KEY POINTS**

1. Once Infant has been identified as referring from initial screen or having a risk factor, RN must notify the unit secretary to fill out proper paperwork.	
2. Fill Out top Section of "Newborn Hearing Follow -up Report" including patient's name, Date of Birth, Sex, Medical Record number, EBC Number, Parent or Guardian Name Facility of birth, and The reason for the test.	
3. Print out appropriate Letter from Microsoft Word to be sent to Parents with the Pink Newborn Hearing Follow-up Form.	See letter under 6170.073b
4. Take Letter and Pink form to hand to parents directly before discharge or can be mailed as certified mail to parents.	
5. E-mail Audiology Department of newborn name, what ear failed, and medical record number.	
6. Write in Hearing Book that referral has been made.	

