

HEARING AID CONSULTATION  
TEST DATE: April 15, 2013

HISTORY

**Name:** Jack Johnson

**Age:** corrected age 6 weeks (corrected for 8 weeks prematurity)

**Reason for visit:** Follow-up evaluation after not passing newborn hearing screening.

**Hearing history:** Jack presents with a recent diagnosis of a bilateral moderate sensorineural hearing loss. Jack did not pass a newborn hearing screening using the brainstem auditory evoked response (BAER) on March 5, 2013 during his stay in the Evergreen Hospital NICU. His hearing loss was diagnosed at Evergreen Speech and Hearing Clinic on March 31, 2013; BAER testing demonstrated tone-pip thresholds of 50, 55, and 60 dBHL in both ears at 500, 2000 and 4000 Hz, respectively. Bone conduction testing showed no significant air-bone gap and tympanometry demonstrated normal outer/middle ear function in both ears, consistent with a hearing loss that is sensorineural in nature. Jack and his family were referred to this clinic for considerations for amplification and audiological management.

**Middle ear history:** Jack has a negative history of ear infections.

**Family history of childhood hearing loss:** Negative.

**Medical History:** Jack was born at 32 weeks gestation, 1530 grams with a neonatal history significant for chronic lung disease treated with ventilation for 15 days.

**Medical home:** Jack lives with his parents in Maple Valley and is followed by Dr. Smith at Valley Medical Center Pediatrics.

ASSESSMENT

**Hearing loss:** Previous testing has demonstrated that Jack has a bilateral moderate sensorineural hearing loss.

**Amplification:** To support his family's goals of providing Jack with improved auditory input to develop auditory and spoken language skills, fitting with binaural behind-the-ear hearing aids is recommended. Given his degree of hearing loss and his age, important features in hearing aids for Jack include: size, durability, tamper resistance, amplification of a broad bandwidth, compatibility with remote microphone technology, and adequate warranty coverage. Custom earmold impressions were made today.

RECOMMENDATIONS

Jack's parents, Jennifer and Jeff, were counseled regarding Jack's recent diagnosis of a bilateral sensorineural hearing loss and its implications on his access to speech and language. It was discussed that infants with hearing impairment benefit from early identification and intervention. If the family's goals are for the child to develop spoken language skills, hearing aids and cochlear implants are technology for providing improved auditory access for development of listening and spoken language. Alternately, if the family's goals are for their child to develop visual communication skills using American Sign Language, amplification is not necessary, but would be supported by an early intervention program supporting ASL development through family education. Finally, the family may choose an approach that supports their goals of their child developing both spoken language and ASL skills. The family was given the Spanish language version of the "Resource Notebook for Families or Children who are Deaf or Hard of Hearing" published by the WA State Department of Health. As a result of these discussions the following recommendations were made:

**PT.NO:** U4583332

**NAME:** JOHNSON, JACK

**DOB:** 01-04-2013

**UW Medicine**

**Pediatric Audiology, Box 357920**

**Center on Human Development and Disability (CHDD)**

**University of Washington Medical Center**

**Seattle, WA 98195**

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**Date: 04-15-13**

**Hearing Loss**

1. It is recommended that Jack be referred to an otolaryngologist for an evaluation regarding the medical aspects of his hearing loss and for medical clearance for the fitting of hearing aids. Jack is scheduled to see Dr. Jay Rubinstein at UWMC Otolaryngology following our visit today.
2. It is recommended that Jack's hearing status be monitored closely with evaluations every 3 months for the next year. CHILD will return to this clinic for both physiological (BAER/OAE) and behavioral audiological testing when developmentally appropriate. His next BAER/OAE evaluation is scheduled for June 31, 2013 at this clinic.
3. The etiology of Jack's hearing loss is unknown at this time and his parents are advised to pursue additional testing including imaging (CT/MRI ) of the ear, testing for congenital infections, and genetic testing. For these evaluations, he is be referred to Seattle Children's Hearing Loss Otolaryngology (206-987-2105).

**Hearing Aids**

4. It is recommended that Jack be fit with binaural behind-the-ear hearing aids. Custom earmolds were made today so that he can return to this clinic within the next month for an initial fitting with binaural hearing aids.

**Intervention**

5. It is recommended that Jack and his parents enroll in an early intervention program for children with hearing impairment and their families. The family was given information about early intervention services available in their community. They have been advised to find out about all the programs available so that they can choose a program that is a good fit for their family and their goals for their child.
6. The family has been referred to the lead family resource coordinator in their county to assist the family with obtaining early intervention services.

Lisa Mancl, M.S., CCC-A  
 Pediatric Audiologist, Clinical Preceptor  
 (206) 598-9344, [lmancl@uw.edu](mailto:lmancl@uw.edu)

Steve Stevens  
 Graduate Clinician

cc: parents (Jennifer and Jeff Johnson)  
 primary care physician (Dr. Smith at Valley Medical Center Pediatrics)  
 family resource coordinator (Sandy Smith @ King County)  
 otolaryngologist (Dr. Jay Rubinstein at UWMC Otolaryngology)

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