



Infant Hearing Screening Page

Glossary of Terms

For technical assistance please contact

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- ◆ The following terms are the same as that on the birth certificate:
 - ◆ Child Name
 - ◆ Mother's Maiden Name
 - ◆ Mother's Medical Record Number
 - ◆ Date of Birth
 - ◆ Mother Name
 - ◆ Newborn Medical Record Number

- ◆ Additional terms and definitions
 - Risk Factors - Anything that increases an infant's chance of having a hearing loss.
 - No Risk - Infant **DOES NOT** have an increased chance of having a hearing loss.
 - Risk - Infant **HAS** an increased chance of having a hearing loss.
 - Screening Results - Infant's hearing screening test results.
 - Not Screened - Infant **DID NOT** receive a hearing screening prior to discharge from the hospital.
 - Screened - Infant **DID** receive a hearing screening prior to discharge from the hospital.
 - ABR (auditory brainstem response) - A hearing test.
 - OAE (otoacoustic emission) - A hearing test.
 - Date of Screen - The month, day and year the hearing screening was performed.
 - Name of person completing test - The name of the person who performs the hearing screen.
 - Title of person completing test - The title (i.e. RN, LPN, MD, tech, etc) of the person who performs the hearing screen.
 - Infant's Primary Care Physician - A doctor chosen as the infant's health-care professional upon discharge.
 - Follow-up – Furthering testing needed after an infant is discharged from the hospital. Reasons for follow-up testing include: (1) **NOT** passing at least one ear during the hearing screening prior to discharge, (2) passing the hearing screening with risk factors or (3) equipment failure that impeded the infant hearing screening prior to hospital discharge.

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