



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

MEMORANDUM

To: Hospital Newborn Hearing Screening Coordinators

Date: August 19, 2014

From: Naomi Halverson
Ohio EHDI Coordinator

Re: Revised UNHS Report Form

The Ohio Department of Health, Infant Hearing Program, recently revised the Universal Newborn Hearing Screening Report, HEA 4632, to update the risk factors for hearing loss to more closely conform to the risk factors outlined in the Joint Committee on Infant Hearing Recommendations of 2007 (<http://pediatrics.aappublications.org/content/120/4/898.full.html>). This will enable you to provide the most current recommended risk factor information to the medical home and primary care provider when you provide them with their copy of this form.

The listing of risk factors has been expanded so that you may document postnatal infections, head trauma, known neurodegenerative disorders, and physical findings associated with hearing loss. The length of a NICU stay as a risk factor has been extended from two to five or more days. A category for "Other" has been added so that other risk factors may also be documented.

Please note that there is no longer an exact match between the risk factors on the HEA 4632 and the risk factors in IPHIS. Those risk factors that are congruent are outlined in the attached Table. Your Data Entry Clerks will only be able to document these risk factors.

The Infant Hearing Program will be coordinating with Vital Statistics to update the risk factors on the infant hearing page in IPHIS. This may take several months.

There are other minor changes as well. Among these are a check box to indicate a cell phone, a line for the discharge caregiver's address if not the mother, and separate lines for *to/from* transfer hospital information

If you have questions please contact your assigned consultant audiologist as follows:

| | | | |
|----------------------------|---------------|--------------|--|
| Regions V and IX | Susan Wendt | 614-466-8583 | Susan.Wendt@odh.ohio.gov |
| Regions I, II, and III | Sheryl Silver | 614-728-4676 | Sheryl.Silver@odh.ohio.gov |
| Regions IV, VI, VII & VIII | Reena Kothari | 614-387-0135 | Reena.Kothari@odh.ohio.gov |

or you may contact me at 614-644-8389 or by email at Naomi.Halverson@odh.ohio.gov.

Thank you for your support in ensuring all infants born in Ohio's hospitals and birthing centers receive their newborn hearing screening.

Risk Factor Comparison

| New Hearing Screening Form (HEA 4632) | IPHIS (Hearing Screening Tab) |
|--|---|
| Unknown | Not known |
| None | None |
| 5 days or greater in NICU | Illness or condition requiring 48 hours or greater in NICU |
| Syndrome associated w/hearing loss | Stigmata or other findings associated w/a hearing loss syndrome |
| Physical findings associated w/hearing loss | |
| Family History of childhood hearing loss | Family history of hereditary sensorineural hearing loss |
| Craniofacial anomalies | Craniofacial anomalies including abnormalities of pinna and ear canal |
| In utero infection (TORCHS) | In utero infection (TORCHS) |
| Postnatal infection | |
| Neurodegenerative disorders | |
| Ototoxic Medications | Ototoxic Medications |
| Head Trauma | |
| Caregiver Concern | |
| Other _____ | |

Attachments: HEA 4632
Hospital Map