	HOSPITAL SULTAN ABDUL AZIZ SHAH **UNIVERSITI PUTRA MALAYSIA** **Kod Dokumen: HSAAS/ENT/BR57**
	UNIVERSAL NEONATAL HEARING SCREENING FORM

Name : B/O
Gender: Boy/ Girl
Born : Inborn/ Outborn

D.O.B :
MRN :
Date :

Risk factors:	**√**	**Risk factors:**	**√**
APGAR scores of 0–4 at 1 minute or 0–6 at 5 minutes		Parental Concern*	
Mechanical Ventilation		Family history*	
Ototoxic medication		In-utero Infection* (Toxoplasmosis, rubella cytomegalovirus, herpes, and syphilis)	
Cranio- facial anomalies		Associated Syndrome*	
Neurodegenerative disorders		Bacterial Meningitis*	
Head trauma		Hyperbilirubinemia*	
Very low birth weight(<1.5kg)			
NICU stay > 2 days		**No identifiable risk factors**	

*Risk indicators that are marked with an asterisk are of greater concern for delayed-onset hearing loss. Please refer to audiologist after screening

OAE testing:

Hearing Screening	**Date:**	**Right Ear**	**Left Ear**	**Remarks:**
First Screening		Pass / Refer	Pass / Refer	Discharge/ TCA 1/12 for AABR
Second Screening		Pass / Refer	Pass / Refer	Discharge/ TCA for ABR dx

Done by:

TARIKH TEMUJANJI: **MASA:**

AABR/ Automated Auditory Brainstem Response

Ujian saringan pendengaran yang menguji respon sistem saraf terhadap bunyi

An automated test of hearing and evaluate the nervous system response to sound

APA IBU BAPA PERLU LAKUKAN SEBELUM UJIAN:

1. Pastikan bayi dalam keadaan sihat dan selesa
2. Sila sediakan susu simpanan untuk kegunaan semasa ujian saringan pendengaran dijalankan
3. Jika bayi tidak sihat (demam, batuk, selsema) sila telefon klinik Audiologi untuk menukar tarikh temujanji

Klinik Audiologi HSAAS: 03-9769 9206