

**Wyoming Early Hearing Detection and Intervention (EHDI) Program**  
**PEDIATRIC AUDIOMETRIC DIAGNOSTIC GUIDELINES**

All procedures refer to each ear individually.

<b><u>PROCEDURES</u></b>	<b><u>EXPECTED INFORMATION</u></b>
Pediatric Case History – abbreviated	Screening information, significant medical history, family history of hearing loss, any parental concerns
Otoscopic Evaluation	Observation of the outer ear, as feasible
Click-evoked ABR at ~ 75 dBnHL	Absolute, interpeak (I-III-V), and interaural latencies and waveform morphology to evaluate neural integrity; reversal of signal polarity to help identify site of pathology
Click-evoked ABR threshold search	Estimated hearing sensitivity at 2-4 kHz
*Low frequency (tone burst) ABR	Estimated hearing sensitivity at lower frequencies. This information can also assist in selecting hearing aid frequency response, when a hearing aid is warranted.
Otoacoustic emissions  ABR)	Comparative to ABR, may indicate frequency-specific normal or non-normal sensitivity, middle-ear status, or neural dysfunction (normal emissions + abnormal

**ADDITIONAL PROCEDURES (when above results indicate disorder)**

Pediatric Case History – comprehensive	
*Bone-conduction ABR	Type of hearing loss
Tympanometry – high frequency probe tone	Additional information regarding middle-ear status

**FOLLOW-UP PROCEDURES AT 6-8 MONTHS OF AGE OR OLDER (when results indicate disorder)**

VRA air-conduction and bone-conduction thresholds or pure tone thresholds	Hearing thresholds to confirm physiologic findings above
Tympanometry *when available	Middle-ear status