CHDP Audiometric Screening and Play Audiometry

Child Health and Disability Prevention Program
County of Santa Cruz – Health Services Agency
Learning Objectives

• Understand the use and importance of Play Audiometry

• Describe accurate documentation of audiometric screening results

• Describe and implement the CHDP program guidelines for referral and follow-up

• Demonstrate the steps of conditioning, reconditioning, and screening using Play Audiometry
Health Assessment Guideline #14

Hearing Screening & Anticipatory Guidance

• Rationale
  • 1-3/1,000 infants are born deaf or hard of hearing
  • Early identification & Ongoing screening

• Screening Requirements
• Personnel Qualifications
• Guidelines
  • Under 6 vs. 6 & Up
• Referral & Follow-Up
The Importance of Early Screening

Why We Screen

• Hearing loss affects the child and the entire family

• Failure to identify hearing loss by 3-6 years of age can result in life long developmental deficits

• Early discovery of hearing loss is the key to successful treatment
How Hearing Loss Affects the Child

- Inability to communicate
- Interference with normal speech development
- Isolation the child from family and friends
- Poor academic performance
- Association with self-esteem issues
Major Categories of Hearing Disorders:

A. Conductive Hearing Loss
   1. External Ear
   2. Middle Ear

B. Sensorineural Hearing Loss
   1. Congenital Hearing Loss
   2. Acquired Hearing Loss

C. Mixed Hearing Loss
Audiometer

Audiometer:
• Familiarize yourself & Maintain equipment (Calibration)
• Buttons
  1. Power switch/button  5. Stimulus/interrupter switch
  2. Frequency selector (Hz)  6. Pulse/Steady button
  3. Intensity selector (dB)  7. Warble/frequency modulator
  4. Ear selector  8. Response button
• Earphones/Headsets
Play Audiometry (continued)

https://youtu.be/Hv9spP6OTuM
“Hearing Screening Environment/Play Audiometry”

Hearing Screening Environment:

1. Qualified screener
2. Calibrated audiometer
3. “Biological” calibration
4. Conducive environment
Screening Steps

• Frequency (Hz) and Intensity (dB)
• 1000, 2000, 3000, 4000 at 20-25 dB
• Play the game
• Chart to exception
• Pass/refer

• CCS referrals: (see section 41518, link below)
  https://www.dhcs.ca.gov/services/ccs/Pages/medicaleligibility.aspx
“Hearing Screening Environment/Play Audiometry” (continued)

Conditioning: Explain Handout #3 Flowchart

A. 90 dB. No block. Tone. “Listen!” (x2)

Demonstrate

B. 90 dB. Give block. Tone. You model game.
Practice Scenarios: (Flowchart)

- Cooperative Child – Demonstrate conditioning & complete screening
- Cooperative Child – Unresponsive at 25 dB, right ear. What do you do first?
- Cooperative Child – After reconditioning at 50 dB, unresponsive on left ear at 1000 Hz and 25 dB. What steps should you take?
- Uncooperative Child – How do you handle this?
Discussion & Evaluations

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