

## Straight to ABR NBHS results

Diagnoses that indicate bypassing NBHS and going straight to diagnostic ABR:

ORG A	ORG B (State Guidelines)	ORG C	ORG D	ORG E
<ul style="list-style-type: none"> <li>- Congenital CMV</li> <li>- Atresia/microtia</li> <li>- ECMO</li> <li>- Confirmed meningitis</li> <li>- Temporal bone fracture</li> </ul>	<p>Schedule Diagnostic Evaluation</p> <p>Immediately in event of:</p> <ul style="list-style-type: none"> <li>-bacterial meningitis</li> <li>-CMV Infection</li> <li>-Parental or medical provider concern</li> </ul>	<p>Currently we always do NBHS for documentation purposes. We recommend a diagnostic ABR no matter what the results of the NBHS in cases with the following high risk factors:</p> <ul style="list-style-type: none"> <li>- ECMO</li> <li>- craniofacial malformations</li> <li>- microcephaly/hydrocephalus</li> <li>- syndrome associated with hearing loss</li> <li>- CMV meningitis/encephalitis</li> <li>- skull fracture</li> </ul>	<p>These diagnoses skip over the inpatient newborn hearing screening:</p> <ul style="list-style-type: none"> <li>- Ear abnormality</li> <li>- Microtia/Atresia</li> <li>- Bacterial meningitis</li> <li>- CMV (if we know that)</li> </ul>	<ul style="list-style-type: none"> <li>- aural atresia</li> <li>- meningitis</li> <li>- congenital CMV</li> <li>- other risk factors with a HIGH prevalence of hearing loss and where the intervention needs to happen quickly (e.g., Valganciclovir for congenital CMV, potential CI implantation for meningitis).</li> </ul>