

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

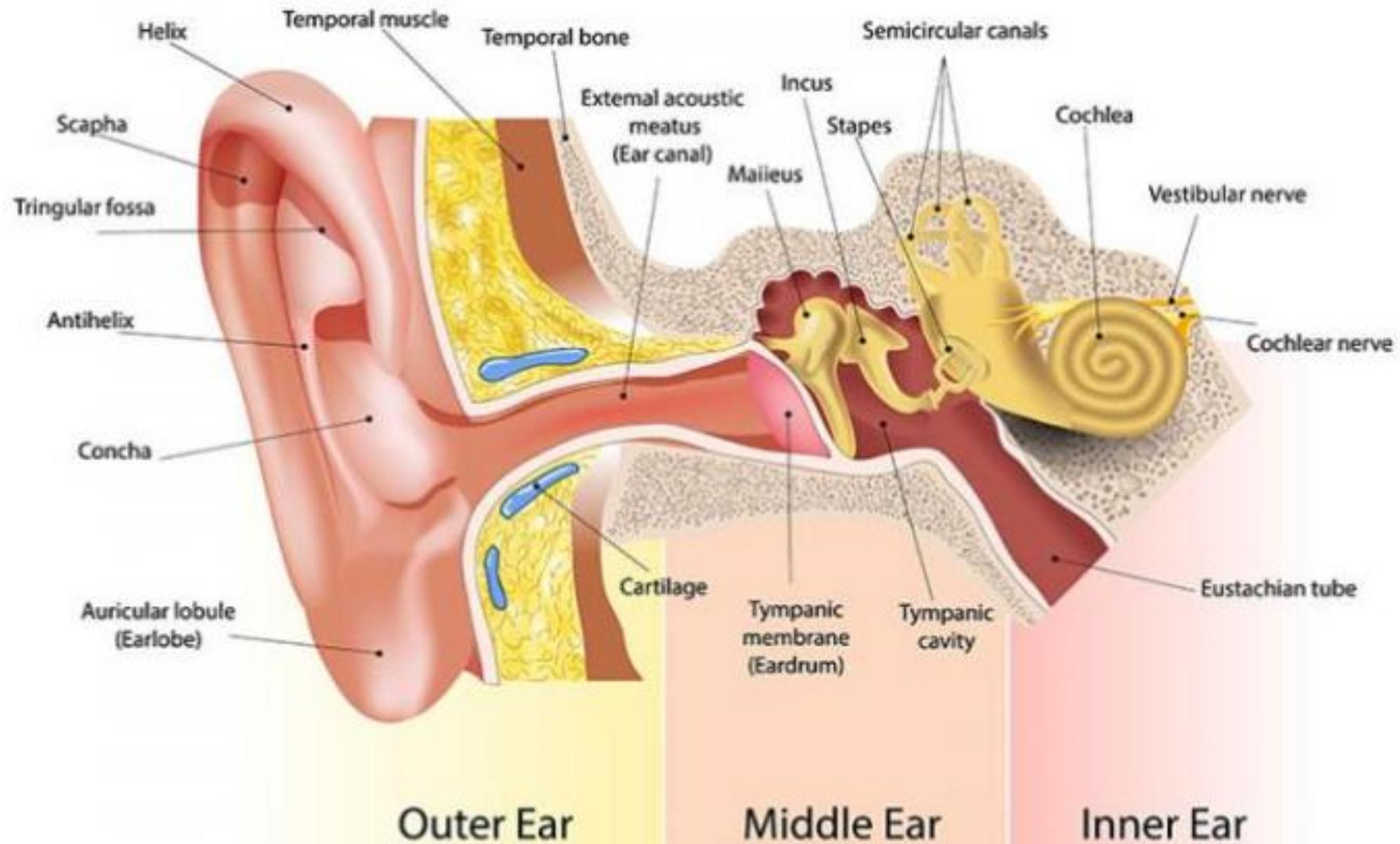
Hearing Screening & Anticipatory Guidance

- 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

[HAG #14](#)-click here



Anatomy of the Ear



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

Hearing Disorder Categories

Major Categories of Hearing Disorders:

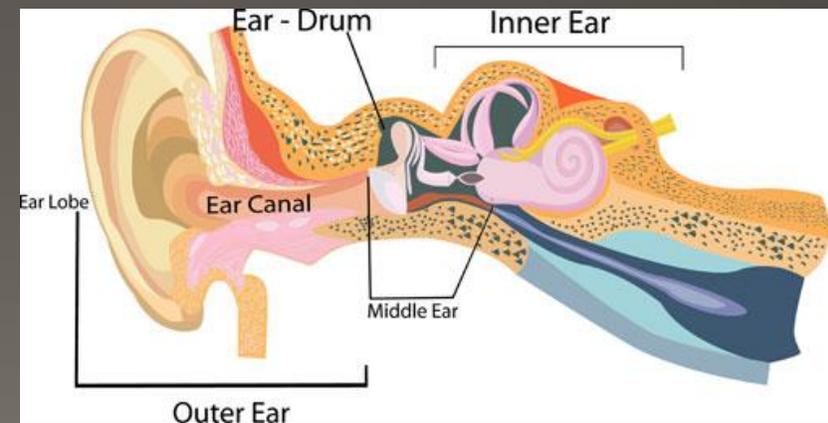
A. Conductive Hearing Loss

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
 2. Frequency selector (Hz)
 3. Intensity selector (dB)
 4. Ear selector
 5. Stimulus/interrupter switch
 6. Pulse/Steady button
 7. Warble/frequency modulator
 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.

C. 90 dB. Give block. Tone. Let child win.

D. 90 dB. Give block. Tone. Child plays alone.

E. 50 dB. Give block. Headphones on. Tone.

Child plays alone.

Practice & Practicum

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 25dB. What steps should you take?
- Uncooperative Child – How do you handle this?

Discussion & Evaluations



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