



Rancho Los Amigos National Rehabilitation Center

Communication Disorders Department- Audiology

Policy and Procedure

SUBJECT: CONTENT OF THE AUDIOLOGY NOTE

Policy No.: 418

Supersedes: September 1990

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PURPOSE

To outline the content of the audiology note.

POLICY

An audiology note is recorded in the medical record for all types of audiological services, including assessment and follow-up.

PROCEDURES

Inpatients who receive a hearing screening, the raw data is recorded on the Audiometric Screening Form (T-R0091EAUDV). The form is then scanned into the medical record.

For inpatients and outpatients who receive an audiological assessment, an Audiology Note is completed in addition to the Screening Form, when indicated. When the patient is referred by a DHS provider with access to the electronic health record, it is not required that information be repeated if it is readily accessible to the reader. The Audiology Note contains the following keys sections. Specific information within each section will vary depending on visit type or service.

1. Data Gathering
 - a. Pertinent Identifying information (e.g. age, gender)
 - b. Referral source and reason for referral
 - c. Patient complaints or concerns (e.g. decreased hearing; tinnitus)
 - d. Prior audiologic test results
 - e. Relevant medical diagnoses, onset date(s), current interventions, medical history etc.
 - f. Education and/or occupation if known and/or relevant
 - g. In addition to the above information, the pediatric evaluation may also include developmental history, pregnancy/birth information, family history of hearing loss etc.
2. Assessment/Interpretation of Assessment Results
 - a. Interpretation of test results and the type and severity of a hearing impairment and associated conditions (using formal and informal assessment measures and clinical observations). These results may include but are not limited to:
 1. Puretone air and bone conduction thresholds
 2. Speech audiometry
 3. Immittance test battery
 4. Informal observation of speech and language

5. Electroacoustic analysis of hearing aids
6. Hearing aid performance via aided testing, including real ear measurements.

In addition to the above, sound field audiometry (e.g. visual reinforcement or behavior observation) and play audiometry for pediatric patients.

- b. Influencing factors: If applicable, a description of factors not caused by the hearing loss but may contribute or intensify the patient's overall hearing disorder.
 1. Medical problems (e.g. pain, headaches or dizziness)
 2. Emotional characteristics (e.g. low frustration tolerance, anxiety or depression; social factors, etc.).
 3. Social factors (e.g., reaction of family to the patients hearing impairment, fear of interacting with friends, possible malingering)
 4. Cognitive or communication impairment

3. Recommendations

Recommendations may include audiological follow-up, referral to physician, consultation with other professionals (e.g. speech pathology), ear mold and hearing aid procurement, environmental accommodations (e.g. preferential seating), communication strategies etc.

4. Signature/License of Audiologist

- a. Notes are electronically signed/finalized by a licensed audiologist with certificate of clinical competence.
- b. Student externs forward documentation to the audiologist for review, co-signature and finalization. Supervisor must co-sign all reports.

5. Physician Signature

The audiology note is forwarded to referring provider for signature

Documentation Timelines: Forms for inpatient screenings are completed within 24 hours. Documentation for inpatients receiving audiologic assessment are completed within 48 hours; notes for outpatients completed within 5 working days (depending on complexity of patient, assessment etc.).

Source:

Preferred Practice Patterns, for the, Profession of Audiology
Approved by the ASHA legislative Council, December 21, 2006.
<http://www.asha.org/policy/PP2006-00274/>