



Rancho Los Amigos National Rehabilitation Center

Communication Disorders Department -Audiology

Policy and Procedure

SUBJECT: PEDIATRIC AUDIOLOGIC ASSESSMENT

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Supersedes: September 1990
Revision Date: February 2022
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PURPOSE

To outline procedures for a pediatric audiological assessment.

POLICY

A pediatric audiological assessment is necessary to determine the status of the auditory system in individuals whose developmental levels preclude the use of a basic and/or comprehensive audiological assessment. Pediatric audiological assessment is conducted to quantify and qualify hearing loss on the basis of perceptual, physiologic, or electrophysiological responses to acoustic stimuli. Assessment may occur as a result of failed hearing screening or referral and may result in recommendations for further audiological assessment, rehabilitative assessment, medical/educational referral, hearing aid assessment, aural rehabilitation, speech or language assessment, or counseling.

Pediatric audiological assessment is conducted according to the Fundamental Components of Preferred Practice Patterns.

PROCEDURES

1. Case history obtained from family member or caretaker
2. Otoscopic Evaluation (see Communication Disorders Department Policy- Otoscopic Evaluation)
3. Assessment- may include but is not limited to:
 - a. Developmentally appropriate behavioral procedures (e.g. behavioral observation audiometry, visual reinforcement audiometry, play audiometry) using non-speech and speech stimuli
 - b. Behavioral observation of speech and language status
 - c. Tympanometry, and acoustic reflex measures
 - d. Transient Evoked Otoacoustic Emissions (TEOAEs) and/or Distortion Product Otoacoustic Emissions (DPOAEs)
4. All raw data are to be documented on the Audiological Evaluation Form T-R0091 EAUDV.
5. Measurement of auditory evoked potentials may be performed when traditional audiometry cannot be employed or as check on behavioral test results.

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6. Recently documented measurement procedures may supplement the Pediatric Audiological Assessment.
7. Patients/clients with identified hearing loss receive follow-up services to monitor audiological status and to ensure appropriate treatment.
8. Assessments use measurable acoustic stimuli (e.g. pure tones, broad band noise).
9. Specifications for electroacoustic equipment and ambient noise meet ANSI standards, where applicable.
10. Instrumentation is available for monitoring, recording, and reinforcing patients'/clients' responses.
11. For documentation procedures of the pediatric audiological assessment see Communication Disorders Department Policy- Content of the Audiology Note.

Source: Preferred Practice Patterns for the Professions of Speech-Language Pathology and Audiology, ASHA- Supplement No. 11, March 1993.

American Speech and Hearing Association, Committee on Audiometric Evaluation (1978a). Guidelines for manual puretone threshold audiometry. ASHA, 20,297-301.

American National Standards Institute (1977), Criteria for permissible ambient noise during audiometric testing. ANSI S3.1 -1977. New York: American National Standards.

American National Standards Institute (1989). American national standard specification for audiometers. ANSI S3.6 -1989. New York: American National Standards Institute.

ASHA.org Preferred Practice Patterns, Audiology