Standard S3.2[2025]

Draft Standard

The profession of audiology is committed to providing auditory and vestibular care through ethical and evidence-based clinical practices that lead to optimal patient outcomes. Standard of practice documents outline basic services that audiologists are expected to include in the provision of quality healthcare. They reflect the values and priorities of the profession, providing direction for professional practice and a framework for the evaluation of practice. Standards of practice are prepared by subject matter experts, based on available evidence, peer-reviewed and subject to periodic updating.

DIAGNOSTIC HEARING EVALUATION STANDARD FOR PEDIATRIC PATIENTS

This diagnostic hearing evaluation standard is intended for infants, young children, and those who have not reached an adult stage of development. The audiologist attending to the needs of patients determines whether pediatric or adult standards apply to each patient. Hearing-related services are provided within the patient's given family/guardian setting, with respect to all aspects of diversity, equity, inclusion, and belonging. [11]

1. The communication needs of infants and children are complex and change over time. Management of these needs is the responsibility of a multi-disciplinary professional team that includes the audiologist, the child (when applicable), parents, guardians, other family members, and caregivers (herein described as "caregivers"). [3]

2. Audiologists select developmentally appropriate assessment methods based on the needs of each patient. Assessment decisions are based on the audiologist's observation of the patient and their caregivers, along with information from the available case history. [1]

3. Communication with patients and caregivers is conducted in a clear, empathetic manner that is family-centered and consistent with their

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preferred communication mode, cultural considerations, comprehension, and health literacy level. [17]

4. A comprehensive patient history is gathered during the evaluation, considering caregiver dynamics, cultural factors, and any potential barriers to healthcare. This history covers the patient's past and current auditory and vestibular status, developmental milestones, and pertinent medical history, including any risk factors for hearing loss. [17]

5. The goal of the pediatric diagnostic hearing evaluation is to obtain a reliable and valid audiological assessment that includes ear- and frequency-specific information to quantify hearing sensitivity. If the audiologist is unable to quantify hearing sensitivity via behavioral methods, additional measures of auditory function may be necessary in addition to the assessments described below. [1,6]

6. The audiologist performs otoscopy (visual inspection of the outer ear, ear canal, and eardrum), documenting any abnormalities. [1]

7. The audiologist uses appropriate tests to establish frequency-specific air conduction thresholds for as many frequencies as possible, considering the patient's attentiveness, reliability, and developmental level. Frequencies tested should include at least one low and one high frequency in the range of 250 Hz – 8000 Hz. Ear-specific thresholds are needed to rule out unilateral hearing loss. [4,9]

8. When air conduction thresholds are abnormal, frequency-specific bone conduction thresholds are obtained to help determine the type of hearing loss. [9]

9. Speech awareness or speech reception thresholds are obtained using developmentally appropriate materials to verify agreement with frequency-specific findings. [22]

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10. Acoustic immittance measurements are obtained to evaluate the function of the middle ear and to aid in the differential diagnosis of hearing status. [16]

11. Otoacoustic emissions are measured to evaluate cochlear function and to aid in the differential diagnosis of hearing status. [5,10,13]

12. Audiologists utilize cross-checks p to validate ear- and frequency-specific data. [18]

13. Additional testing sessions may be necessary to obtain a complete auditory profile. [1,2,6]

14. The audiologist may determine that evaluation with auditory evoked potentials is necessary when other testing is impractical, inconclusive, or unsuccessful. [14,21]

15. For patients with confirmed hearing loss or risk factors for late-onset or progressive hearing loss, periodic monitoring is completed under the direction of the audiologist. [19]

16. The audiologist may administer screenings or recommend additional evaluations based on the needs of the patient. These may include other audiological, vestibular, physical, behavioral, developmental, or medical evaluations. [4,8]

17. The audiologist may refer for additional communication, educational, social, and caregiver support. [2,12]

18. Options for intervention are reviewed with the patient and their caregivers when persistent and significant elevation of hearing thresholds or other hearing differences impact communication and learning. [7,19]

19. Written documentation of the diagnostic hearing evaluation is maintained as part of the patient record. Written records are thorough and sufficient for patient follow-up as well as sharing with other providers, staff, departments, or facilities. [15]

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20. Results and recommendations are communicated to the patient, ~~family~~, their caregivers, state agencies, care team, and educational team as appropriate. [15]

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