



CHILDRENLink: LOGIC

Form 31 Audiology LOGIC

A: VISIT DATE

A2	Was this test performed?	O No → Done	O Yes
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B: AUDIOLOGICAL RECEPTION THRESHOLD EVALUATION

B1	Date of test	____ / ____ / ____		
Left Ear Air Conduction				
B2	500 Hz at 20 dB HL	O Pass	O Fail	O Not Done
B3	1000 Hz at 20 dB HL	O Pass	O Fail	O Not Done
B4	2000 Hz at 20 dB HL	O Pass	O Fail	O Not Done
B5	4000 Hz at 20 dB HL	O Pass	O Fail	O Not Done
Right Ear Air Conduction				
B6	500 Hz at 20 dB HL	O Pass	O Fail	O Not Done
B7	1000 Hz at 20 dB HL	O Pass	O Fail	O Not Done
B8	2000 Hz at 20 dB HL	O Pass	O Fail	O Not Done
B9	4000 Hz at 20 dB HL	O Pass	O Fail	O Not Done

B: TYMPANOGRAM RESULTS

Tympanogram Results (if performed): perform otoscopy prior to performing tympanometry

B11	Was it performed?	<input type="radio"/> Option 1) Not done; child passed air conduction hearing screening → Done <input type="radio"/> Option 2) Not done; child did not pass air conduction hearing screening but could not cooperate for tympanometric testing → Done <input type="radio"/> Option 3) Not done; did not pass air conduction hearing screening but an adequate seal could not be obtained (unrelated to PE tubes or tympanic membrane perforation) → Done <input type="radio"/> Option 4) Not done; other: child did not pass air conduction hearing screening, however, please explain <input type="radio"/> Option 5) Done; child did not pass air conduction hearing screening → go to B13
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B: TYMPANOGRAM RESULTS

B12	If option 4 was selected, please explain	_____ → Done
B13	Date of test	____ / ____ / ____
B14	Typanometry right ear:	<input type="radio"/> Pass → go to B16 <input type="radio"/> Fail
B15	Right ear, reason for failure:	<input type="radio"/> Negative Pressure <input type="radio"/> Excessive wax <input type="radio"/> Recent ear infection/congestion fluid <input type="radio"/> No mobility of tympanic membrane <input type="radio"/> Other (specify): _____
B16	Typanometry left ear:	<input type="radio"/> Pass → Done <input type="radio"/> Fail
B17	Left ear, reason for failure:	<input type="radio"/> Negative Pressure <input type="radio"/> Excessive wax <input type="radio"/> Recent ear infection/congestion fluid <input type="radio"/> No mobility of tympanic membrane <input type="radio"/> Other (specify): _____

Keep original copy of tympanogram results in study binder, if available.

Disposition: Refer follow-up with child's PCP if: 1. Ear drainage is observed 2. Ear canal obstruction, impacted cerumen or foreign objects, blood or other secretions, stenosis or atresia, otitis externa, and perforations or other abnormalities of the tympanic membrane (TM) are apparent. 3. Tympanometric equivalent ear canal volume (Vec) is greater than 1.0 cm³ accompanied by a flat tympanogram (i.e. there is no admittance peak) to select those at risk for TM perforation. Do not refer if tympanostomy tube is in place or if TM perforation is under the management of a physician. 4. Tympanometric Vec is less than 1.0 cm³ and peak admittance is <0.3 millimho or tympanometric width is >200 descaPascals

Refer for diagnostic audiometric evaluation if: 1. Child fails audiometric screening at one or more frequencies (see criteria above) 2. No abnormality is observed on otoscopy, and 3. Child passes tympanometry