Guidelines for the Audiological Assessment for IMPAACT P1026s
Diagnosis and management of pediatric, adolescent and maternal audiology

The purpose of these guidelines are to provide accurate, adequate and efficient audiological assessments to pediatric, adolescent and maternal participants in P1026s. These guidelines are meant to be used as a reference for sites together with their site standard operating procedures and should not replace standard site procedures. Please email IMPAACT, TEAMP1026S@fstrf.org if you have any questions.

Procedure for assessing participants hearing levels: 0-4 years of age

- Otoscopy
- Tympanometry (initial & final visits and when indicated)
- Otoacoustic emissions (OAE)
- Play audiometry testing, if the participant is able to follow the instructions

Procedure for assessing participant hearing levels: 5-16 years of age

- Otoscopy
- Tympanometry (initial & final visits and when indicated)
- Puretone air conduction
- Puretone bone conduction, if indicated
- Play audiometry testing if the participant is able to follow the instructions
- Visual Reinforcement Audiometry (VRA), if indicated
- If the participant is unable to follow regular puretone audiometry by pressing a button/handling, then OAE testing

Procedure for assessing participant hearing levels: 17 years until geriatric of age

- Otoscopy
- Tympanometry (initial & final visits and when indicated)
- Regular puretone audiometry testing, if the participant is able to follow the instructions
- If the participant is unable to follow regular puretone audiometry by pressing a button/handling, then OAE testing

Referral procedure based in initial results

- If a participant has normal hearing results, then monthly assessments should follow.
- If a participant has abnormal hearing of any degree, then a 2-week follow-up visit should be made.
- If a ‘could not assess’ result is obtained, then a 2-week follow-up visit should be made.
- If the change in hearing threshold is not significant, then monthly follow-up visits should occur.
• If the change in hearing threshold is significant, then a 2-week follow-up visit should be made.
• If a middle ear infection exists, a referral back to the referring doctor should be made for middle ear management before the next assessment. For children 0-4 years of age, an assessment date should be made once the middle ear infection has cleared and the participant has been assessed with OAE.
• If a conductive component is indicated on the results, then an appropriate referral should be made.

Referral procedure based on follow-up assessment results
• If the results/hearing levels have not changed significantly, then monthly follow-up visits should be scheduled.
• If the results/hearing levels have changed significantly, then a 2-week follow-up should be scheduled.
• Once the results are stable and consistent, i.e. no significant more significant changes, then monthly follow-up visits should be scheduled.
• If the participant cannot be assessed for any reason after two more attempts, then a referral will be made for objective testing or another audiology department based on the referral pathway. For children and adolescents 0-16 years of age, a referral for an auditory brain stem response and/or steady state evoked potential testing should be made.