

Vision and Hearing Screening Cheat Sheet

(2.5.19 – KM)

Appendix A Hearing and Vision Check-Out Rubric

SKILL	HEARING	VISION
	*re: for grades K, 1, 2, 3, 5, 8, & 11 (once between ages 3-5)	*re: for grades 1, 3, 5, 7, & 10 (once between ages 3-5)
Set up screening station	Quiet environment (are with less ambient noise) Face student away from screener	Place chart at eye level Measure 10 FT for ALL charts- (tape measure/tape needed). Student must stand with foot arches on 10' line
Understand the equipment/ages	Audiometer-8 tones for all ages (4/ear) + 6000/20 dB= ages 11 + NO alcohol use on ear pads Annual calibration needed- documentation inside case. Frequency Dial: The frequency dial rotates from 250 to 8000 Hz and controls the test frequency or the pitch of the tone. Decibel (dB) or Hearing Level Dial: This dial controls the test intensity or loudness of the tone. Allows the screener to vary the tones presented in 5dB steps from approximately 0 to 80/100dB.	HOTV chart- ages 3-5 Sloan Chart- 6 yrs + Color Vision= Kdg boys only Occluders needed All ages: Penlight needed. Small toy/pencil with sticker on Needed for WIPL W- Whites I- Iris P- Pupils L- Lids/Lashes <ul style="list-style-type: none"> • <u>Corneal light</u>-shine light on forehead/check pupils = • <u>Unilateral cover test</u>-use occluder while staring at object, watch movements
Demonstrate procedure	Red head phone-RT ear Blue headphone-LT ear Practice tone: Set selector switch to "Right" and present 40dB at 1000 Hz. Turn dial to 20dB and present tones at 1000, 2000, 4000, and 6000 Hz (if 11 and older). Turn selector switch to "Left" and present tones at 6000, 4000, 2000, and 1000 Hz. Set dial to 25dB and present tone at 500 Hz *; next, turn selector switch to "Right" and present tone at 500 Hz *. Present tones for one to two seconds; you may present the tone twice consecutively if needed for each screening frequency.	If child wears corrective lenses or contacts need to be worn. Position the occluder over the eyeglasses. Perform WIPL & Acuity Screen the RIGHT eye first , with the LEFT eye occluded . Start from the top line, ask the child to identify the first letter on the RIGHT side of the chart moving down the lines until a letter is missed. Return to the line above the missed letter and ask the child to identify each letter on that line, reading left to right. If the child correctly identifies 4 of the 5 letters on the line, move down to the next line and ask the child to identify the letters.

Vision and Hearing Screening Cheat Sheet

(2.5.19 – KM)

	<p>If the child did not hear one or more tones in either ear, perform an immediate rescreen by repeating the entire pure tone series, preferably with a different screener and audiometer.</p>	<p>Continue to move down the lines on the right side of the chart until the child is unable to identify 4 out of 5</p> <p>Document the line where 4 letters have been named correctly.</p>
<p>Documentation Refer/re-screen</p>	<p>√= Pass 0=Fail -If have URI/cold/cough symptoms best not to screen, make note of that</p> <p>Show correct documentation on form-</p>	<p>HOTV CHART REFER Age 3 years 10/32 (20/60) or worse in either eye or a difference of two lines or more between the eyes in the PASS range. Age 4 years 10/25 (20/50) or worse in either eye or a difference of two lines or more between the eyes in the PASS range. Age 5 years 10/20 (20/40) or worse in either eye or a difference of two lines or more between the eyes in the PASS range.</p> <hr/> <p>SLOAN CHART PASS 10/16 (20/32) or better in each eye without a difference of two lines between the eyes in the PASS range.</p> <p>REFER 10/20 (20/40) or worse in either eye or a difference of two lines or more between the eyes in the PASS range.</p> <p>Show correct documentation on form-</p>
<p>Knowledge of PASS results</p>	<p>Must pass 8 tones (4 in each ear). Ages 11+ have additional tone in each ear.</p>	<p>Must identify 4/5 letters in each line, if only 4- ALL. <i>*No more than a 1 line difference between the results of both eyes</i></p>

*** When nursing students are screening, we encourage them to rescreen any children with another student nurse before calling it a rescreen. We also recommend that nursing students write on the results form the reason the children did not pass the screening.*

Miles, K. (2018)