<table>
<thead>
<tr>
<th>Age</th>
<th>Audiological Diagnostics</th>
<th>Audiological Intervention</th>
<th>Speech-Language Recommendations</th>
<th>Family Consultant Or Social Worker</th>
<th>Additional Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 months</td>
<td>Otoscopy ABR with CM recording protocol; OAEs 1k Hz immittance, acoustic reflexes</td>
<td>Parent counseling Parent education</td>
<td>Parent counseling Visual language enhancement techniques Observation of communication</td>
<td>Parent counseling Resources Emotional support Home intervention services</td>
<td>Pediatric/developmental Otologic Medical genetics Ophthalmologic Neurologic</td>
</tr>
<tr>
<td>3-6 months</td>
<td>Otoscopy ABR with CM recording protocol; OAEs 1k Hz immittance, acoustic reflexes BOA; startle response Parent auditory questionnaire</td>
<td>Same as above</td>
<td>Counseling to provide language rich environment including auditory and visual communication systems</td>
<td>Connect family to additional community based resources • Parent organizations</td>
<td>Other as needed</td>
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<tr>
<td>6-9 months</td>
<td>Otoscopy Behavioral assessment (BOA, VRA) attempt ear specific, frequency specific warbled tones; speech awareness Immittance, acoustic reflexes OAEs Parent auditory questionnaire</td>
<td>Same as above</td>
<td>Formal communication evaluation including assessment of receptive, expressive, and pragmatic language; play; speech sound production Recommendations based on results</td>
<td>Websites specific to AN Ensure family is receiving visual communication support in the home</td>
<td>Other as needed</td>
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<tr>
<td>9-12 months</td>
<td>Otoscopy Behavioral assessment (BOA, VRA); attempt ear specific, frequency specific warbled tones; speech awareness Immittance, acoustic reflexes OAEs Parent auditory questionnaire</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Optional ABR evaluation under sedation or anesthesia if: unable to obtain behavioral auditory responses; Child’s auditory responses change; Per parent request</td>
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Auditory Neuropathy Spectrum Disorder
Team Management Protocol for children who demonstrate variable auditory responses/difficult to test

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| 18 months | Otoscopy  
Behavioral assessment (BOA, VRA, CPA); attempt ear specific, frequency specific warbled tones; speech awareness and speech recognition in quiet & noise  
Immittance, acoustic reflexes  
OAEs  
Parent auditory questionnaire | Monitor 6 months  
OR If conditioned behavioral measures demonstrate reliable elevated thresholds, fit with amplification per clinic protocol (see special considerations). | Formal communication evaluation including assessment of receptive, expressive, and pragmatic language; play; speech sound production  
Recommendations based on results | Begin support for transition to preschool services | Other as needed |
| 24 months | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Other as needed |
| 3 - 6 years | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Other as needed |
| School age | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Same as above  
Informal re-evaluation  
Monitor vocabulary development | Other as needed |

**Special considerations:** Once frequency specific/ear specific audiometric “thresholds” at elevated levels are obtained by conditioned behavioral measures, and remain stable, fit with hearing aids using pediatric fitting strategies and fit to “audiogram.” If hearing levels are variable and/or fluctuate, consider multiple HA programs. Monitor and adjust hearing aid fitting based upon hearing thresholds, RECD measurements, parental report, and demonstration of benefit. Add FM as indicated; Parent documentation and input critical for management.

If child does not demonstrate benefit from amplification and speech-language skill development is not commensurate with his or her potential, or if child is not making expected progress, then cochlear implantation may be considered **REGARDLESS** of audiometric thresholds. CI workup should include surgeon consultation, imaging of cochlear nerve, CT scan, device counseling, team evaluation per CI Center protocol.