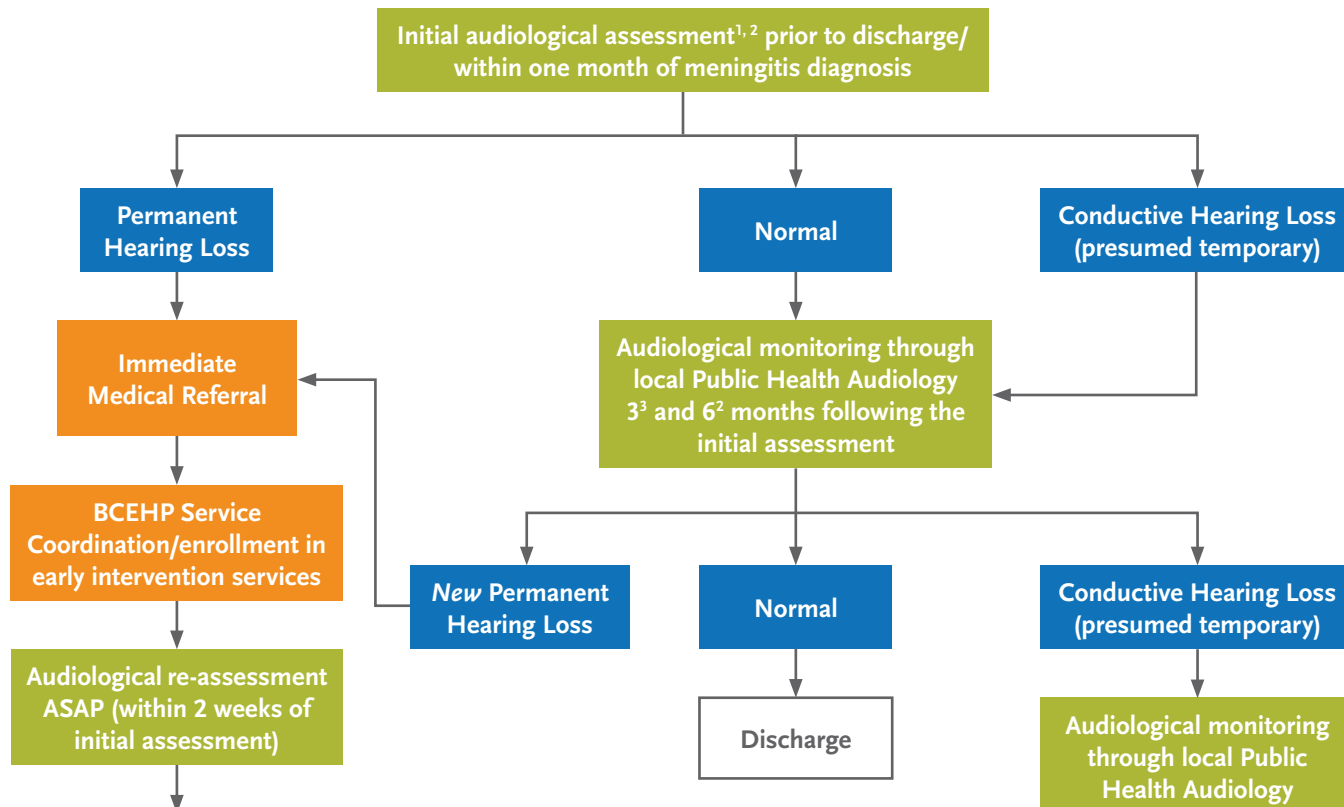


Specialized Monitoring: Meningitis (irrespective of pathogen)



NOTE: All time frames are in reference to the time following diagnosis of meningitis.

1. Developmentally appropriate testing: either ABR or behavioural audiometry (VRA, play, standard). Infants scheduled for ABR audiometry should be seen as soon as medically possible following recovery from the acute phase of the illness, regardless of screening pass or fail, but not prior to 4 weeks corrected age.
2. Minimum data required for normal = ABR 0.5, 2, and 4 kHz at 25dB HL (both ears) or behavioural audiometry 0.5, 2 and 4 kHz at 25dB HL (both ears) OR soundfield results 0.5, 2 and 4 kHz with present OAEs from 2-4 kHz (both ears).
3. The presence of OAEs 2-4 kHz (both ears) is the minimal data required for the 3-month audiological assessment. IF OAEs are unclear/absent then ABR/behavioural testing is required.
4. Refer to BCEHP Amplification Protocol.
5. NOTE that children followed by the Cochlear Implant (CI) team may follow a slightly different path. Please contact the BCCH CI Services Coordinator for details.

Outcomes

Tests

Referrals