Information Bulletin



Ministry of Health, NSW 73 Miller Street North Sydney NSW 2060 Locked Mail Bag 961 North Sydney NSW 2059 Telephone (02) 9391 9000 Fax (02) 9391 9101 http://www.health.nsw.gov.au/policies/

New State Forms for use by Audiometry Nurses in Community Based Hearing Services

Document Number IB2014_027

Publication date 13-May-2014

Functional Sub group Clinical/ Patient Services - Information and data

Clinical/ Patient Services - Records

Summary The information bulletin provides advice regarding the availability of

revised state forms for use by Audiometry Nursing services in Community

Health settings.

Replaces Doc. No. Audiometry - New Forms for use by Community Nurses in NSW Health

Hearing Clinics [PD2005_617]

Author Branch NSW Kids and Families

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Applies to Local Health Districts, Board Governed Statutory Health Corporations,

Chief Executive Governed Statutory Health Corporations, Affiliated Health

Organisations, Community Health Centres, Public Hospitals

Audience All staff

Distributed to Public Health System, Divisions of General Practice, Government

Medical Officers, Health Associations Unions, Ministry of Health, Private

Hospitals and Day Procedure Centres, Tertiary Education Institutes

Review date 13-May-2019

Policy Manual Not applicable

File No. 13/4063

Status Active



NEW STATE FORMS FOR USE BY AUDIOMETRY NURSES IN COMMUNITY BASED HEARING SERVICES

PURPOSE

To provide advice regarding the release of revised forms for use by Audiometry Nurses in community based hearing services.

KEY INFORMATION

NSW Kids and Families recently conducted a review of the Audiometry forms used by Nurse Audiometrists in NSW Health community health clinics.

This review was prompted by:

- The need to format all state forms to the current template, including the current NSW Health logo and unique barcodes to facilitate scanning to EMR
- The changed professional title of Audiometry Nurses (previously Nurse Audiometrists)
- A need to collected data regarding the Aboriginal and Torres Strait Islander origin of patients.

The resulting form is particularly suited to assessment of children.

It is understood that this form may not be suitable for the work of Audiometrists in other settings and with primarily adult consumers. Further development of forms by NSW Kids and Families is anticipated for all hearing services in the future.

The forms can be ordered from Fuji Xerox on ePOD.

- When placing orders with Salmat quote the following information: NH606301 -Audiometry Report (Book of 100) (in triplicate)
- NH606302 Audiometry History (Book of 100) (in triplicate)

ATTACHMENTS

- 1. Audiometry History Form (NH606302 SMR070.000)
- 2. Audiometry Report Form (NH606301 SMR070.001)

IB2014 027 Issue date: May- 2014 Page 1 of 1

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sessment Date: / / esenting Problems (Reason for					☐ Yes, both A	boriginal and	Torres Strait Isla	nder		
Child (Birth		15 years) Delivery		_ Family Hist	`	15 years o	nwards)			
NICU/SCN/Other	V / NI	Outcomo	ACC / DEEE	Conorol Ho	aclth					
Family History of Deafness	Y / N	Outcome P	ASS / NEFE	n General ne						
			 Medication 							
Cranio-Facial Abnormalities	Y/N Y/N	Birth weight <15								
Ototoxic Medication > 7 days	Y/N	Apgar < 7 at 5	mins Y/	N Severe Hea	ad Injuries?	Y/N N	oise Exposure?	Y/I		
Ventilation > 5 days	Y/N	Syndrome	Υ/	N Type of No	ise:					
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Other							ate//			
Speech Development										
General Health				_ Outcome (I	r known)					
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Behaviour										
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Infectious Diseases (List)							1 NA	37.7		
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Where?							• OHIONOI	1 / 1		
Where? Outcome (if known)										
Outcome (if known)		Date: /	/							
	Y/N									

Outcome (if known)									
Presenting Symp	toms	s:							
Suspected Hearing Los	s? Y/	N Unilateral	R/L	Bilateral	How	Long?			
Any of the Following?									
Fullness	Y/N	Pain	Y/N	Discharge	Y/N	Dizziness	Y/N	Mouth Breather	Y/N
Excessive Headaches	aches Y/N Nasal Conges			Asthma	Y/N	Allergies	Y/N	Snores	Y/N
(If Child) Can Blow Nose?	Y/N	Do loud noises hur	t the ea	Y/N	Regularly exp	osed to Ciga	arette Smoke	Y/N	
Any Tinnitus?	Y/N	Intermittent/Continu	Jous	Unilateral R/L	– Bilateral	How Long?_			
Other									
History given by Client / Pa									
Consent given by Client/Pa	arent/C	Carer (Name)				_(Signature)_			
or this assessment and re	sults b	eing provided to							
Signature							Date:/	/	
History recorded by (print)					_ Signature				
Audiometry Nurse	Stu	ident Audiometry Nu	rse						

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Medications:								
Severe Head Injuries? Y / N Noise Exposure? Y / N								
Type of Noise:								
Length of Exposure Hearing Protection then? Y / N								
Hearing Protection now? Y / N								
Previous Hearing Assessment? Y / N Date/								
Where?								
Outcome (if known)								
Previous ENT Consultation? Y / N Date / _ /								
Where ?Who?								
Outcome (if known)								
Hearing Aid? Y / N Worn Y / N								
Hearing problems noted: TV Y/N Phone Y/N Meetings Y/N								
TV Y/N Phone Y/N Meetings Y/N In a Car Y/N In Groups Y/N Generally Y/N								
Feel that People Mumble Y/N Smoker Y/N								
Other Details not listed Above:								

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