

Limited and Full Diagnostic ABR	
For infants with Normal OAEs and no risk factors, including no caregiver concerns for hearing	<p><b>Limited diagnostic protocol:</b></p> <ol style="list-style-type: none"> <li>1) Alternating split-sweep clicks or chirps at 60 and 25 dB nHL</li> <li>2) If no response present at 60 dB, increase in 20 dB steps to determine overall starting level for toneburst stimuli and proceed to full diagnostic protocol.</li> <li>3) If the click or chirp ABR is present in both ears at 25 dB nHL with normal OAEs, the assessment is considered normal.</li> <li>4) Always test both ears even if only one referred.</li> </ol>
For infants with Abnormal OAE or Risk factors present	<p><b>Full diagnostic protocol:</b></p> <ol style="list-style-type: none"> <li>1) Alternating split-sweep clicks or chirps at 60 and 25 dB nHL*</li> <li>2) If no response present at 60 dB, increase in 20 dB steps to determine overall starting level for toneburst stimuli and proceed to full diagnostic protocol.</li> <li>3) Continue with AC tone bursts starting at 10-20 dB above click threshold. <ul style="list-style-type: none"> <li>• 4000 Hz</li> <li>• 1000 Hz</li> </ul> </li> <li>4) Decrease or increase as needed in 10-20 dB steps to threshold. Obtain a no response recording 5-10 dB below lowest repeatable response to determine threshold.</li> <li>5) Switch ears and repeat. <p>If above abnormal and if infant sleep state permits:</p> <ul style="list-style-type: none"> <li>• 500 Hz</li> <li>• 2000 Hz</li> </ul> </li> <li>6) Continue with BC tone bursts at below starting levels if AC thresholds were abnormal. Decrease or increase in 10-20 dB steps to threshold. Obtain a no response recording 5-10 dB below lowest repeatable response to determine threshold. <ul style="list-style-type: none"> <li>• 4000 Hz at 30 dB nHL</li> <li>• 1000 Hz at 30 dB nHL</li> </ul> </li> <li>7) If two-channel recordings are performed, the latency value and amplitude can be used to infer side of BC response, since ipsilateral recordings are better than contralateral (Hatton et al., 2012).</li> <li>8) Note that at less than 12 weeks of age and bone conduction levels of less than 15 dB nHL, there is no cross over so masking is not necessary.</li> </ol>