

Instructions for Auditory Brainstem Response (ABR) Test

Your child has been scheduled to have a special hearing test. Your child will need to sleep during this test. A mild sedation will be used to help your child sleep. The sedation is prescribed by a physician and administered by one of our staff.

This test is called the Auditory Brainstem Response (ABR). The purpose of the test is to learn more about your child's hearing so that we may advise you more accurately as to what should be done if your child has a hearing loss.

The test will take approximately three (3) hours. If you suspect that your child has an ear infection, please call the office immediately and speak with the Medical Assistant. The test may need to be rescheduled.

Your child's test is scheduled for our _____ office.

DATE: _____ at _____ AM / PM

APPOINTMENT WITH: _____

It is IMPORTANT that your child be as sleepy as possible when you arrive for the test. Please awaken your child earlier than you normally do by two (2) hours, and do not let your child sleep from that time until you arrive. Please restrict your child's food intake to light liquids for three (3) hours before arriving for the test.

DO NOT GIVE MILK.

Please be prepared to pay for the testing or bring your completed health insurance form with you.

IF YOU HAVE ANY QUESTIONS ABOUT THIS TESTING OR IF YOU ARE UNABLE TO KEEP THIS APPOINTMENT, PLEASE LET US KNOW 48 HOURS IN ADVANCE.

REMEMBER:

- WAKE UP EARLY!
- KEEP AWAKE!
- NO MILK!