AUDITORY BRAINSTEM RESPONSE (ABR)
PRE-SEDATION INSTRUCTIONS

Your child has been scheduled for an auditory brainstem response (ABR) evaluation. An ABR is an objective test that measures “brain waves” produced when the ear hears sounds. This test assesses the function of the hearing pathway, from the ear to the brainstem. Electrodes will be placed on your child's forehead, on top of the head, and on the skin behind both ears. Earphones will be placed in your child's ears that will present different tones and clicks. There will not be any discomfort during the test.

The appointment may last up to 3 hours to allow for test preparation, testing, and counseling. In order to perform this evaluation, your child must sleep throughout the test. Oral sedation is not effective in all children and therefore there is a chance that the ABR may not be completed.

Please follow the instructions below per your child's age:

Newborn to 6 months of age:
- NO food, breast milk, milk or formula, etc. **4 hours** prior to your appointment time.

- Your child may have CLEAR LIQUIDS (apple juice, water, 7-up) up **UNTIL 2 hours** prior to your appointment time.

6 months of age and older:
- NO food, breast milk, milk or formula, etc. **6 hours** prior to your appointment time.

- Your child may have CLEAR LIQUIDS (apple juice, water, 7-up) up **UNTIL 2 hours** prior to your appointment time.

Please partially deprive your child of sleep the night before the test. (Put your child to sleep 1 hour later and wake your child 1 hour earlier than is his/her usual sleep schedule). This will help your child sleep for the evaluation. Do not keep him/her awake any more than this amount as it can lead to less success with the sedation.

If your child sleeps with a special doll, stuffed animal, or “security” blanket, please bring it to the evaluation.
Please bring a container of clear liquid (apple juice, Pedialyte, 7-up) for your child to drink after the evaluation is completed. Milk or formula will not be allowed until he/she has had clear liquids.

Upon completion of the test, the audiologist will discuss all the results. A report will be written to you (the parents) as well as the referring physician discussing the results and any recommendations.

If you have any questions regarding the test itself or the test instructions, please call our office at (972) 566-7359.

Appointment Date: ______________________  Time: ______________________