

Early Hearing Detection and Intervention (EHDI) Care Map

Patient Name: _____

Date of Birth: ____ / ____ / ____
mm dd yyyy

Birth	Hospital-based Inpatient Screening Results (OAE/AABR) (also Home Births)	DATE: ____ / ____ / ____ mm dd yyyy
Before 1 month	Outpatient Screening Results (OAE/AABR)	DATE: ____ / ____ / ____
Before 3 months	<input type="checkbox"/> Pediatric Diagnostic Audiology Evaluation <input type="checkbox"/> Degree and configuration of hearing loss confirmed <input type="checkbox"/> Documented child and family auditory history <input type="checkbox"/> Received copy of Confirmation of Hearing Loss form from Audiologist <input type="checkbox"/> Refer to Birth to 3 (IDEA, Part C) - First Step: 1-800-642-7837 <input type="checkbox"/> Medical & Otologic Evaluations to recommend treatment and provide clearance for hearing aid fitting <input type="checkbox"/> Pediatric Audiologic hearing aid fitting and monitoring <input type="checkbox"/> Family received "Babies & Hearing Loss Notebook for Families" <input type="checkbox"/> Family referred to Guide By Your Side: 1-888-656-8556	DATE: ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____
Before 6 months	<input type="checkbox"/> Enrollment in Birth to 3 (IDEA, Part C) (transition to Part B at 3 years of age) Medical Evaluations to determine etiology and identify related conditions <input type="checkbox"/> Ophthalmologic (annually) <input type="checkbox"/> Genetic <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology (as needed) <input type="checkbox"/> Ongoing Pediatric Audiologic Services	DATE: ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

Ongoing Care of All Infants ^(c)

Provide parents with information about hearing, speech, and language milestones

Provide parents with information about a genetic cause to hearing loss

Identify and aggressively treat middle ear disease

Vision screening and referral as needed

Ongoing developmental surveillance / referral

Referrals to otolaryngology and genetics, as needed

Risk indicators for late onset hearing loss:

(refer for audiologic monitoring)

Service Provider Contact Information

Medical Home:
Pediatric Audiologist:
Birth to 3 Contact:
Guide By Your Side Contact:
Regional Center Contact:
Other:

- (a) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiologic Evaluation. Likewise, infants at higher risk for hearing loss, or loss to follow-up, also may be referred directly to Pediatric Audiologic Evaluation.
- (b) Infants who fail the screening in one or both ears should be referred for further screening or Pediatric Audiologic Evaluation.
- (c) Includes infants whose parents refused initial or follow-up hearing screening.

OAE = Otoacoustic Emissions
AABR = Automated Auditory Brainstem Response
ABR = Auditory Brainstem Response
IDEA = Individuals with Disabilities Education Act
EHDI = Early Hearing Detection & Intervention

Adapted from a document created by:



Medical Home Care Management from Birth to 36 Months for Infants with a Confirmed Hearing Loss

History and Examination

- Coordinate audiologist visits.** Review the audiologist's report that confirms the diagnosis of hearing loss with the parents. Encourage follow up with an audiologist with pediatric expertise. A list of audiologists who have completed the Wisconsin Sound Beginnings training is available through the First Step Hotline (see Resources). Refer for regular audiologic evaluation based on audiologist's/otolaryngologist's recommendations. Sometimes hearing loss is progressive; unilateral loss can become bilateral; mild can become severe.
- Review child and family history**
- Evaluate for genetic or syndromic etiologies.** Assess for other physical findings. About half of newborns with hearing loss have a genetic cause, some associated with syndromes. The most common organs involved are eyes, heart, kidneys, thyroid, and bones. If you suspect a syndrome, consider referral to a geneticist and/or appropriate sub-specialist such as:
 - o an otolaryngologist with pediatric training. He/she will evaluate for causes of hearing loss; some causes can be treated surgically.
 - o an ophthalmologist with pediatric experience.
- Ensure early intervention.** Refer to your local Birth to 3 Program. Research shows typical or near-typical language development in children who receive intervention before 6 months of age. (See Resources List)
- Monitor middle ear status.** This is especially critical in children with confirmed hearing loss as middle ear effusion may further compromise hearing.
- Maintain scheduled well-child visits and immunizations.**
- Precautions for children with cochlear implants.** Children with cochlear implants may be at higher risk for meningitis. Make sure they are up to date on their Haemophilus influenzae type b and pneumococcal immunizations. Refer to www.CDC.gov/ncbddd/ehdi/cochlear/ for recommendations.

Working with Families

- Family support.** Be aware that many families will experience the same grief that accompanies other significant diagnoses of the newborn. Families need the emotional support of other families. The statewide Guide-By-Your-Side Program may provide family to family support. In addition, they may benefit from contact with people who are deaf or hard of hearing. Provide the family with names of state or local organizations that provide information and support. A notebook created by families and providers which includes family support resources and information on intervention options is available. (See Resources list.)
- Early intervention.** Discuss the importance of early intervention. Children who receive qualified and ongoing intervention before 6 months of age may, in many cases, maintain language development commensurate with their cognitive abilities through the age of five years. Delayed intervention can result in significant delays in communication and language skills, including reading. There is no advantage in delaying intervention.
 - o There are many intervention options and strategies that may be appropriate for children who are deaf or hard of hearing or their families.
 - o Communication options for families include American Sign Language, Auditory/Oral approaches, as well as a blending of varied communication methods based on the child's needs and family's goals. All forms of communication may be used alone or with an amplification device.
 - o Amplification devices include hearing aids, which may be fitted in infants as young as four weeks, and cochlear implants, which may be implanted at 12 months of age.
- Parent bonding.** Parents may need support in bonding with their infant/young child; encourage parents to hug, hold, smile, and even sing and talk to their baby -- all attention given with love is beneficial.
- Language and auditory skills assessment.** Assure that the child's language, communication and auditory skills are assessed by people with the qualification and experience to do so.
- Amplification.** If the child is using amplification devices, make sure they are worn continuously while awake. Ensure the parents know how to use the devices.