

# MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

## Early Hearing Detection and Intervention (EHDI) Program Patient Checklist for Primary Care Providers (Medical Home)

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_  
mm dd yyyy

<b>Birth</b>	Hospital-based Inpatient Screening Results (OAE/AABR) (also Home Births)	DATE: ___/___/___ mm dd yyyy
	Left ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <sup>(a),(b)</sup> <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <sup>(a),(b)</sup> <input type="checkbox"/> Pass	
<b>Before 1 month</b>	Outpatient Screening Results (OAE/AABR)	DATE: ___/___/___
	Left ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <sup>(a),(b)</sup> <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <sup>(a),(b)</sup> <input type="checkbox"/> Pass	
<b>Before 3 months</b>	<input type="checkbox"/> Pediatric Audiologic Evaluation <sup>(b)</sup>	DATE: ___/___/___
	<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Normal Hearing	
	<input type="checkbox"/> Documented child and family auditory history	___/___/___
	<input type="checkbox"/> Received report from audiologist confirming hearing loss	___/___/___
	<input type="checkbox"/> Refer to <i>Early On</i> <sup>®</sup> (IDEA, Part C) 1-800-327-5966	___/___/___
	<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 (if chosen option)	___/___/___
<input type="checkbox"/> Referred to Guide-By-Your-Side Parent Support Program: (517) 335-8955	___/___/___	
<b>Before 6 months</b>	<input type="checkbox"/> Enrollment in <i>Early On</i> <sup>®</sup> (IDEA, Part C) (transition to Part B at 3 years of age)	DATE: ___/___/___
	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, Nephrology and other (as needed)	___/___/___
<input type="checkbox"/> Ongoing Pediatric Audiologic Services		

**Ongoing Care of All Infants <sup>(c)</sup>**

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

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

**Pediatric Audiologist:** For pediatric audiologists in your area call the EHDI program ( 517) 335-8955  
 Website: [www.michigan.gov/ehdi](http://www.michigan.gov/ehdi)

**Early On<sup>®</sup>- Birth to Three Program**  
 Contact: 1-800-327-5966

**Guide- By- Your- Side Parent Support Program**  
 Contact: (517) 335-8955

**Children's Special Health Care Services**  
 Contact: 1-800-359-3722

**Genetics Program**  
 Contact: 1-866-852-1247  
 Website: [www.michigan.gov/genomics](http://www.michigan.gov/genomics)

(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:

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# 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 is available through the State EHDI program (517) 335-8955. 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:
  - an otolaryngologist with pediatric training. He/she will evaluate for causes of hearing loss; some causes can be treated surgically.
  - an ophthalmologist with pediatric experience.
- Ensure early intervention.** Refer to the *Early On*<sup>®</sup> Program (1-800 EARLY ON) Birth to 3 Program. Research shows typical or near-typical language development in children who receive intervention before 6 months of age.
- 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. (Depending on the age of the child, they may need heptavalent pneumococcal conjugate vaccine, 23-valent pneumococcal polysaccharide vaccine, or both). Refer to [www.CDC.gov/ncbddd/ehdi/cochlear/](http://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 Michigan Guide-By-Your-Side Program may provide family to family support. A notebook created by families and providers which includes family support resources and information on intervention options is available through the Guide-By-Your-Side Program. In addition, they may benefit from contact with people who are deaf or hard of hearing. A resource guide of services for deaf and hard of hearing children is available from MDCH/EHDI at (517) 335-8955. Refer to [www.michigan.gov/ehdi](http://www.michigan.gov/ehdi) for more resources and information.

- 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.
  - There are many intervention options and strategies that may be appropriate for children who are deaf or hard of hearing or their families.
  - 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.
  - 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 assessment.** Assure that the child's language and communication is 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.