

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

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

Mother/Guardian Full Name _____

Baby's Full Name _____

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

Birth	Hospital-based Inpatient Screening Results (OAE/A-ABR) (also Home Births)	DATE: ___ / ___ / ___ <small>mm dd yyyy</small>
	Left ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^(a) <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^(a) <input type="checkbox"/> Pass	
Before 1 month	Outpatient Screening Results (OAE/A-ABR)	DATE: ___ / ___ / ___
	Left ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^(b) <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^(b) <input type="checkbox"/> Pass	
Before 3 months	<input type="checkbox"/> Pediatric Audiologic Evaluation <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Normal Hearing <input type="checkbox"/> Received report from audiologist confirming hearing loss <input type="checkbox"/> Report sent to EHDI Program via fax to 517-763-0183 <input type="checkbox"/> Documented child and family auditory history <input type="checkbox"/> Refer to Early On [®] (IDEA) 1-800-327-5966 <input type="checkbox"/> Medical & otologic evaluations to recommend treatment and provide clearance for hearing aid fitting (if chosen option) <input type="checkbox"/> Pediatric audiologic hearing aid fitting and monitoring (if chosen option) <input type="checkbox"/> Family referred to Guide By Your Side Program 248-845-8762	DATE: ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___
Before 6 months	<input type="checkbox"/> Enrollment in Intervention, <i>Early On</i> [®] Medical evaluations to determine etiology and identify related conditions <input type="checkbox"/> Ophthalmologic (annually) <input type="checkbox"/> Genetic Other evaluations if needed: <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology <input type="checkbox"/> Ongoing Pediatric Audiologic Services	DATE: ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___ ___ / ___ / ___

Ongoing Care of All Infants

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 or visit www.michigan.gov/ehdi.

Early On[®]- Birth to Three Program
 Contact: 1-800-327-5966
www.1800earlyon.org

MI Hands & Voices Guide By Your Side[™] Program
 Contact: 248-845-8762
www.mihandsandvoices.org

Children's Special Health Care Services (CSHCS)
 Contact: 1-800-359-3722
www.michigan.gov/cshcs

Genetics Program
 Contact: 1-866-852-1247
www.michigan.gov/genomics

(a) Infants who refer on the screening in one or both ears should be referred for further screening or pediatric audiologic evaluation.
 (b) Infants who refer the rescreening in one or both ears should be referred directly for pediatric audiologic evaluation.
For assistance in finding a rescreen site or pediatric audiologist contact EHDI at 517-335-8955.

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



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 Michigan 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*[®] 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/ for recommendations.

*Adapted from a document created by:



Working with Families

Michigan Hands & Voices™ Guide By Your Side™ connects families with children recently identified as deaf or hard of hearing to a trained Parent Guide, another parent of a child who is deaf or hard of hearing. Meeting with a Parent Guide provides the family with an opportunity to talk with someone who “gets it” and provides unbiased guidance. The Parent Guide can make an emotional connection, provide resources, and empower families to make decisions. A request to be matched with a Parent Guide can be made at <http://www.mihandsandvoices.org/guide-by-your-side-visit.html>.

Michigan Hands & Voices is a chapter of a nationwide non-profit organization dedicated to supporting families and their children who are deaf or hard of hearing, as well as the professionals who serve them. This is a parent-driven, parent/professional collaborative network group that is unbiased towards language choices. The chapter offers events, trainings, parent guidance, and educational advocacy to families. For more information go to www.mihandsandvoices.org or email mihandsandvoices@gmail.com.

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, Listening and Spoken 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. If the child is using amplification devices, make sure they are worn continuously while awake. Ensure the parents know how to use the devices.

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.