MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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/AABR)
(also Home Births)

DATE: ___ /___ /_____
mm dd yyyy

Left ear:	☐ **Missed**	☐ **Incomplete**	☐ **Refer** [a]	☐ **Pass**
Right ear:	☐ **Missed**	☐ **Incomplete**	☐ **Refer** [a]	☐ **Pass**

Before 1 month

Outpatient Screening Results (OAE/AABR)

DATE: ___ /___ /_____

Left ear:	☐ **Incomplete**	☐ **Refer** [b]	☐ **Pass**
Right ear:	☐ **Incomplete**	☐ **Refer** [b]	☐ **Pass**

Before 3 months

☐ **Pediatric Audiologic Evaluation** — **DATE:** ___ /___ /_____

- ☐ **Hearing Loss** ☐ **Normal Hearing**
- ☐ **Received report from audiologist confirming hearing loss** ___ /___ /_____
- ☐ **Report sent to EHDI Program via fax to (517) 335-8036**
- ☐ **Documented child and family auditory history** ___ /___ /_____
- ☐ **Refer to Early On® (IDEA) 1-800-327-5966** ___ /___ /_____
- ☐ **Medical & otologic evaluations to recommend treatment and provide clearance for hearing aid fitting (if chosen option)** ___ /___ /_____
- ☐ **Pediatric audiologic hearing aid fitting and monitoring (if chosen option)** ___ /___ /_____
- ☐ **Family referred to Guide-By-Your-Side Parent Support Program: (517) 335-8955** ___ /___ /_____

Before 6 months

☐ **Enrollment in Intervention, *Early On*®** — **DATE:** ___ /___ /_____

Medical evaluations to determine etiology and identify related conditions

- ☐ **Ophthalmologic (annually)** ___ /___ /_____
- ☐ **Genetic** ___ /___ /_____

Other evaluations if needed:

- ☐ **Developmental pediatrics, neurology, cardiology, and nephrology** ___ /___ /_____

☐ **Ongoing Pediatric Audiologic Services** ___ /___ /_____

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 contact the EHDI program at (517) 335-8955 or visit www.michigan.gov/ehdi

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

Guide-By-Your-Side (GBYS) Parent Support Program
Contact: (517) 335-8955
VP: (517) 335-8273
Hands & Voices (MI H&V)
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 evaluaion.
(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
AABR = 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.

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DEDICATED TO THE HEALTH OF ALL CHILDREN™

NCHAM National Center for Hearing Assessment and Management Utah State University™

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Working with Families

- ☐ **Michigan Guide-By-Your-Side Program.** Provides 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 GBYS 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 for more resources and information.

  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 group that is unbiased towards language choices. For more information go to www.mihandsandvoices.org or email info@mihandsandvoices.org.
- ☐ **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. 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 professionals with the qualifications and experience to do so (e.g. speech-language pathologists, certified teachers of the deaf).