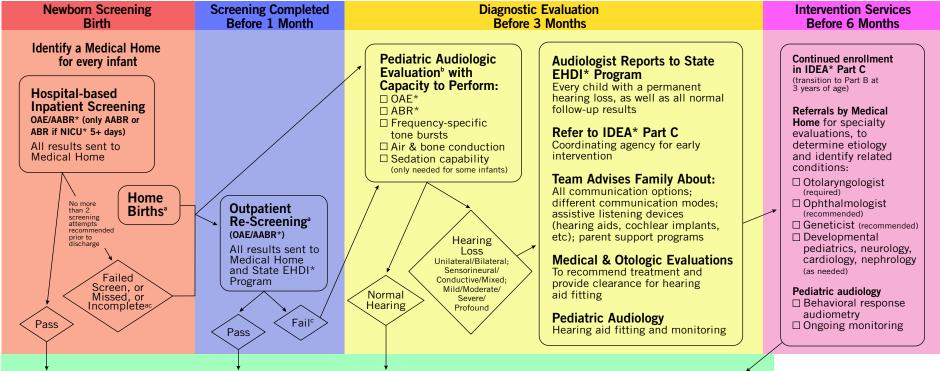
# **Early Hearing Detection and Intervention (EHDI) Guidelines for Pediatric Medical Home Providers**



### Ongoing Care of All Infants<sup>d</sup>; Coordinated by the Medical Home Provider

- . Provide parents with information about hearing, speech, and language milestones
- Identify and aggressively treat middle ear disease
- Provide vision screening (and referral when indicated) as recommended in the AAP "Bright Futures Guidelines. 3rd Ed."
- Provide ongoing developmental screening (and referral when indicated) per the AAP "Bright Futures Guidelines, 3rd Ed."
- · Refer promptly for audiology evaluation when there is any parental concern# regarding hearing, speech, or language development
- Refer for audiology evaluation (at least once before age 30 months) infants who have any risk indicators for later-onset hearing loss:
- - Family history of permanent childhood hearing loss‡
- Neonatal intensive care unit stay of more than 5 days duration, or any of the following (regardless of length of stay):
  - ECMO‡, mechanically-assisted ventilation, ototoxic medications or loop diuretics, exchange transfusion for hyperbiliruinemia
- In utero infections such as cytomegalovirus‡, herpes, rubella, syphilis, and toxoplasmosis
- Postnatal infections associated with hearing loss‡, including bacterial and viral meningitis
- Craniofacial anomalies, particularly those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies
- Findings suggestive of a syndrome associated with hearing loss (Waardenburg, Alport, Jervell and Lange-Nielsen, Pendred)
- Syndromes associated with progressive or delayed-onset hearing loss‡ (neurofibromatosis, osteopetrosis, Usher Syndrome)
- Neurodegenerative disorders‡ (such as Hunter Syndrome) or sensory motor neuropathies (such as Friedreich's ataxia and Charcot Marie Tooth disease)
- Head trauma, especially basal skull/temporal bone fracture that requires hospitalization
- Chemotherapy‡

‡Denotes risk indicators of greater concern. Earlier and/or more frequent referral should be considered.

\*OAE = Otoacoustic Emissions, AABR = Automated Auditory Brainstem Response, **ABR** = Auditory Brainstem Response, **EHDI** = Early Hearing Detection and Intervention, **IDEA** = Individuals with Disabilities Education Act, **NICU** = Newborn Intensive Care Unit, AAP = American Academy of Pediatrics

(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 Audiology.

- (b) Part C of IDEA\* may provide diagnostic audiologic evaluation services as part of Child Find activities.
- (c) Even infants who fail screening in only one ear should be referred for further testing of both ears
- (d) Includes infants whose parents refused initial or follow-up hearing screening.

screening and amplification
Name:
Telephone number:
Fax:
Date of referral:

2.	Otolaryngologist knowledgeable	in
	pediatric hearing loss	

1. Audiologist knowledgeable in pediatric

Name:
Telephone number:
Fax:
Date of referral:

#### 3. Local early intervention service coordinator

Name:
Telephone number:
Fax:
Date of referral:

### 4. Family support resources, financial resources

Name:
Telephone number:
Fax:
Date of referral:

# 5. Speech/language therapist and/or aural rehabilitation therapist knowledgeable in pediatric hearing loss

Name:	
Telephone number:	
Fax:	
Date of referral:	

# 6. Sign language classes if parents choose manual approach

Name:
Telephone number:
Fax:
Date of referral:

# 7. Ophthalmologist knowledgeable in co-morbid conditions in children with hearing loss

Name:
Telephone number:
Fax:
Date of referral:

# 8. Clinical geneticist knowledgeable in hearing loss

Name:
Telephone number:
Fax:
Date of referral:

#### 9. Equipment vendor(s)

Name:
Telephone number:
Fax:
Date of referral:

#### 10. State EHDI Coordinator

http://www.infanthearing.org/status/cnhs.html

Name:
Telephone number:
Fax:
Date of referral:

#### 11. AAP Chapter Champion

www.medicalhomeinfo.org/screening/hearing.html

Name:			
Telephone number:			
Fax:			
Date of referral:			

### 12. Family physician(s)

Name:
Telephone number:
Fax:
Date of referral:

### **National Resources**

Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell) 202/337-5220 www.agbell.org

American Academy of Audiology (AAA) 800/AAA-2336 www.audiology.org

American Academy of Pediatrics 847/434-4000 www.aap.org

American Society for Deaf Children 717/703-0073 www.deafchildren.org American Speech-Language- Hearing Association (ASHA) 800/498-2071 www.asha.org

Boys Town Center for Childhood Deafness www.babyhearing.org

Centers for Disease Control and Prevention www.cdc.gov/ncbddd/ehdi

Families for Hands and Voices 217/357-3647 www.handsandvoices.org Laurent Clerc National Deaf Education Center and Clearinghouse at Gallaudet University clerccenter.gallaudet. edu/InfoToGo

National Association of the Deaf (NAD) 301/587-1788 www.nad.org

National Center on Hearing Assessment and Management (NCHAM) 435/797-3584 www.infanthearing.org National Institute on Deafness and Other Communication Disorders (NIDCD) 800/241-1044 www.nidcd.nih.gov

Oberkotter Foundation www.oraldeafed.org The recommendations in this document do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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