

WISCONSIN SOUND BEGINNINGS PROGRAM

**Early Hearing Detection and Intervention (EHDI) Care Map**

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

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

Hearing Screening Before 30 days of age	<b>Initial Screening Results (OAE/AABR)</b> DATE: ___ / ___ / ___ 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 <input type="checkbox"/> GBYS Follow-Through Card 1-888-405-2724
	<b>Final Screening Results (OAE/AABR)</b> 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 <input type="checkbox"/> GBYS Follow-Through Card 1-888-405-2724
Diagnostic Audiology Before 3 months	<input type="checkbox"/> <b>Pediatric Diagnostic Audiology Evaluation</b> DATE: ___ / ___ / ___ <input type="checkbox"/> Degree and configuration of hearing loss confirmed ___ / ___ / ___
	<input type="checkbox"/> <b>Documented child and family auditory history</b> ___ / ___ / ___
	<input type="checkbox"/> <b>Received copy of Confirmation of Hearing Loss</b> form from Audiologist ___ / ___ / ___
	<input type="checkbox"/> <b>Refer to Birth to 3 (IDEA, Part C) - First Step:</b> 1-800-642-7837 ___ / ___ / ___
	<input type="checkbox"/> <b>Medical &amp; Otologic Evaluations</b> to recommend treatment and provide clearance for hearing aid fitting ___ / ___ / ___
	<input type="checkbox"/> <b>Pediatric Audiologic</b> hearing aid fitting and monitoring ___ / ___ / ___
	<input type="checkbox"/> <b>Family received "Babies &amp; Hearing Loss Notebook for Families"</b> ___ / ___ / ___
<input type="checkbox"/> <b>Family referred to Guide By Your Side:</b> 1-888-656-8556 ___ / ___ / ___	
Early Intervention Before 6 months	<input type="checkbox"/> <b>Enrollment in Birth to 3 (IDEA, Part C)</b> DATE: ___ / ___ / ___ (transition to Part B at 3 years of age)
	<b>Medical Evaluations</b> to determine etiology and identify related conditions
	<input type="checkbox"/> Ophthalmologic (eye specialist), annually ___ / ___ / ___ <input type="checkbox"/> Genetic ___ / ___ / ___ <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology (as needed) ___ / ___ / ___
	<input type="checkbox"/> <b>Ongoing Pediatric Audiologic Services</b>

**Ongoing Medical Home Care for 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 or progressive hearing loss:<sup>(c)</sup>

\_\_\_\_\_

**Service Provider Contact Information**

<b>Medical Home:</b>
<b>Pediatric Audiologist:</b>
<b>Birth to 3 Contact:</b>
<b>Guide By Your Side Contact:</b>
<b>CYSHCN Regional Center Contact:</b>
<b>Other:</b>

(a) Infants who do not pass the screening in one or both ears should be referred for further screening or Diagnostic Audiology Evaluation.  
 (b) Infants who are screened in a NICU, at high risk for hearing loss or loss to follow-up, should be referred directly for a Diagnostic Audiology Evaluation.  
 (c) JCIH recommends early and more frequent audiologic monitoring for children at risk.

**OAE** = Otoacoustic Emissions  
**AABR** = Automated Auditory Brainstem Response  
**IDEA** = Individuals with Disabilities Education Act  
**JCIH** = Joint Committee on Infant Hearing

Adapted from a document created by:



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## 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 is available at [www.improveehdi.org/wi](http://www.improveehdi.org/wi). 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.** Make a referral to the local Birth to 3 Program. Research shows typical or near-typical language development in children who receive intervention before 6 months of age. [www.improveehdi.org/wi/providers](http://www.improveehdi.org/wi/providers)
- 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/](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 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 from the audiologist. It can also be viewed at: [http://www.wesp-dhh.wi.gov/cms\\_files/resources/Parent\\_Notebook\\_3rd\\_Ed\\_final.pdf](http://www.wesp-dhh.wi.gov/cms_files/resources/Parent_Notebook_3rd_Ed_final.pdf)
- 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 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 amplification is recommended, the JCIH recommends that the child be fit within one month of diagnosis. If the child uses amplification devices, make sure they are worn continuously while awake. Ensure the parents know how to use the devices.