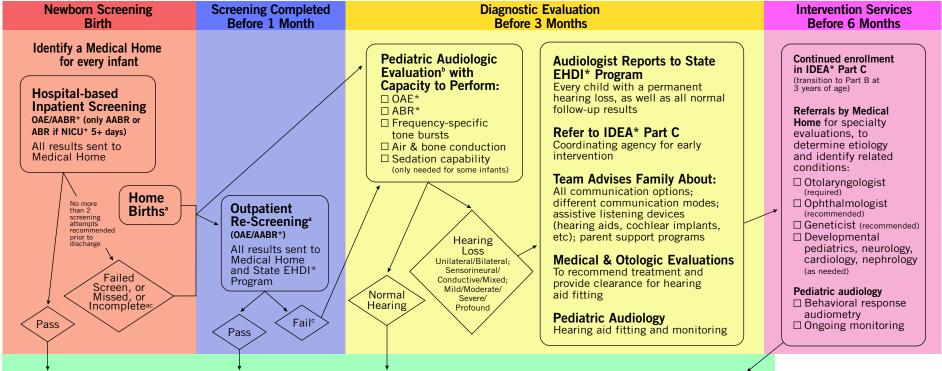
Early Hearing Detection and Intervention (EHDI) Guidelines for Pediatric Medical Home Providers



Ongoing Care of All Infants^d; 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.