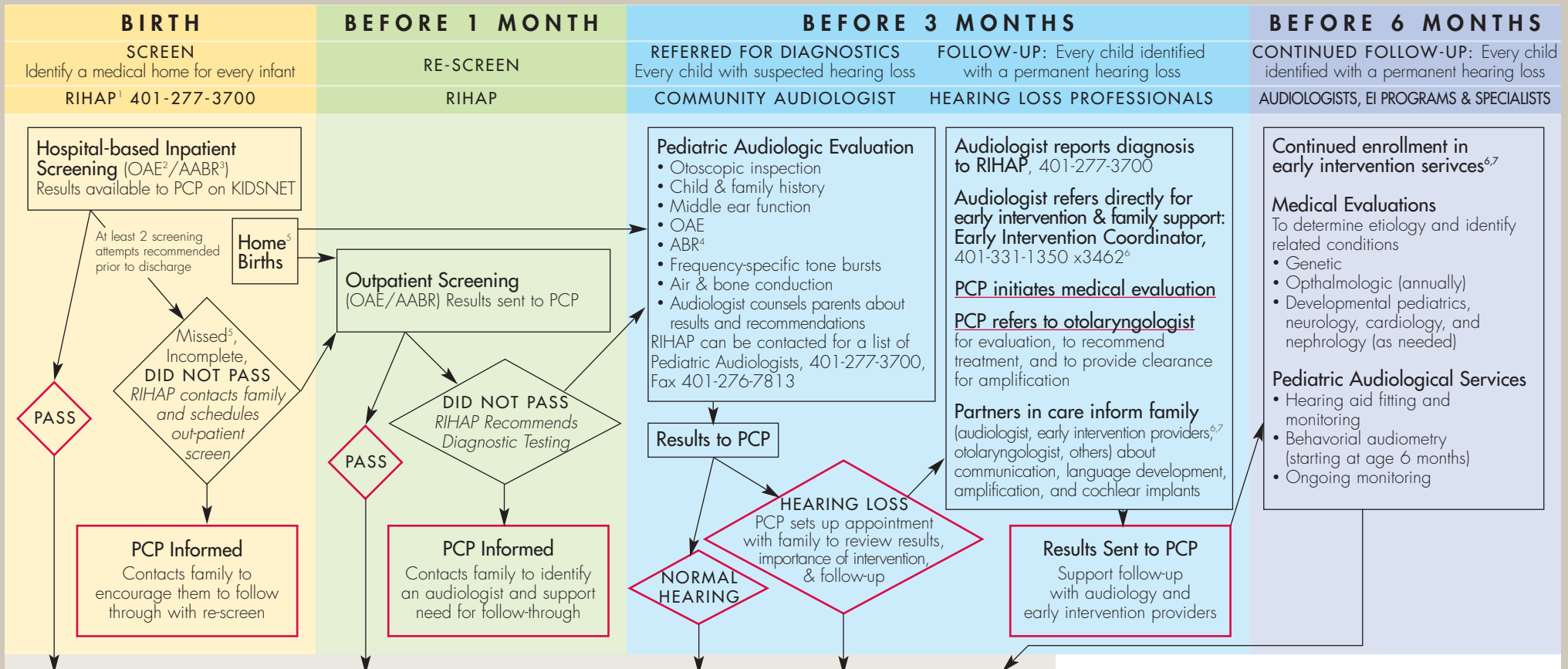


Universal Newborn Hearing Screening, Diagnosis, and Intervention

GUIDELINES FOR RHODE ISLAND PEDIATRIC MEDICAL HOME PROVIDERS



ONGOING CARE OF ALL INFANTS FROM THE MEDICAL HOME PROVIDER

- » Provide parents with information about hearing, speech, and language milestones
- » Identify and aggressively treat middle ear disease
- » Provide ongoing developmental surveillance and screening with a validated tool at 9, 18, & 24-30 months and referral to appropriate resources
- » Provide vision screening and referral as needed
- » Identify and refer for audiologic monitoring infants who have the following risk indicators* for late-onset hearing loss:
 - » **Caregiver concern** regarding hearing, speech, language and/or developmental delay
 - » **Family history** of permanent childhood hearing loss
 - » Neonatal indicators: NICU stay for >5 days, **ECMO**, assisted ventilation, exposure to ototoxic medications (gentamicin & tobramycin) or loop diuretics (furosemide/Lasix) and hyperbilirubinemia that requires exchange transfusion
 - » In utero infections: **CMV**, herpes, rubella, syphilis, and toxoplasmosis
 - » Craniofacial anomalies, including those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies
 - » Physical findings, such as white forelock, that are associated with a syndrome known to include a sensorineural or permanent conductive hearing loss
 - » **Syndromes associated with hearing loss or progressive or late-onset loss** such as neurofibromatosis, osteopetrosis, and Usher syndrome; other frequently identified syndromes include Waardenburg, Alpot, Pendred, and Vervell and Lange-Nielson
 - » **Neurodegenerative disorders:** Hunter syndrome, sensory motor neuropathies, Friedreich ataxia and Charcot-Marie-Tooth disease
 - » **Culture-positive postnatal infections associated with sensorineural hearing loss** including confirmed bacterial and viral meningitis and especially herpes viruses and varcella
 - » Head trauma especially basal skull/temporal bone fracture that requires hospitalization
 - » **Chemotherapy**

NOTES

- * Bold indicates high-risk factor
- ◊ □ Red indicates primary care provider (PCP) action points
- 1 RIHAP=Rhode Island Hearing Assessment Program
- 2 OAE=Otoacoustic Emissions
- 3 AABR=Automated Auditory Brainstem Response
- 4 ABR=Auditory Brainstem Response
- 5 Home births, or infants at high risk for HL (ie, NICU), may be referred directly to a pediatric audiologist
- 6 Early Intervention Hearing Coordinator 401-331-1350 x3462
fax 401-277-3388
- For a current List of Early Intervention Providers go to www.dhs.state.ri.us/dhs/famchild/early_intervention.htm and click on resources for a list of providers.
- 7 Family Guidance Program 401-222-3525
at the RI School for the Deaf

Universal Newborn Hearing Screening, Diagnosis, and Intervention

CHECKLIST FOR RI PEDIATRIC MEDICAL HOME PROVIDERS

		DATE OF CARE
BIRTH	HOSPITAL-BASED INPATIENT SCREENING RESULTS (OAE/AABR)	/ /
	Left Ear <input type="checkbox"/> Missed <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Pass	
	Right Ear <input type="checkbox"/> Missed <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Pass	
	▼ ▼	
BEFORE 1 MONTH	OUTPATIENT SCREENING RESULTS	/ /
	Left Ear <input type="checkbox"/> Missed <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Pass	
	Right Ear <input type="checkbox"/> Missed <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Pass	
	▼	
BEFORE 3 MONTHS	PEDIATRIC AUDIOLOGIC EVALUATION	/ /
	<input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Permanent Hearing Loss <input type="checkbox"/> Normal Hearing	
	▼	
	<input type="checkbox"/> Audiologist reports diagnosis to RIHAP	/ /
	<input type="checkbox"/> Audiologist refers to Early Intervention Hearing Coordinator	/ /
	<input type="checkbox"/> Audiologist refers to Family Guidance Program	/ /
	<input type="checkbox"/> Primary Care Provider initiates medical evaluation	/ /
	<input type="checkbox"/> Referral for Otologic Evaluation to recommend treatment and provide clearance for hearing aid fitting	/ /
	<input type="checkbox"/> Pediatric audiologic hearing aid fitting and monitoring	/ /
	<input type="checkbox"/> Partners in care inform family about communication, amplification and cochlear implants	/ /
▼		
BEFORE 6 MONTHS	CONTINUED ENROLLMENT IN EARLY INTERVENTION AND FAMILY GUIDANCE PROGRAM	/ /
	Medical evaluations to determine etiology and identify related conditions	
	<input type="checkbox"/> Ophthalmologic (annually)	/ /
	<input type="checkbox"/> Genetic	/ /
	<input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology	/ /
	Pediatric audiologic services	
	<input type="checkbox"/> Hearing aid fitting	/ /
<input type="checkbox"/> Behavioral audiometry	/ /	
<input type="checkbox"/> Ongoing monitoring starting at age 6 months		

PATIENT: _____

DATE OF BIRTH: _____

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

Address: _____

Phone: _____

Fax: _____

Email: _____

Early Intervention Program

Address: _____

Phone: _____

Fax: _____

Email: _____

Other early intervention provider

Address: _____

Phone: _____

Fax: _____

Email: _____

Otolaryngologist

Address: _____

Phone: _____

Fax: _____

Email: _____

Ophthalmologist

Other

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. Adapted with permission from The American Academy of Pediatrics. Supported in part by project 1 H61 MC 00009 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, US Department of Health and Human Services.