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

**Newborn Screening Birth**
- Identify a Medical Home for every infant
  - Hospital-based Inpatient Screening
    - OAE/AABR* (only AABR or ABR if NICU* 5+ days)
    - All results sent to Medical Home
- Home Births
  - No more than 2 screening attempts recommended prior to discharge

**Screening Completed Before 1 Month**
- Pass
- Fail*
- Failed, Screen, or Missed, or Incomplete*

**Outpatient Re-Screening* (OAE/AABR*)**
- All results sent to Medical Home and State EHDI* Program

**Diagnostic Evaluation Before 3 Months**
- Normal Hearing
- Hearing Loss
  - Unilateral/Bilateral; Sensorineural/Conductive/Mixed; Mild/Moderate/Severe/Profound

**Pediatric Audiologic Evaluation**
- with Capacity to Perform:
  - OAE*
  - ABR*
  - Frequency-specific tone bursts
  - Air & bone conduction
  - Sedation capability (only needed for some infants)

**Audiologist Reports to State EHDI* Program**
- Every child with a permanent hearing loss, as well as all normal follow-up results
- Refer to IDEA* Part C

**Team Advises Family About:**
- All communication options; different communication modes; assistive listening devices (hearing aids, cochlear implants, etc.); parent support programs
- Medical & Otologic Evaluations
  - To recommend treatment and provide clearance for hearing aid fitting
  - Pediatric Audiology
    - Hearing aid fitting and monitoring

**Intervention Services Before 6 Months**
- Continued enrollment in IDEA* Part C (transition to Part B at 3 years of age)
- Referrals by Medical Home for specialty evaluations, to determine etiology and identify related conditions:
  - Otolaryngologist (required)
  - Ophthalmologist (recommended)
  - Geneticist (recommended)
  - Developmental pediatrician, neurologist, cardiologist, nephrologist (as needed)
  - Pediatric audiologists
    - Behavioral response audiometry
    - Ongoing monitoring

**Ongoing Care of All Infants*; 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 audiologic 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 hyperbilirubinemia
    - 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 Friedrich'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.

Notes:
(a) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audioligic Evaluation. Likewise, infants at high 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.


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