

Minnesota Department of Health  
**Early Hearing Detection and Intervention (EHDI)**  
**Patient Checklist for Primary Care Providers (Health Care Home)**

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

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

<b>Birth</b>	<b>Hospital-based Inpatient Screening Results (OAE/AABR)</b> (also Home Births) <span style="float: right;">DATE: ___ / ___ / ___ <small>mm dd yyyy</small></span> <b>Left ear:</b> <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Alert: Refer <sup>*(a),(b)</sup> <input type="checkbox"/> Pass <b>Right ear:</b> <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Alert: Refer <sup>*(a),(b)</sup> <input type="checkbox"/> Pass
<b>Before 1 month</b>	<b>Outpatient Screening Results (OAE/AABR)</b> <span style="float: right;">DATE: ___ / ___ / ___</span> <b>Left ear:</b> <input type="checkbox"/> Incomplete <input type="checkbox"/> Alert: Refer <sup>*(a),(b)</sup> <input type="checkbox"/> Pass <b>Right ear:</b> <input type="checkbox"/> Incomplete <input type="checkbox"/> Alert: Refer <sup>*(a),(b)</sup> <input type="checkbox"/> Pass <input type="checkbox"/> <b>Test of cytomegalovirus (CMV) infection</b> <span style="float: right;">___ / ___ / ___</span>
<b>Before 3 months</b>	<input type="checkbox"/> <b>Pediatric Diagnostic Audiology Evaluation</b> <span style="float: right;">DATE: ___ / ___ / ___</span> Confirmed: <input type="checkbox"/> Degree _____ <input type="checkbox"/> Type _____ <input type="checkbox"/> <b>Documented child and family auditory history</b> <span style="float: right;">___ / ___ / ___</span> <input type="checkbox"/> <b>Received copy of Confirmation of Hearing Loss</b> report from Audiologist <span style="float: right;">___ / ___ / ___</span> <input type="checkbox"/> <b>Refer to Early Intervention (IDEA, Part C) – Help Me Grow:</b> 1-866-693-4769 <span style="float: right;">___ / ___ / ___</span> <input type="checkbox"/> <b>Otolaryngology</b> to recommend treatment and provide clearance for hearing aid fitting <span style="float: right;">___ / ___ / ___</span> <input type="checkbox"/> <b>Pediatric Audiologic</b> hearing aid fitting and monitoring for progression of hearing loss <span style="float: right;">___ / ___ / ___</span> <input type="checkbox"/> <b>Family referred to MN Hands &amp; Voices:</b> 651-265-2435; 866-346-4543 <span style="float: right;">___ / ___ / ___</span> <input type="checkbox"/> <b>Family received EHDI binder</b> <span style="float: right;">___ / ___ / ___</span> Other etiology workups: <input type="checkbox"/> ECG <input type="checkbox"/> UA <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/> Other: <span style="float: right;">___ / ___ / ___</span>
<b>Before 6 months</b>	<input type="checkbox"/> <b>Enrollment in Early Intervention (IDEA, Part C)</b> <span style="float: right;">DATE: ___ / ___ / ___</span> (transition to Part B at 3 years of age) <input type="checkbox"/> Receiving any other intervention/therapy services <input type="checkbox"/> Ongoing audiologic monitoring of hearing aid fit and for progression of hearing loss <b>Medical Evaluations</b> to determine etiology and identify related conditions <input type="checkbox"/> Ophthalmologist (annually) <span style="float: right;">___ / ___ / ___</span> <input type="checkbox"/> Geneticist <span style="float: right;">___ / ___ / ___</span> <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology (as needed) <span style="float: right;">___ / ___ / ___</span>

**Ongoing Care of All Infants <sup>(c)</sup>**

Provide parents with information about hearing, speech, and language milestones

Provide parents with information about genetic and infectious causes of hearing loss

Referrals to otolaryngology and genetics

Referrals for ophthalmology evaluation

Identify and aggressively treat middle ear disease

Ongoing developmental surveillance / referral

Risk indicators for late onset hearing loss:

\_\_\_\_\_

(refer for audiologic monitoring)

**Service Provider Contact Information**

<b>Health Care Home:</b>
<b>Pediatric Audiologist:</b>
<b>Early Intervention Contact:</b>
<b>Minnesota Hands and Voices:</b>
<b>Other:</b>
<b>Other:</b>

(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) Infants who fail the screening in one or both ears should be referred for further screening or Pediatric Audiologic Evaluation.

(c) Includes infants whose parents refused initial or follow-up hearing screening.

**OAE** = Otoacoustic Emissions  
**AABR** = Automated Auditory Brainstem Response  
**ABR** = Auditory Brainstem Response  
**IDEA** = Individuals with Disabilities Education Act  
**EHDI** = Early Hearing Detection & Intervention  
**\*Alert: Refer** (Further testing needed)

Community and Family Health  
 Newborn & Child Follow Up  
 PO Box 64882  
 St. Paul, MN 55164-0882  
 Phone: 800-728-5420  
[www.health.state.mn.us](http://www.health.state.mn.us)



# Best Management Practices for Primary Care Providers Caring for Children with 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 of audiologists is available through the State Newborn Screening Program (651) 201-5466 or <http://ehdipals.org/>. 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.** Refer children age 0-5 through Help Me Grow Initiative 1-866-693-4769. Refer older children to their elementary school. Children who start qualified intervention before 6 months of age and receive ongoing intervention may, in many cases, maintain language development commensurate with their cognitive abilities. Refer to your local Birth to 3 Program.
- Monitor middle ear status.** This is especially critical in children with confirmed hearing loss as middle ear effusion may further affects 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 CDC website for recommendations.

## Working with Families

- Family support.** Families need the emotional support of other families. Minnesota Hands & Voices, [www.mnhandsandvoices.org](http://www.mnhandsandvoices.org) provides family to family support. Refer online or call 866-DHOH-KID. In addition, the Deaf Mentor Family Program and Deaf & Hard of Hearing Role Model Services provide support to families from adults who are deaf or hard of hearing. For these programs, contact Lifetrack Resources <https://www.lifetrack-mn.org/>.
- Ongoing Early intervention.** Discuss the importance of early intervention. 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.
- 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.** Amplification devices include hearing aids, which may be fitted in infants as young as a few weeks, and cochlear implants, which may be implanted at 12 months of age. If the child is using amplification devices, encourage continuous wearing while awake. Ensure the parents know how to use the devices.

## **MDH EHDl Guidelines for MN Pediatric Health Care Home Providers:**

<http://improveehdi.org/MN/library/files/medicalguidelines.pdf>

Adapted from a document created by:

American Academy  
of Pediatrics



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