Are You EHDI Ready?

Medical Home Instructions

• At 1st well-baby visit—Check hearing screening results on back of immunization card or hospital discharge summary for referred or missed/incomplete screens
• Refer well babies failing inpatient screen for outpatient screen
• Refer those failing inpatient NICU, and those failing both inpatient and outpatient (as well babies) for an Auditory Brainstem Response test by an audiologist specializing in pediatrics (may require sedation/anesthesia if approaching six months of age or older.)

System Coordination

• Newborn Screening → Diagnosis → Intervention
• Babies identified with a hearing loss should be referred to ENT/Otology and Early Intervention (AzEIP)
• Coordinate referrals to specialty providers based on etiology of hearing loss
• Ongoing Monitoring—results, treatment, education and family support

Late Onset and Progressive Loss

• Between the newborn period and school age the incidence of hearing loss doubles
• Most common risk factors for late onset or progressive loss are: CMV, Meningitis, Illness, Head Injury, and Family History
• Consult audiologist on ongoing audiological monitoring beyond the newborn period

“*The primary care physician must assume responsibility to ensure that audiological assessment is conducted on infants who do not pass screening and must initiate referrals for medical specialty evaluations necessary to determine the etiology of the hearing loss.*”  Joint Committee on Infant Hearing, 2007