

PROVIDER GUIDELINES FOR HEARING FOLLOW UP

Screen Results	ACTION
Pass	<ul style="list-style-type: none"> Monitor speech-language development. Review risk factors for late-onset hearing loss (www.jcih.org) and ensure at least one diagnostic evaluation is completed before 3rd birthday.
Incomplete	<ul style="list-style-type: none"> Hearing screen needs to be completed no later than one month of age. For NICU graduates, it is recommended to have an automated auditory brainstem response (A-ABR) screen. If incomplete screen is due to parent refusal encourage family to have hearing tested.
FAIL	<ul style="list-style-type: none"> If this is an initial failed screen then a hearing re-screen needs to be completed no later than one month of age. If this is a failed re-screen then immediately send child for a diagnostic evaluation by a pediatric audiologist. For pediatric audiologists in your area, please call 517-335-8878.
Diagnostic Results	ACTION
Within Normal Limits	<ul style="list-style-type: none"> Monitor speech and language development milestones. A child may be at risk for late-onset hearing loss (www.jcih.org).
Undetermined and Conductive (Transient)	<ul style="list-style-type: none"> Further diagnostic testing needs to be completed immediately by a pediatric audiologist. For pediatric audiologists in your area, please call 517-335-8878. Do not assume it is only middle ear effusion.
Sensorineural/ Auditory Neuropathy/ Mixed/ Conductive (permanent)	<ul style="list-style-type: none"> Contact Early On (1-800-Early On) to initiate intervention. Refer to otolaryngologist to determine etiology of hearing loss and recommended treatment. Other referrals may include: ophthalmology, genetics, developmental pediatrics, neurology, cardiology, and nephrology if appropriate. Ensure ongoing pediatric audiology services. Offer parent support for families through referral to the Guide By Your Side parent support program. Call 517-335-8955 for more information on this program.

Provider Guidelines (April 2011)

FACTS AND RECOMMENDATIONS

1. AUDIOLOGICAL SERVICES (Don't wait to refer!)

- **Critical Screen Protocol:** Do not continue to re-screen. If baby has failed two screens, refer directly to a pediatric audiologist to perform diagnostic testing. It is difficult to rule out hearing loss without objective, frequency specific testing. A baby with a sloping hearing loss will respond to a door slam or hands clapping, but may not hear a single consonant sound.
- Do not wait 3-6 months to do a repeat hearing screen. Even if child has otitis media do not wait this long to re-screen.
- The easiest and most accurate hearing testing is done when babies are in natural sleep. Early evaluations reduce the need for sedated procedures later.
- Otitis media and middle ear effusion have a greater impact on screening measures than diagnostic evaluations. A full diagnostic battery will identify permanent hearing loss even in the presence of middle ear effusion.
- Only 50% of babies with congenital hearing loss have an identifiable risk indicator at the time of birth. All babies failing a hearing screen should be retested!
- Early identification and intervention of hearing loss has been proven to prevent delays in speech and language development.

2. ON GOING CARE OF ALL INFANTS

- Provide parents with information about hearing, speech, and language milestones.
- Identify and aggressively treat middle ear disease. Chronic middle ear effusion can lead to chronic mild hearing loss. Even mild hearing loss impacts speech and language development.
- Monitor infants with a risk indicator for progressive hearing loss. Don't forget, parental concern about hearing is a recognized risk indicator and reason for referral!

3. REPORTING HEARING RESULTS

- Michigan law requires reporting for hearing screens on infants who are less than 12 months of age and on children who have been diagnosed with hearing loss and are less than 3 years of age.
- If you have hearing screen or evaluation results that are not listed on MCIR, complete the Audiological/Medical Follow-Up Services form (http://www.michigan.gov/documents/FORMAUDMED_53429_7.pdf) and fax to the Early Hearing Detection and Intervention (EHDI) Program at 517-335-8036.
- Please call 517-335-8878 if you have any questions.