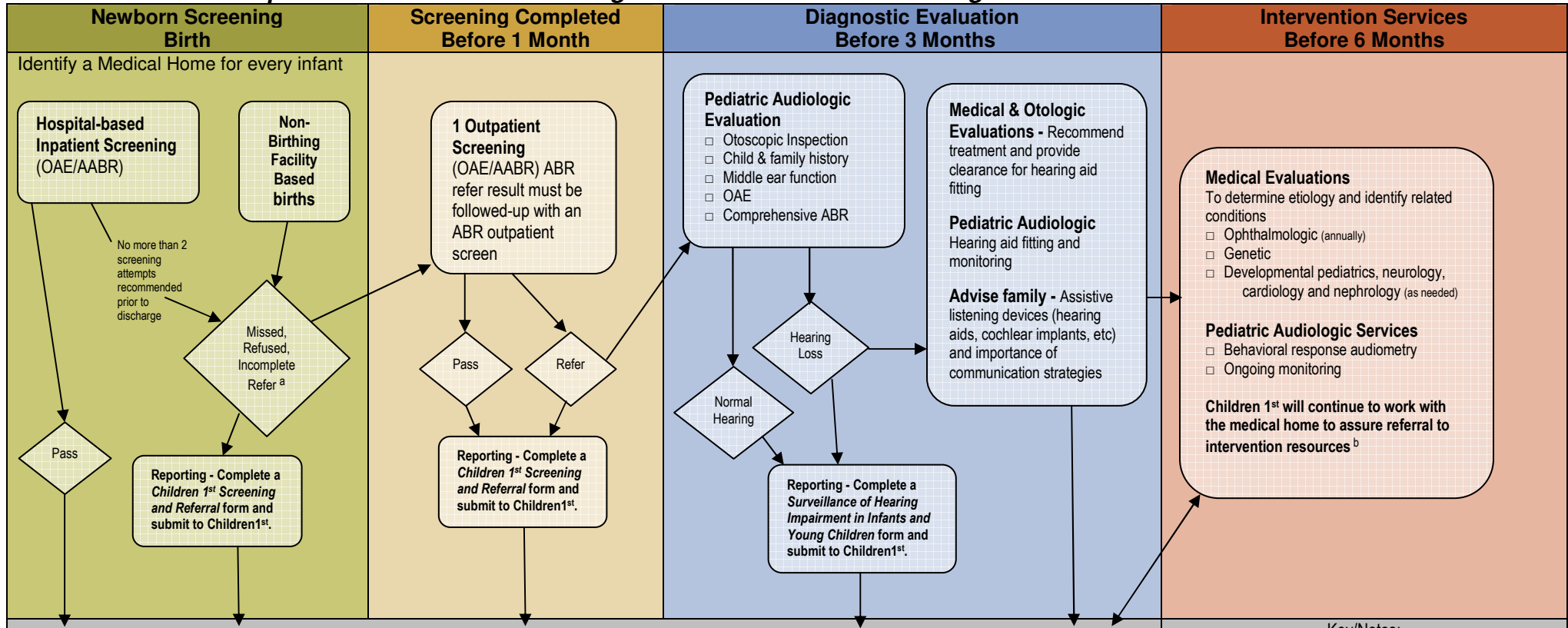


Universal Newborn Hearing Screening, Diagnosis and Intervention

Guidelines for Pediatric Medical Home Providers in Georgia

Suspected and Confirmed Hearing Loss in Children under the Age of Five is a Notifiable Disease^a



Medical Home Provider

- Provide parents with information about hearing, speech and language milestones
- Provide developmental screening at 9, 18, and 30 months (24 months if applicable), autism screening at 18 and 24 months, vision screening and referral as recommended in the AAP "Bright Futures Guidelines, 3rd Ed." Identify and aggressively treat middle ear disease
- Refer promptly for audiology evaluation when there is any parental concern‡ regarding hearing, speech, or language development

Refer for audiology evaluation (at least once before age 30 months) if any Risk Indicators for Late-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 Friedreich's ataxia and Charcot Marie Tooth disease)
- Head trauma, especially basal skull/temporal bone fracture that requires hospitalization
- Chemotherapy‡
- Recurrent or persistent otitis media with effusion for at least 3 months

‡Denotes risk indicators of greater concern. Earlier and/or more frequent referral should be considered

Key/Notes:

OAE = Otoacoustic Emissions
 AABR = Automated Auditory Brainstem Response
 ABR = Auditory Brainstem Response

a = All infants who refer the screening in one or both ears must be reported to Children 1st within 7 days of the screening. The Children 1st Screening and Referral form is used to make this referral

b = District UNHSI coordinator works with the medical home to schedule outpatient follow-up screening and if necessary diagnostic audiologic. Children may also be linked to Babies Can't Wait, Georgia PINES, Children Medical Services and public and community based programs and services.