

Universal Newborn Hearing Screening, Diagnosis, and Intervention

CHECKLIST FOR RI PEDIATRIC MEDICAL HOME PROVIDERS

		DATE OF CARE
BIRTH	HOSPITAL-BASED INPATIENT SCREENING RESULTS (OAE/AABR)	/ /
	Left Ear <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Pass	
	Right Ear <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Pass	
BEFORE 1 MONTH	OUTPATIENT SCREENING RESULTS	/ /
	Left Ear <input type="checkbox"/> Incomplete <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Pass	
	Right Ear <input type="checkbox"/> Incomplete <input type="checkbox"/> Did Not Pass <input type="checkbox"/> Pass	
BEFORE 3 MONTHS	PEDIATRIC AUDIOLOGIC EVALUATION	/ /
	<input type="checkbox"/> Conductive Hearing Loss <input type="checkbox"/> Permanent Hearing Loss <input type="checkbox"/> Normal Hearing	
	<input type="checkbox"/> Audiologist reports diagnosis to RIHAP	/ /
	<input type="checkbox"/> Audiologist refers to Early Intervention	/ /
	<input type="checkbox"/> Audiologist refers to Family Guidance Program	/ /
	<input type="checkbox"/> Primary Care Provider initiates medical evaluation	/ /
	<input type="checkbox"/> Referral for Otologic Evaluation to recommend treatment and provide clearance for hearing aid fitting	/ /
	<input type="checkbox"/> Pediatric audiologic hearing aid fitting and monitoring	/ /
	<input type="checkbox"/> Partners in care inform family about communication, amplification and cochlear implants	/ /
BEFORE 6 MONTHS	CONTINUED ENROLLMENT IN EARLY INTERVENTION AND FAMILY GUIDANCE PROGRAM	/ /
	Medical evaluations to determine etiology and identify related conditions	
	<input type="checkbox"/> Ophthalmologic (annually)	/ /
	<input type="checkbox"/> Genetic	/ /
	<input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology	/ /
	Pediatric audiologic services	
<input type="checkbox"/> Hearing aid fitting	/ /	
<input type="checkbox"/> Behavioral audiometry	/ /	
<input type="checkbox"/> Ongoing monitoring starting at age 6 months		

PATIENT

DATE OF BIRTH

ONGOING CARE OF ALL INFANTS

- Provide parents with information about hearing, speech, and language milestones
- Identify and aggressively treat middle ear disease
- Vision screening and referral as needed
- Ongoing developmental surveillance/referral
- Referrals to otolaryngology and genetics as needed
- Risk indicators for late onset hearing loss:
 - (Refer for audiologic monitoring)*
 -

SERVICE PROVIDER CONTACT INFORMATION

Pediatric Audiologist

Address:

Phone:

Fax:

Email:

Early Intervention

Address:

Phone:

Fax:

Email:

Family Guidance

Address: One Corliss Park, Providence, RI

Phone: 401-222-4013

Fax:

Email:

Otolaryngologist

Address:

Phone:

Fax:

Email:

Ophthalmologist

Other

The recommendations in this document do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Adapted with permission from The American Academy of Pediatrics. Supported in part by project 1 H61 MC 00009 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, US Department of Health and Human Services.