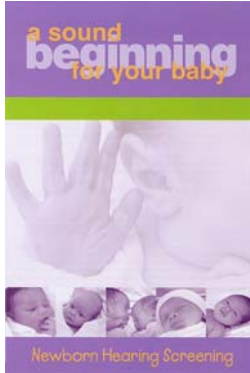




WISCONSIN'S EARLY HEARING DETECTION AND INTERVENTION MATERIALS

SCREENING INFORMATION - Given to families prior to or at time of hearing screening: "A Sound Beginning for Your Baby" brochure (Rev. 6/2008)



- English: P-44512
- Spanish: P-44512S

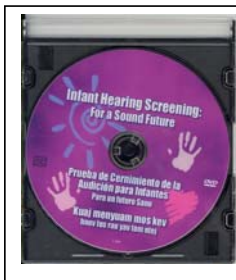
To order free copies of this material go to:

<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

E-mail completed forms to dhsfmdphpph@wisconsin.gov

"Infant Hearing Screening: For a Sound Future" DVD (2008) approx. 12 minutes
Informs families about the importance of newborn hearing screening, follow up and possible next steps.

One DVD has all three language tracks: English, Spanish, Hmong



To order free copies of this DVD contact:

Ravi.shah@dhs.wisconsin.gov

608-261-7654

FOR USE IN A PATIENT'S INDIVIDUAL MEDICAL FILE:

"WI Sound Beginnings Program: Early Hearing Detection and Intervention (EHDI) Care Map" (Rev. 2/2009) – documents steps taken in the hearing screening and if needed, diagnostic stages.

WISCONSIN SOUND BEGINNINGS PROGRAM
Early Hearing Detection and Intervention (EHDI) Care Map

Patient Name: _____
Date of Birth: ____/____/____

Birth	<input type="checkbox"/> Hospital-based Inpatient Screening Results (OAE/AABR) (Newborn Births) DATE: ____/____/____ Left ear: <input type="checkbox"/> Passed <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Passed <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass <input type="checkbox"/> GDEYS Follow-Through Card signed & sent to Parent Guide	<input type="checkbox"/> Ongoing Care of All Infants ¹⁰¹ <input type="checkbox"/> Provide parents with information about hearing, vision and language milestones <input type="checkbox"/> Provide parents with information about a genetic cause to hearing loss <input type="checkbox"/> Identify and aggressively treat metabolic and disease <input type="checkbox"/> Vision screening and referral as needed <input type="checkbox"/> Ongoing developmental surveillance / referral <input type="checkbox"/> Referrals to color genetics and genetics, as needed <input type="checkbox"/> Risk indicators for late onset hearing loss (refer for audiologic monitoring)
Outpatient	<input type="checkbox"/> Outpatient Screening Results (OAE/AABR) DATE: ____/____/____ Left ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer <input type="checkbox"/> Pass <input type="checkbox"/> GDEYS Follow-Through Card signed & sent to Parent Guide	<input type="checkbox"/> Pediatric Diagnostic Audiology Evaluation <input type="checkbox"/> Degree and configuration of hearing loss confirmed <input type="checkbox"/> Documented child and family auditory history <input type="checkbox"/> Received copy of Confirmation of Hearing Loss from Audiologist <input type="checkbox"/> Refer to Birth to 3 ODEA, Part C, First Step: 1-800-642-7837 <input type="checkbox"/> Medical & Otolgic Evaluation to recommend treatment and provide insurance for hearing aid fitting <input type="checkbox"/> Pediatric Audiology hearing aid fitting and monitoring <input type="checkbox"/> Family received "Status & Hearing Loss Notebook for Families" <input type="checkbox"/> Family referred to Guide By Your Side: 1-888-806-8356
Referral & Post-referral	<input type="checkbox"/> Enrollment in Birth to 3 ODEA, Part C (Transition to Part B at 3 years of age) DATE: ____/____/____ <input type="checkbox"/> Medical Evaluation to determine etiology and identify related conditions <input type="checkbox"/> Ophthalmologic (annual) <input type="checkbox"/> Genetic <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology (as needed) <input type="checkbox"/> Ongoing Pediatric Audiology Services	Service Provider Contact Information Medical Home: _____ Pediatric Audiologist: _____ Birth to 3 Contact: _____ Guide By Your Side Contact: _____ Regional Center Contact: _____ Other: _____

101 In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiology Evaluation. Likewise, infants at higher risk for hearing loss, or those at higher risk, also may be referred directly to Pediatric Audiology Evaluation.
102 Infants who are the offspring of one or both deaf parents should be referred for further screening or Pediatric Audiology Evaluation.

ODE = Otititis with Effusion
AABR = Automated Auditory Brainstem Response
AAER = Auditory Evoked Response
IDEA = Individuals with Disabilities Education Act
EHDI = Early Hearing Detection & Intervention

Adapted from a document created by:
American Academy of Pediatrics
NCHA
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To order free copies of this document contact:

Ravi.shah@dhs.wisconsin.gov

608-261-7654

TO INCREASE HEARING SCREENING AWARENESS:

"Its Never Too Early" 16"x24" poster



- English: P-40131
- Spanish: P-40131S
- Hmong: P-40131H

To order free copies of this material go to:
<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

E-mail completed forms to
dhsfmdphpph@wisconsin.gov

FOLLOW-THROUGH - Offered to families when an infant Does Not Pass (Refers) after a hearing screening:

"Guide By Your Side Follow-Through" postcard



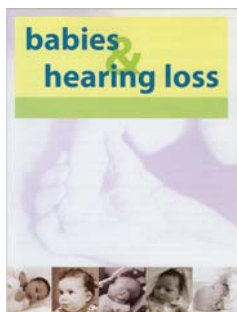
- English: P-40123A (Rev. 11/08)
- Spanish: P-40123AS (Rev. 11/08)
- Hmong: P-40123AH (Rev. 2006)

To order free copies of this material go to:
<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

E-mail completed forms to
dhsfmdphpph@wisconsin.gov

DIAGNOSIS OF HEARING LOSS - Given to families at time of diagnosis:

"Babies & Hearing Loss" brochure (Rev. 2007)



- English: P-40055
- Spanish: P-40055S

To order free copies of this material go to:
<http://dhs.wisconsin.gov/forms/F8/F80025a.doc>

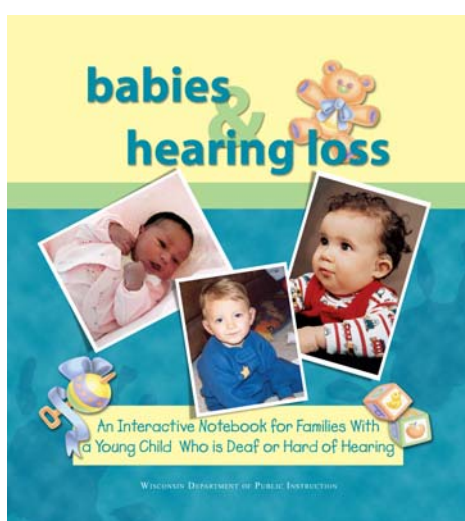
E-mail completed forms to
dhsfmdphpph@wisconsin.gov

Additional resource for families with a child who is deaf or hard of hearing:

“Babies and Hearing Loss: An Interactive Notebook for Families with a Young Child who is Deaf or Hard of Hearing”

This comprehensive notebook is given to families by the audiologist who completed the child’s diagnostic evaluation. This notebook includes information on: bonding with your child, resources for family support, facts on hearing loss and tests, communication options, intervention services and materials to help families keep organized. Anyone can access the notebook at

<http://www.infanthearing.org/familysupport/wisconsin/index.html>



Audiologists may order free copies for families by contacting:

<mailto:Karen.waite@wesp-dhh.wi.gov>