

## PCP/Medical Home Care Management Checklist for Children with Confirmed Permanent Childhood Hearing Loss

### History and Examination Following Diagnosis:

- 1-3-6!** Did you know? Children with hearing loss who are identified and in direct early services before age 6 months have an excellent opportunity to have age-level communication skills by the time they enter regular kindergarten.
- Review child and family history.**
- Ensure that chart contains diagnosis documents.** Review the audiologist's report that confirms the diagnosis of hearing loss with the parents.
- Establish that child has an otolaryngologist and that etiology studies have been conducted.** Every infant with confirmed hearing loss should be evaluated by an otolaryngologist who has knowledge of pediatric hearing loss.
- Offer genetics evaluation and counseling.** 50% of hearing losses are genetic. Some are associated with syndromes. The most common organs involved are eyes, heart, kidneys, thyroid, and bones.
- Refer for ophthalmologic evaluation.** Every infant with confirmed hearing loss should have at least 1 examination to assess visual acuity.
- Encourage and assist family (if needed) in continuing regular audiology follow-up.** A list of audiologists who provide services to babies and children can be found at [www.hearing.IN.gov](http://www.hearing.IN.gov). Remind the parent that hearing should be monitored regularly for any changes.
- Ask about amplification.** Amplification devices, including hearing aids, may provide assistance to infants as young as four weeks. Early and consistent daily use of amplification should allow a child to develop listening skills that will assist in hearing conversation more easily. For those children with severe to profound hearing losses, a cochlear implant may be a better solution to hearing. Cochlear implants are available for children, who are candidates, at age 12 months, or earlier in some cases. For a variety of reasons, some parents will choose to forego amplification for their child.
- Ensure early intervention.** There is no advantage in delaying early intervention services. Ask the family if they are involved with First Steps Early Intervention. If not, ask if they would like to be referred. If a family would prefer to pursue early intervention services outside of First Steps (privately), ask if they need assistance from you. Research shows typical or

near-typical language development in children who receive intervention before 6 months of age. Tell the family of the importance of working with early intervention providers who are skilled and experienced in teaching children and families to communicate in the method(s) this family has chosen or will choose. (Refer to enclosed Resource List)

**Monitor middle ear status.** This is especially critical in children with confirmed hearing loss as middle ear effusion may further compromise hearing.

**Vaccinate as appropriate.** Note that children with cochlear implants may be at higher risk for meningitis. Make sure they are up to date on their Haemophilus influenzae type b and pneumococcal immunizations. Refer to [www.CDC.gov/ncebd/dd/ehdi/cochlear/](http://www.CDC.gov/ncebd/dd/ehdi/cochlear/) for recommendations.

**Discuss family support opportunities.** Be aware that many families will experience the same grief that accompanies other significant diagnoses of the newborn. A brochure is enclosed for the statewide Guide-By-Your-Side Program which provides short-term parent-to-parent support. The SKI\*HI program also provides information for families and is available for children birth to three years of age through Outreach Services for Deaf and Hard of Hearing Children. In addition, the family may benefit from contact with people who are deaf or hard of hearing. Provide the family with names of state or local organizations that provide information and support (see Resources list).

**Discuss communication between the parents and child.** There are a number of methods available to teach children who are deaf or hard of hearing to communicate and there is "no one-size fits all approach." Encourage the family to explore all options before making decisions. Talking with professionals, other parents, and children and adults who are deaf or hard of hearing can provide a variety of perspectives. Parents will likely hear different and opposing opinions regarding communication methods. Ultimately, it is up to the child's family or primary caregivers to decide what choice(s) will work best for their child and family to meet the child's desired outcomes.

**Give "A Parent's Guide to Hearing Loss" CD** to family if the family has not already received it.

**Have questions? Call the EHDI program at 888-815-0006 and ask to speak with an EHDI audiologist or send an email to [ghuttsell@isdh.in.gov](mailto:ghuttsell@isdh.in.gov) or go to EHDI's website at [www.hearing.IN.gov](http://www.hearing.IN.gov)**