### “REFER” ON OUTPATIENT FOLLOW-UP HEARING SCREENING

1. Primary Care Provider refers newborn for Pediatric Audiologic Diagnostic Evaluation
   - History, documentation of risk factors
   - Otoscopic examination
   - High Frequency Tympanometry
   - Auditory Brainstem Response (ABR) measurements: clicks and frequency-specific (bone conduction, if needed)
   - Otoacoustic Emissions (OAE): distortion product or transient
2. Complete by 3 months of age (6 weeks preferred)
3. Evaluation results sent to NE-EHDI*

#### If permanent hearing loss is confirmed:

1. Primary Care Provider refers infant for - Specialty Medical Evaluations
   - Otolaryngologist evaluation
   - Assessment of etiology (genetics evaluation)
   - Ophthalmology evaluation
   - Others, as needed (e.g., neurology)
2. Primary Care Provider refers infant to –
   - Early Development Network (Part C)
   - Others, as needed
3. Primary Care Provider confirms -
   - Ongoing Pediatric Audiologic Services, including hearing aid fitting and assistive listening devices
   - Early Intervention Services
4. Primary Care Provider completes Periodic Status Check and returns to NE-EHDI*

#### If middle ear dysfunction is suspected or confirmed, re-test after medical management.

1. Primary Care Provider refers newborn to Early Development Network (IDEA, Part C)
   - 1-888-806-6287
2. EDN reviews for eligibility
3. EDN may be able to provide assistance with diagnostic evaluation, treatment and follow-up services.

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For more information, visit
- [www.jcih.org/posstatements.htm](http://www.jcih.org/posstatements.htm)
- [www.asha.org/public/hearing/testing](http://www.asha.org/public/hearing/testing)
- [www.medicalhomeinfo.org/screening/hearing.html](http://www.medicalhomeinfo.org/screening/hearing.html)
- [www.aafp.org/afp/20011215/us.html](http://www.aafp.org/afp/20011215/us.html)
- [www.cdc.gov/ncbddd/ehdi/default.htm](http://www.cdc.gov/ncbddd/ehdi/default.htm)
- [www.infanthearing.org](http://www.infanthearing.org)