

Bradley Hartman Bakken, PhD

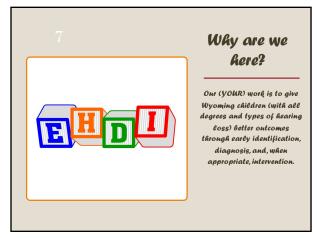
EHDI Program Co-Coordinator

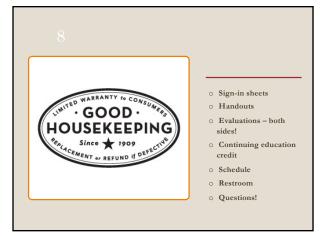
Email: bradley.bakken@wyo.gov

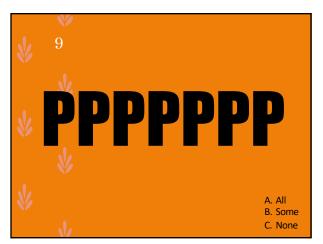
EHDI Office: 307-721-6212 **Cell:** 307-760-7931

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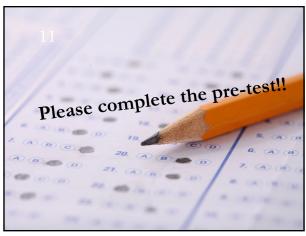




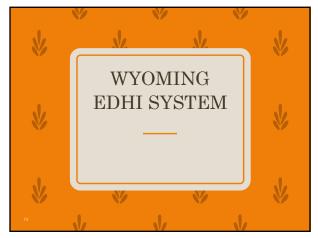




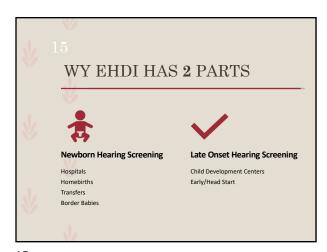




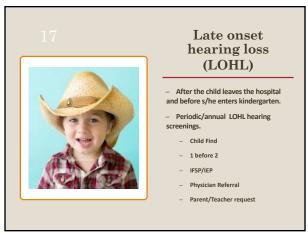




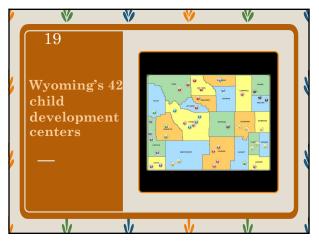




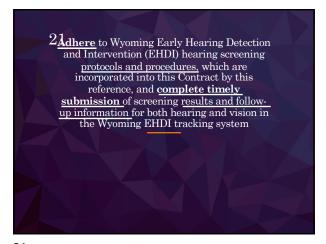








The contract language used between the Early Intervention and Education Program and the fourteen Child Development Center Regions in Wyoming REQUIRES the Child Development Centers to use the Late Onset EHDI hearing screening protocol and to log results (hearing and vision) of screenings in the EHDI IS?





Wyoming's EHDI-IS System

All newborn hearing screening data are entered.

All hearing screening data from Wyoming's 42 child development centers are entered.

Educational and medical personnel will be able to access the information via the Total Health Record (THR)... When?

Built upon <u>standardized</u> hearing screening procedures for the birth to 5 years-old population.

22

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Wyoming's EHDI-IS System

- ❖ Great record-keeper!
- ❖ Will generate referral letters
- Keeps track of pending screenings
- ❖ Will tabulate reports
- Can upload medical and audiologic results

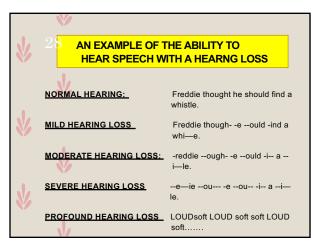
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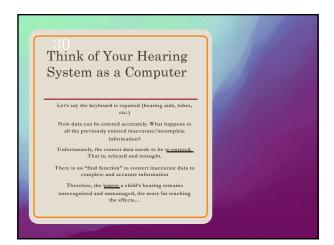






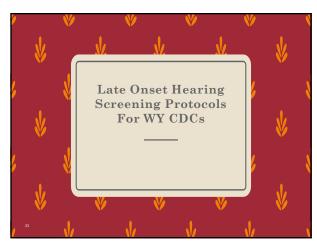












Please Remember...

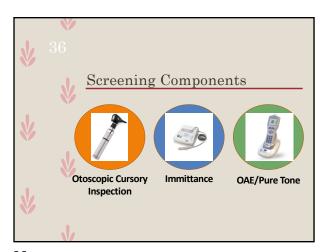
- $-\,$ This is a screening $\underline{\text{\bf NOT}}\,\text{\bf a}$ diagnostic test
- What to say to parents
 - We are screening the hearing of your child today. I will let you know if they pass or fail at the end today. If your kiddo fails, then we will go over what to do next.
- Tell parents if child passed or failed and appropriate recommendation
- **DO NOT** give details on results



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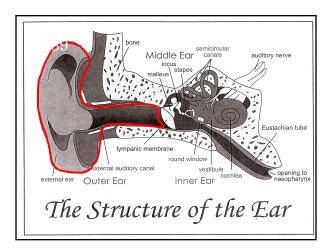


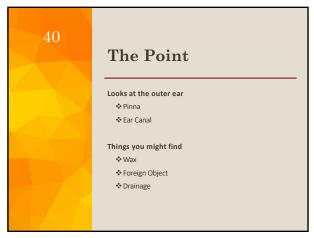
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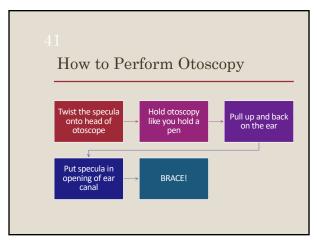


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Parent	s/Careg	iver Ad	dress: _															ar canal vol Moscovitic	lume (physio	al size)		
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2. Rescreen in 3 months to monitor pressure equalization (PE) tubes. Hearing levels appear												gist confirmed hearing							3. Refer to			l.
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											12. Letter sent to parent.											
											13. Other										Update	1: 5/28/2020





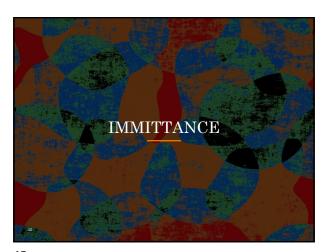




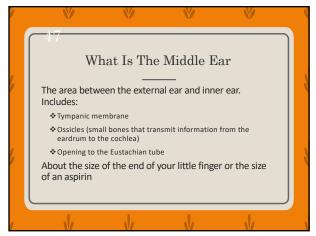


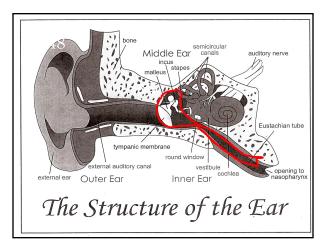
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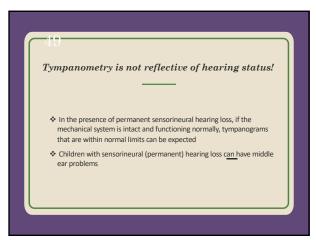


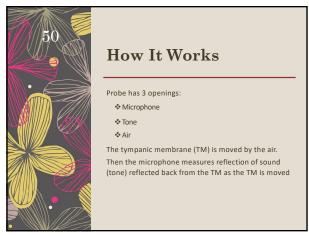


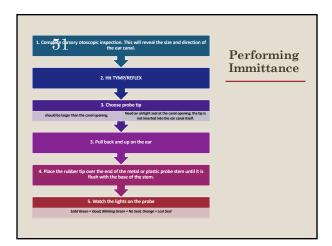












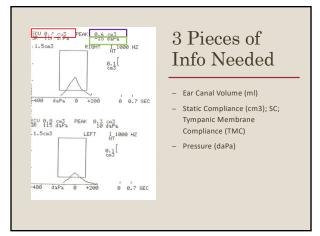
Directions
To The
Child

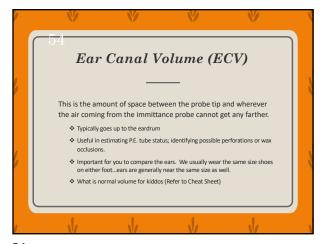
- DON'T ASK PERMISSION!

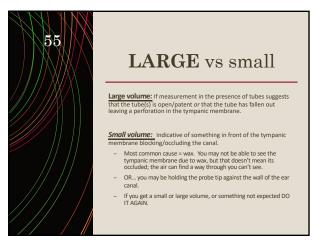
- Did you know your ear draws a picture?

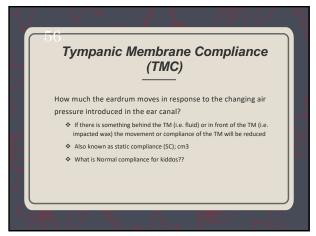
- Let's see what it will draw...a mountain, a snake...

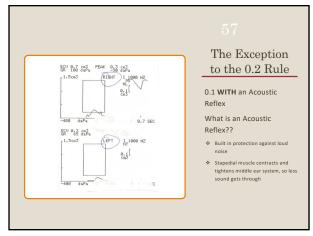
- Juuuuuuuust keep talking

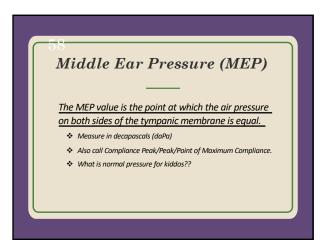










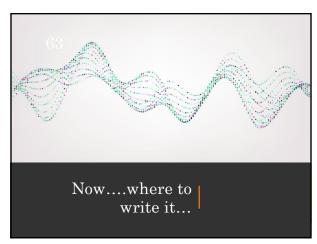




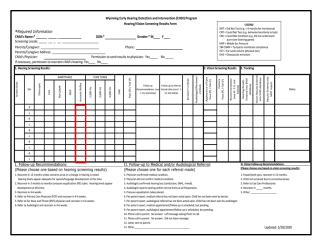






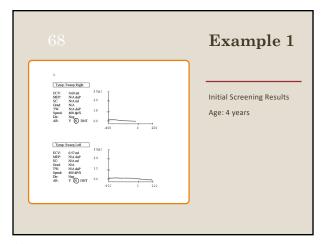


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3. Rescreen in 4-6 weeks.												5. Pressure equalization tubes placed. 5. Other										_		
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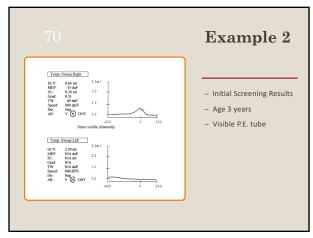


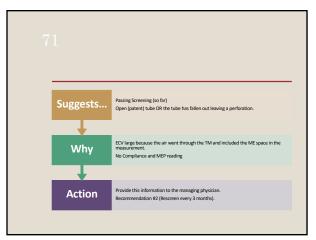


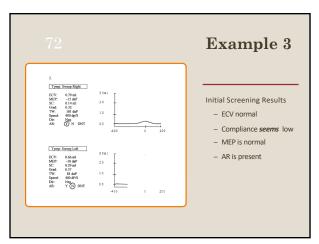


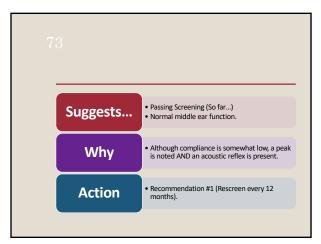


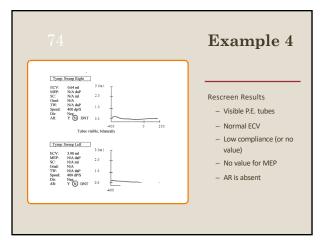


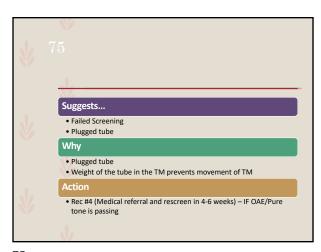


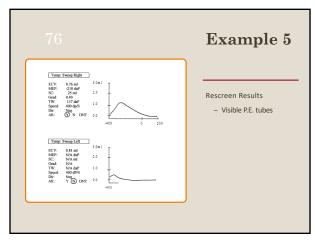




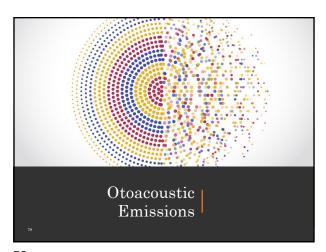




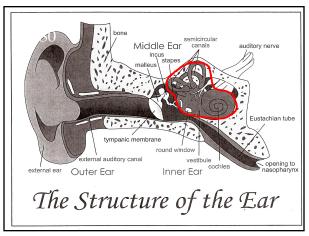


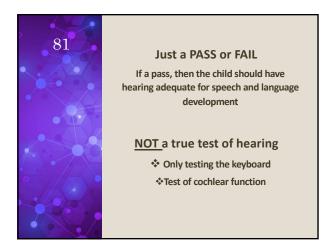


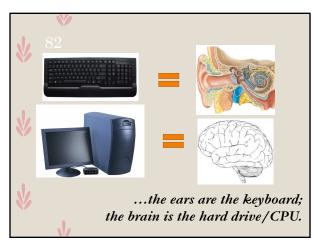








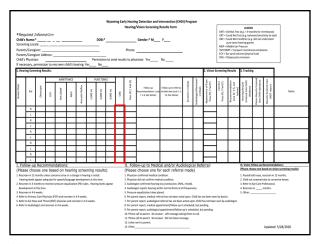




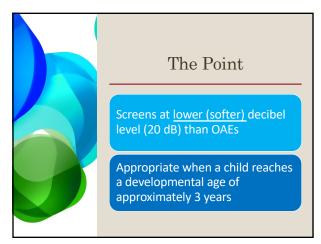
1 Turn on the device 2 Switch On? Hit "YES" 3 Select "Test" 4 Place Probe 5 Select Ear (Right or Left) 6 Let the device do it's thing 7 Green checkmark = Pass 8 Drum = Fail

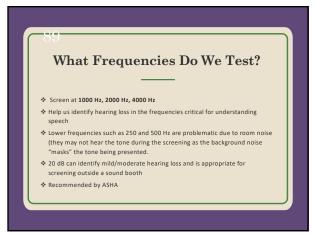


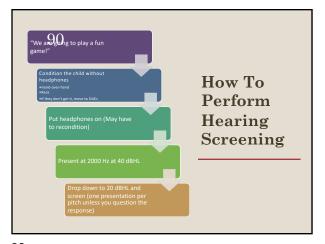






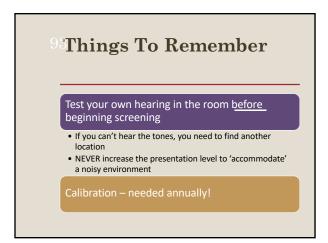






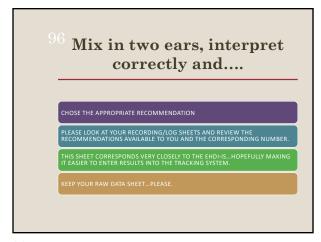
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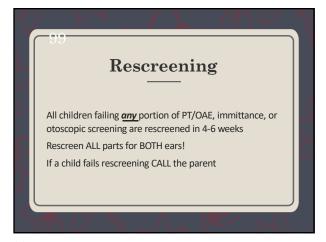




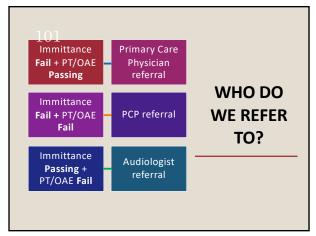


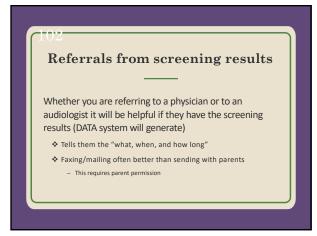
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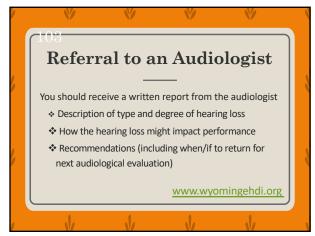




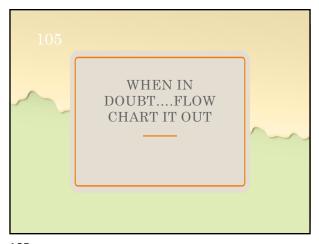




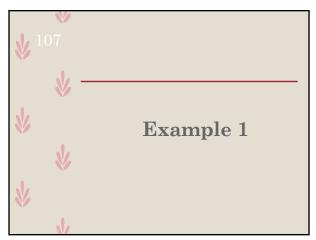




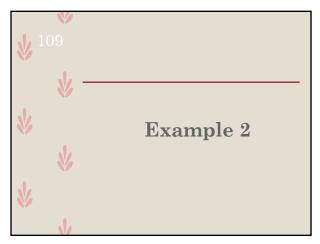




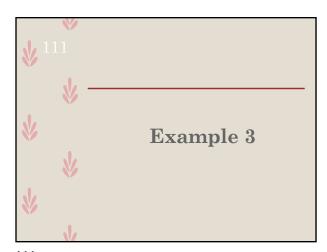




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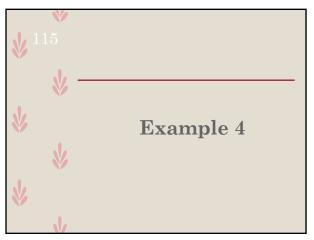
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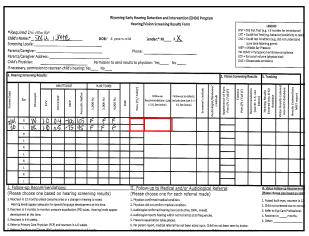


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(1. Reservers in 21 months unless concerns arise or a change in hearing it moned. 1. Physician confirmed medical confiden.	1. Passed both eyes, i
Hooring levels appear adequate for speech/language development at this time. 2. Physician did not confirm medical condition.	2. Child not screened
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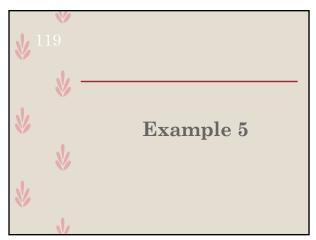
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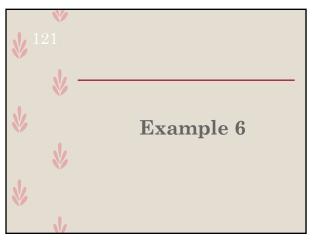


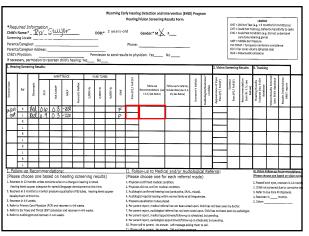
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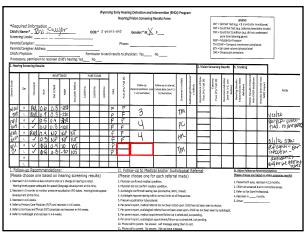
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	pment at set in 4-6											gst reports nearing will equalization tubes of		ii negsen	DEL				4. Rescreen 5. Other: _			
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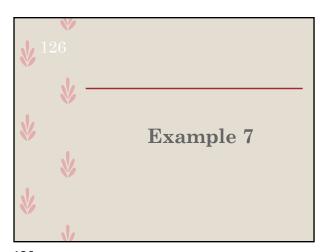




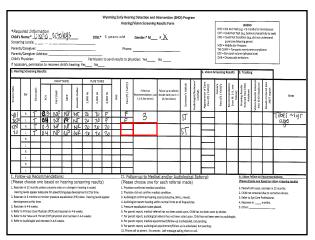
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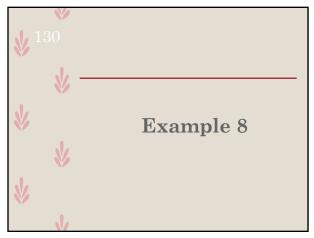


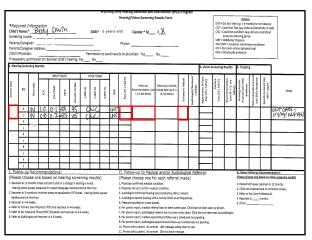


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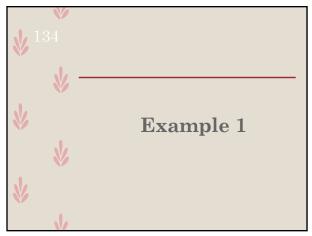
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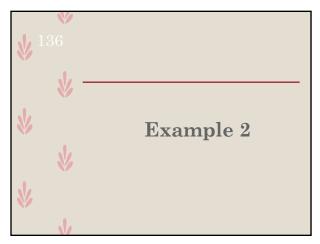


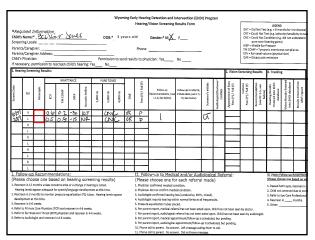
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Screen Date	Eir	Otoscopic	AD8	TMCOMP	ME	Acoustic Redex	1,000 Hz	2,000 Hz	4,000 Hz	CAE	Pass (79) Fail (7)	Follow-up Recommenciations (use 1:3-6, See below)	Follow-up to neternal, Include date (pop II;)- 13, See Selow)	Screener's Initials	Sudiobaght/Reviewe s hilliob	Appearance of Dys Pacc (P) / Fall (S)	Camera Pass (P) / Fall (F)	(use II: 1-5, see below)	Hoaring Results Entered into EHDI detailense	Vidon Results Freere Into EHDI database	Results Entered Into	Notes
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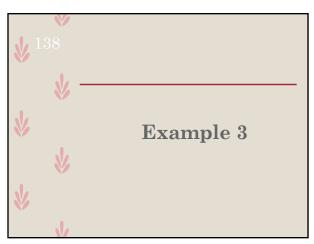




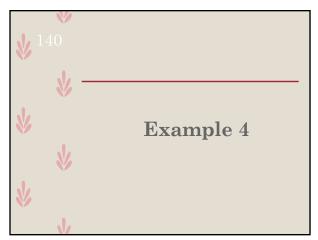
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	ideuring/Vision Screening Results Form aguirred Information It's Name* _ MIT_A_IC															LEGEND DNT = Did Not Test (e.e. < 9 months for immittance)								
Regu Child's	<i>lired 1</i> Name:	nform At	tation.	· 30	ηKin	ζ		DOB:	5 ye	ars-c	ıld	Gender: M.X		OVT = Could Not Yest (e.g. behavior/sensitivity to task) OVC = Could Not Condition (e.g. did not understand										
Screeni	ng Loca	le:						-										pure tone listening garw) MEP = Middle Ear Pressure						
								-			Phone:			TM COMP = Tympanic membrane compliance EOV = Ear canal volume (obysical size)										
Perents/Caregiver Address: Child's Physician: Permission to send results to physician: Yes No If necessary, permission to rescreen child's hearing: Yes No																OAE = Otoacoustic envissions								
				screen o	thild's h	earing:	es	No_	-								_							
1. Hearing Screening Results: 2. Vision Screening Results 3. Tracking															s		П							
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Streen Date	Ear	Diescopic		9		Sile	<u>پ</u>	#	٤.		Pass (P) / Fed (F)	Following Recommendations (was	Follow-up to referrel, Include date luse II: 3-	screener's Initials	audiologist/flawlewe s initials	Para (P) / Fail (F) Para (P) / Fail (F)	Camera Pass (P) / Fell (F)	15, 50 (%)	Hearing Results Entered into EHDI database	Vision Results Entered leto EHDI dutabase	Results Entered Into MDT report	П		
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(Please choose one based on hearing screening results) 1. Rescreen in 12 months unless concerns arise or a change in hearing in rosed.												n confirmed medical o	Passed both eves, rescreen in 12 m											
				or speech/ pressure e					annear			n did not confirm med gist confirmed hearing				2. Child not 3. Refer to								
develo	proent at	this time		,	,						4. Audiolo	gist reports hearing wit	thin normal limits at a			4. Rescreen	in	noeths.	١.					
	o Primar	Care Pt		CF) and re								s equalication tubes pli ant report, medical refe		ed upoe.	Child has a	ot been see	n by docto	r.	5. Other:	_		-		
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		·									9. Per pen	ent report, audiological	appointment/Yollow	up is sche	daled, bu									
											10. Phone call to parent. No answer. Left message asking them to call. 11. Phone call to carrent. No answer. Did not loose manages.													







ild's Pi 1ecess	'Caregi 'Caregi hysicla iary, pe	ver: ver Ad fc	dress: _	screen c			Pe	rmissio	n to ser		Phones	Gender:* M			-	2. Vision:	MEP = TM CO ECY = E DAE = I	Could Not To Could Not C pure tone II Middle Ear MP = Tymps ar canal vo Otoacoustic	knic member kurse (physic	avior/sensi ; did not u e) sve complia al size)	tivity to to edenitiend	(Str
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Hearing levels appear adequate for speech/language development at this time. 2. Rescreen in 3 months to monitor pressure equalization (IVE) tabes. Hearing levels appear												n clid aut confirm medi clist confirmed hearing		 Child not screened due to corrective is 3. Rafer to Eye Care Professional. 								
development at this time. Literatures in 6-5 works												gist reports hearing wit		lifrequen	cles.				4. Rescrees	in	nonths.	
s, sestrees in 4-6 woods. 4. Baller to Primary Care Physician (PCP) and rescreen in 6-6 sweeks.												e equalization tubes pla ent report, medical rele		ed upon. I	had has s	oct been spe	a by dagto	,	5. Other:_			num.
) physician in 4-6 suee		reen is 4	ó weeks.				7. Per por	ent report, audiological ent report, medical acc	referral has not been	acted up	se. Child i	has not been						



Parent Parent Child's If nece	ing Loc s/Cares s/Cares Physici ssary, p	ale: (iver: (iver Ad an:	dress: _	/ai/v			Pe	rmissio	5 ye	ears-c	Hearing old Phone:	ng Detection and I I/Vision Screening Gender:* M. Gender: * M. ysician: Yes	Results Form	OI) Prog	ram	Z. Vision !	CMC = C CMC = C MEP = T TM COP ECV = E QAE = C	Could Not Ty Isolid Not Co pure tone Ils Widdle Ear I VIP Tympo ar czeal vol Dioacoustic	onic membra lume (physic	eiths for im relan/senst , did not us il) na coreplia al size)	tivity to to ndentand	dd .
Screen Date	Ear	Otoscopic	AO4	TM COMP	TANCE th N	Acoustic Buffers	1,000 Hz	2,500 Hr 2,500 Hr	4,000 Hz	OME	Poss (P) / Pall (F)	Follow-up Recommendations (use 1:54, See below)	Fellow-up to referral, Include date (use It 1- 13, See Below)	Screener's leitials	Audiologist/Reviewer' x leitish:	Appearance of Eyes Pact (P) / Fall (E)	Camera Pass (P) / Fall (F)	Recommendation (use III 1-5, see below)	Hearing Results Entered Into EHDI database	Vision Results Entered Into EHD! database	Results Entered into MOT report	
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