

American Academy of Pediatrics

IDAHO CHAPTER NEWS

Sherry Iverson, Idaho Chapter Executive Director, has been elected to serve a second term on the Chapter Executive Directors' Steering Committee (EDSC). In this leadership position, Sherry represents the small chapters and the Western Chapters as the AAP looks at Chapter's role and responsibilities. Sherry will serve in this role until 2016.

Local and Regional Trends in Respiratory Infection

Updated February 25, 2014

As other seasonal respiratory viruses are declining, RSV percentage of positive tests is rather high, but the numbers are less than most years. Babies may continue to encounter RSV for many weeks into the spring. A pertussis outbreak is ongoing in Southwest Idaho affecting all ages, and a couple of hospitalized infants. We encourage testing for pertussis in patients with cough illness <http://www.cdc.gov/pertussis/clinical/diagnostic-testing/diagnosis-confirmation.html>

Call to Action for Hearing Screen Referrals

As a pediatric nurse and seasoned mother of one, when my second child referred on his hearing screen, I was only slightly concerned. The referral, I thought, was excess fluid in his ear canals. My concern was further diminished when I spoke to other moms whose children, like mine, referred on their hearing screens and had normal hearing. My son startled to the dog barking and to his older brother's noise and mayhem which eradicated any remaining worry.

An astute and educated discharge nurse emphasized the need for a follow up diagnostic evaluation from a pediatric audiologist and scheduled the appointment for me. This education was further underscored by our pediatrician who encouraged and explained the importance of follow up. Hearing loss education had not become a part of nursing school education during my time. This dearth of knowledge was magnified and underscored when my son was diagnosed with bilateral moderate-severe sensorineural hearing loss.

My son received hearing aids at six weeks of age and was enrolled in early intervention by 3 months of age. Had his referral been minimized, admonished or scoffed at by any of the players in the healthcare system, we might have delayed not only his diagnosis and intervention, but the diagnosis and intervention of the same hearing loss in his younger sister a couple years later. My kids with hearing loss are part of the 92% of children born with permanent hearing loss who have parents with no hearing loss.

Children make sense of the world by physically reacting to and interacting with the world through the senses. An undiagnosed hearing loss plays a large detrimental effect at this sensitive and critical period. Last year, in Idaho (2013) there were approximately 19,935 births; 19,711 infants were screened for hearing loss, 721 referred, 256 were loss to follow up, and 48 were diagnosed with a hearing loss-we can do better in ensuring that no children are lost after referring on their hearing screen. This is accomplished by taking hearing screen referrals seriously, educating parents on the importance of a diagnostic evaluation and risk factors associated with late onset hearing loss and knowing where to send parents in a timely manner. Utah recently passed legislation mandating CMV education for pregnant women and mandatory CMV testing after a baby refers on their newborn hearing screen!

http://www.stopcmv.org/signing_of_landmark_legislation_makes_cmh_history

A directory can be found at www.ehdipals.org that can be used to locate a pediatric audiologist near your patient. Attached is a pdf checklist to ensure your patients' needs are met in regards to newborn hearing screening. For more information please contact Idaho Sound Beginnings at 334-0983 or email us at idahosoundbeginnings@dhw.idaho.gov. *By Andrea Amestoy, R.N.*

1-3-6 NEWBORN HEARING SCREENING CHECKLIST

Patient Name: _____ Patient DOB: _____ Date of Visit: _____

1 INITIAL SCREENING (by no later than 1 month of age)		
Has the child had a newborn hearing screening?	Yes	No ⇒ Schedule initial screening
Did you obtain the test results from the screening hospital or state EHDI program?	Yes	No ⇒ Contact the hospital or state EHDI program
Are the results recorded in the patient's chart?	Yes	No ⇒ Record test results in patient chart
Did the child pass the newborn hearing screening?	Yes	No ⇒ Schedule rescreening appointment
Have the results been reported to the state EHDI program?	Yes	No ⇒ Confirm results have been reported to state EHDI program within 48 hours of receiving them
Have results been discussed with family?	Yes	No ⇒ <input type="checkbox"/> For a child who passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child who did not pass, discuss the need for follow-up and assist in arranging a rescreening
Has a rescreening occurred (if the initial screen resulted in "did not pass" or if otherwise necessary)?	Yes	No ⇒ Schedule rescreening appointment
RESCREENING (by no later than 1 month of age)		
Where will the rescreening be performed? ✓ If hospital/outpatient center, when is the rescreening appointment? ✓ If conducted in office: • Determine what screening equipment was used at the hospital. • Follow the AAP office rescreening guidelines.	<input type="checkbox"/> Hospital: _____ <input type="checkbox"/> Office <input type="checkbox"/> Other (specify): _____ Location: _____ Date: _____	
Did the child pass the rescreening?	Yes	No ⇒ Send child to audiologist with pediatric expertise for diagnostic evaluation.
Are the results recorded in the patient chart?	Yes	No ⇒ Record results in patient chart.
Have the results been discussed with the family?	Yes	No ⇒ <input type="checkbox"/> For a child who passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child who did not pass, discuss the need for follow-up and assist in arranging an audiologic evaluation
Have the results been reported?	Yes	No ⇒ Confirm results have been reported to state EHDI program within 48 hours of receipt
3 DIAGNOSTIC EVALUATION (by no later than 3 months of age)		
If the child did not pass the rescreening, was he/she referred to an audiologist with expertise in pediatrics?	Yes Provider: _____ Date of Visit: _____	No ⇒ Refer to audiologist with expertise in pediatrics
Were the results of the diagnostic test normal?	Yes	No ⇒ Discuss early intervention (EI) and need for comprehensive plan
Have the results been discussed with the family?	Yes	No ⇒ <input type="checkbox"/> For a child who passed, stress the importance of ongoing surveillance and risk factors* <input type="checkbox"/> For a child who did not pass, discuss EI and need for comprehensive plan
Have the results been reported?	Yes	No ⇒ Confirm results have been reported back to state EHDI program within 48 hours of receipt
6 EARLY INTERVENTION (by no later than 6 months of age)		
If the child was diagnosed with a hearing loss, was he/she referred for early intervention and multidisciplinary evaluation?	Yes Date of visit: _____	No ⇒ Provide referral for EI, ophthalmology, and otolaryngology and offer referral for genetics
ONGOING SURVEILLANCE AND SCREENING		
Continue to perform ongoing surveillance and screening for late-onset hearing loss, particularly children with risk factors.		

*JCIH Risk Factors

Mark Your Calendars!



Immunization Summit

Tuesday, September 30

St. Luke's Medical Center, Boise
Registration will be available soon!

Key Note Speaker:

Dr. Ari Brown

Ari Brown, M.D., FAAP, is a pediatrician, best-selling book author, child health advocate, and a mom. She is a medical advisor for Parents Magazine and ABC News, and a spokeswoman for the American Academy of Pediatrics. Dr. Brown has appeared on numerous national news and talk shows, and is a trusted voice for children's health.

2014

Summit Partners



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