



CHECKLIST AMPLIFICATION

Pediatric Audiology

Amplification: Hearing aids, cochlear implants, bone conduction hearing devices, assistive hearing technologies

Fitting of hearing aid amplification is an important first step for families who have chosen listening and spoken language as their preferred communication option. The fitting process should be completed no later than four months of age or immediately following diagnosis.

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	Timing of Hearing Aid Fitting <ul style="list-style-type: none"> • Within one month of diagnosis, and no later than 4 months of age, if not medically contraindicated • Use of loaner hearing aids in-between time of diagnosis and completion of the hearing aid fitting process
	Hearing Aid Selection to include features specifically designed for this age group <ul style="list-style-type: none"> • Pediatric-sized earhooks • Tamper-proof battery doors • Full accessibility for remote-microphone (FM) technology • Flexible gain and output to accommodate potential changes in hearing
	Validation of Hearing Aid Fitting <ul style="list-style-type: none"> • Cortical Auditory Evoked Potentials (CAEP) <i>Punch et al 2016</i> • Desired Sensation level <i>Bagatto et al 2016</i> • National Acoustics Laboratories <i>Ching & Dillon 2013</i>
	Optimization and objective re-verification <ul style="list-style-type: none"> • Re-verification with new earmold • Periodic monitoring (for fluctuation or decrement in hearing) • Validation (development of spoken language, auditory awareness, or other) <i>Bagatto et al 2016</i>
	Assistive Technologies <ul style="list-style-type: none"> • Remote microphone • Visual communications such as CART • Skype, Zoom or computer-based video transmission • Devices to amplify telephone communications and • Devices to provide visual translation of auditory stimuli in the home
	Bone Conduction Hearing Device/Implant <ul style="list-style-type: none"> • Bone conduction with use of a softband for conductive losses, unilateral loss or draining ear
	Cochlear Implant Candidacy <ul style="list-style-type: none"> • Severe to profound sensorineural hearing loss (including auditory neuropathy) • Unilateral or bilateral • Reasonable parental expectations and clear understanding of the continued need for intensive, auditory-based intervention and audiological management

References

Punch, S., Van Dun, B., King, A., Carter, L., & Pearce, W. (2016). Clinical experience of using cortical auditory evoked potentials in the treatment of infant hearing loss in Australia. *Seminars in Hearing, 37*(1), 36–52

Bagatto, M., Moodie, S., Brown, C., Malandrino, A., Richert, F., Clench, D., & Scollie, S. (2016). Prescribing and verifying hearing aids applying the American Academy of Audiology Pediatric Amplification Guideline: Protocols and outcomes from the Ontario Infant Hearing Program. *Journal of the American Academy of Audiology, 27*(3), 188–203. <https://doi.org/10.3766/jaaa.15051>

Ching, T. Y. C., & Dillon, H. (2013). Major findings of the LOCHI study on children at 3 years of age and implications for audiological management. *International Journal of Audiology, 52*(2), S65–S68. <https://doi.org/10.3109/14992027.2013.866339>

PROMOTING EHDI PRACTICES

Referrals and Counseling Related to Amplification

Information should be conveyed to families in an empathetic, non-biased, open-ended fashion in the language that is accessible to the family. There should be redundancy in the message and the delivery (written, verbal and visual such as websites or video).

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	<p>Reporting</p> <ul style="list-style-type: none"> • State Early Hearing Detection and Intervention (EHDI) program • According to state statute, rules and guidelines
	<p>Referrals</p> <ul style="list-style-type: none"> • Fitting of amplification completed within one month of confirmation of hearing loss if parents choose to pursue (no later than 4 months of age) • Intervention and amplification if conductive hearing loss cannot be medically remediated by six months of age • Referral to the state Part C Early Intervention within 7 days of diagnosis with goal of 48 hours • Parent to parent or family to family support
	<p>Provide Information on:</p> <ul style="list-style-type: none"> • Communication modes, methodologies, and technology in a comprehensive and non-biased fashion • Listening and spoken language, signed language and combined approaches • Amplification options (hearing aids, cochlear implants, visual and auditory assistive technologies) • Importance of parent to parent or family to family support • Importance of trained professional who is deaf or hard of hearing
	<p>Communication with families</p> <p>In communication with families be sure to provide information in clear, simple language on:</p> <ul style="list-style-type: none"> • communication modes, methodologies, and technology in a comprehensive and non-biased fashion (e.g., listening and spoken language, signed language and combined approaches) • Amplification options (hearing aids, cochlear implants, visual and auditory assistive technologies) • Parent to parent or family to family support • Trained professional who is deaf or hard of hearing <p>Allow Time for:</p> <ul style="list-style-type: none"> • Listening to families and answering their questions • Supporting family decision-making • Providing information about and referrals to family support • Encouraging families to advocate for their needs • Detailing the process (e.g., referral to early intervention) • Describing what will happen next (e.g., next appointment) • Explaining the hearing aid or cochlear implant process • Discussing visual language strategies and resources