

| Wyoming |
|--------------|
| Early |
| Hearing |
| Detection & |
| INTERVENTION |
| (EHDI) |

WYOMING MIDWIFE NEWBORN HEARING SCREENING EHDI – INFORMATION SYSTEM (EHDI – IS) USER'S MANUAL

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Introduction

The Wyoming Early Hearing Detection and Information – Information System (EHDI – IS) is a database containing hearing screening results and follow-up information for children in Wyoming. The use of the WY EHDI – IS helps to ensure that all Wyoming children with hearing loss are identified and offered appropriate Early Intervention as early as possible. Provision of timely and appropriate medical, audiological and developmental management provides children with hearing loss the opportunity to develop to their highest potential.

The Wyoming EHDI staff would like to thank midwives for the **prompt** submission of your newborn hearing screening data to the Wyoming EHDI – IS. Your work ensures that Wyoming babies whose births you attend receive this critical screen.

This manual is designed to give you step by step instructions on how to enter hearing screening results into the Wyoming EHDI – IS for the babies born under your care. If at any time you should have any questions about the system or the process, please feel free to contact the Wyoming EHDI office. We can be reached by phone at **307-721-6212** or **307-760-6625** and by email at <u>nancy.pajak@wyo.gov</u> or <u>sarah.fitzgerald@wyo.gov</u>.

Again, thank you for all you do for Wyoming children and families!

Flow Chart for Newborn Hearing Screening Results Entry



Register to Use the Wyoming EHDI – Information System

| ð | CHDIWY Wyoming Early Hearing Det | OMING action & Intervention | Click | | Search a |
|---|---|---|---|---|-------------------|
| | Training | Pediatric Audiology Clinics | Wyoming EHDI-IS | Resources | Directory |
| | Wyoming EHDI » Wyoming EHDI – | I – Information System | tem | | Wyoming EHDI – |
| | The Wyoming EHDI – In hearing screening result purpose is to ensure that as possible and provided to their highest potential. Wyoming EHDI – IS Lo EHDI – IS User's Manue EHDI – IS User's Manue Early Hearing Detection and In Internation Electron and In Normation Electron and In | nformation System (EH s and follow-up information t all Wyoming children with d with timely and appropri- ng-In all there entropy Program | DI – IS) is a database co on for children in Wyomi th hearing loss are ident iate management in orde | ontaining ng. Its ified as early er to develop | Send us a message |
| | Paperwork to acce | ess the Wyoming E | HDI – IS | | |
| | Child Development Cetne Women Infants and Child | rs/Head Starts Hospita ren (WIC) Physicians/I | als Midwives Au Primary Car Providers | diologists | |

To register and obtain a user name and password for the Wyoming EHDI – Information System, you will need to complete the "Individual User Confidentiality Agreement." To obtain this form:

- Go to the Wyoming EHDI website at <u>www.wyomingehdi.org</u>
- On the home page, click on the "Wyoming EHDI-IS" tab on the navigation bar.
- In the "Paperwork to access the Wyoming EHDI IS" box, click on "Midwives".
- Print and complete the paperwork. For your user name, you can use your first and last name. Your password must include 1 number and 1 letter; do not use spaces; Note: passwords are case sensitive.
- The completed paperwork may be faxed to the Wyoming EHDI office at 307-721-6313. However, the original **must** be mailed to:

Wyoming EHDI Program 1771 Centennial Drive #220 Laramie, WY 82070

• Please retain a copy of the paperwork for your records. Once you receive a confirmation e-mail from Wyoming EHDI staff, you will be ready to use the Wyoming EHDI – Information System.

Log in to the Wyoming EHDI – Information System



To log in to the Wyoming EHDI – IS, in your web browser, go to the website <u>https://ehdi.health.wyo.gov/</u>. Once on the website, enter your user name and password in the boxes labeled "User Name" and "Password."

Once you have entered your user name and password, click the "Log In" button. Note: the password is case sensitive and you will be locked out if you enter an incorrect password more than three (3) times.

If you get locked out, do not have a user name or password, or have forgotten your password, contact the Wyoming EHDI staff by calling 307-721-6212 or 307-760-6625 and by e-mail at nancy.pajak@wyo.gov or sarah.fitzgerald@wyo.gov.

Individual User and Confidentiality Agreement

| | | | | | | T | |
|--|--|---|---|---|---|--|---|
| Home | Search | Maintenance | Logout | | | | |
| divic | lual Usei | and Conf | identiality | Agreement | | | |
| Depart prescri progra (Wyon Interve | tment of Hea ibe rules and m uses a we ning EHDI – ention and Ec | Ith under the au I regulations for b-based databa IS) operated by ducation progra | uthority of Wyor the managem ase, the Wyom the Wyoming m, EHDI progra | ning Statutes 35-4- ant and control of ea ng EHDI Tracking, 3 Department of Healt am. | 801 and 35-4-80 arly hearing dete Surveillance, an th (WDH), Beha | 02. It provides the au ection and tracking. T d Information Systen vioral Health Division | thority to he n , Early |
| All use others manag last da Wyom | ers shall safe , or to post th jer or design y of employr ing EHDI – I | guard his/her u ne user name a ee must notify t nent. By signing S is granted, an | ser name and p nd/or password he Wyoming E g this form, the id agrees to be | assword, and agree on any place. Whe HDI Program staff w User acknowledges held to the following | e to not give the en an authorized vithin twenty-fou s the conditions g conditions: | user name and/or pa user leaves the facil r (24) hours of the er under which access t | assword to ity, the nployee's to the |
| 1. Chil 2. He/s | d specific inf she has read rmation cont Wyoming EH Wyoming El | ormation is only and agrees to ained in the Wy IDI – IS Individu HDI – IS passw | / available to an abide by the W coming EHDI – ual User and Co ords should be | ithorized users. yoming EHDI – IS I IS is confidential an infidentiality Agreen changed regularly f | ndividual User a id can only be us nent. to protect securi | and Confidentiality Ag sed for those purpose ty. s open | reement. es outlined |
| 3. Info in the 4. The 5. The 6. Alwa | computer sh ays log off ar | nould not be left nd close the bro | wser when you | are finished with a | Wyoming EHDI | - IS session. | |

For users who log on for the first time, an "Individual User and Confidentiality Agreement" page will display on the screen. This is very similar to the document you signed to become a user of the system. Please read the agreement, carefully. To agree and continue into the system, click on the "I agree to the terms of the Confidentiality Agreement" box and then click on the "Continue" button.

Note: This agreement will also come up every 90 days for you to review.

EHDI – IS Home Page

| ġ | (| | Hearing Detectio | IMIN(n & Interventi | | | | P |
|---|--------|-----------------|------------------|-------------------------|---------|---------|---------------|-----------|
| | Home | Search | Maintenance | Logout | | | | |
| | Hearin | g Follow | up Action | S | | | | |
| | | Task | | Patie | ntName | Status | Creation Date | Due Date |
| | 🛛 🗙 | Rescreen in 7-1 | 0 days | Smit | h, John | Pending | 5/16/2016 | 5/26/2016 |

After the "Individual User and Confidentiality Agreement" page, you will be directed to the home page. Here you will find a list of follow-up tasks which need to be completed. If you have no follow-up actions, your home page will default to the Child Search page, as shown below.



Search by Child

Newborn Hearing Screening results are due to the Wyoming EHDI program within 10 days of the

<u>screening.</u> To enter a child's hearing screening results into the EHDI – IS, hover over the "Search" button on the navigation bar, then click on "Search By Child". On the child search page, enter in the child's last name, date of birth and sex, then click on "Search". **All data fields must be filled before clicking search**.

| Add Child | |
|---|--|
| Register to Use the Wyoming EHDI - IS | Update Child's Profile or Add Additional Screenings (if needed) |
| Child Search Last Name smin Date of Birth 5/16/16 | |
| Sex Male Female Search Add Child Quick Add No children match search criteria | |

If your search resulted in "No Children match search Criteria", first make sure the information you entered is correct. Otherwise, this means the child you screened is not yet in the EHDI – IS. If you receive this message click on the "Quick Add" button.

Note: A child may also be added by clicking on the "Add Child" button. However, you will be prompted to enter additional child profile information before you can enter the screening results. By clicking on the "Quick Add" button, you will be prompted to enter the screening results without additional demographic information therefore saving you time.

| ď | Wyoming Early Hearing Detection & Intervention | |
|---|---|--|
| | Home Search Maintenance Logout | |
| | Child Search | |
| | Last Name Smith Date of Birth 5/16/16 | |
| | Sex Male Female Enter child's first name: John | |
| | Search Add Child Quick Add | |

After clicking on the "Quick Add" button, a box will appear for you to enter the child's first name. Enter the child's first name in the data field provided, then click on "OK".



At this point the system will create the child's profile and take you directly to enter the child's screening results. On the "Add Birth Screening" section, enter the information for the screening and any notes. Once all the information has been entered, click on "Save".

Note: If the child *failed their initial screening(s)*, you will need to select "Rescreen in 7-10 days" under the "Recommendation" section. This will trigger a task on your home page to help you remember to provide the rescreening.

If the child *fails the rescreening(s)*, you will need to select "Refer to Wyoming EHDI Program and PCP" under the "Recommendation" section. Please refer to the "Recommendations/Follow-up Actions" Appendix for a complete list of hearing screening scenarios with appropriate recommendations.

| | | Hearing Detecti | OMING on & Intervention | GD | 96 | 2 | | ø | C |
|---------------|---------------------------|--------------------------|----------------------------|--|--------------|------|--------|---------|---|
| | Home Search | Child | laintenance Log | gout | | | | | |
| | John Smith | | | | | | | | |
| | Age | 0 years, 0 month | s, 0 days | Physician Audiologist Eye Professional | | | | | |
| | Sex Hospital | Male Home Birth / Out | of Hospital Birth | Guardian Relation | | | | | |
| | Details Update Child | | | | | | | | |
| | Hear | ng | | | | | | | |
| | Birth Hearing Screen | ings | Dight Desult | Carooping Nothod | SamanianData | | | | |
| | Initial | Pass | Pass | OAE | 5/16/2016 | Edit | Delete | Details | |
| \Rightarrow | Add Birth Hearing Screeni | g | | | | | | | |

After the screening has been saved, you will be directed back to the child's profile. At this time, if you have more screenings to enter for this child you can add those now by clicking on the "Add Birth Hearing Screening" button and following the steps in the "Enter Screening Results" section of this manual.

If you would like to add additional information about the child such as parent/guardian name, address, phone number, etc., you can do so by clicking on the "Update Child" button (See "Update Child" section for details).

If all the screenings and information for this child have been added, click on "Home" in the navigation bar to go back to the home page or "Logout" to logout of the system.

Creating Follow-up Tasks

| (| HD /yoming Early | Hearing De | YON Atection 8 | | G Ition' | | a | 00 | 3 | |
|------------------------|----------------------------|---------------------------------|-------------------|--------------|-------------|--|---|----|---|---|
| Home | Search | Child | Mainte | enance | Logout | | | | | |
| | | Child Vie | w | | | | | | | |
| | | Add Actio | on Item | | | | | | | |
| John | Smith | Notes | | | | | | | | |
| Age | | Documer | nts | ays | | Physician | | | | |
| DOB Sex Hospital | | 5/16/2016 Male Home Birth | / Out of H | ospital Birl | 'n | Audiologist Eye Professional Physician Number Guardian Relation Name | | | | |
| Update Child | d | | | | | | | | | J |

An option exists within the EHDI – IS which allows you to create (add) follow-up tasks for yourself in regards to a particular child. For example, if you accidentally cancel a follow-up task, you may add the cancelled follow-up task back into the child's profile by using this option. To create a follow-up task outside of a screening, hover over the "Child" tab in the top navigation bar and select "Add Action Item" in the dropdown menu.

| BHC Wyoming Earl | Hearing Detection & Intervention | | 200 | Ч. |
|------------------------|------------------------------------|--|-----|----|
| | | | | |
| Home Search | Child Maintenance Logout | | | |
| John Smith | | | | |
| Age | 0 years, 0 months, 0 days | Physician Audiologist Eye Professional | | |
| Sex | 5/16/2016 Male | Physician Number Guardian Relation | | |
| Hospital Details | Home Birth / Out of Hospital Birth | Name | | |
| | | | | |
| Add Action I | tem | | | |
| Action Item Type Birth | ₽<── | | | |
| Action Item | | - | | |
| Due Date | | | | |
| Add Action Item | | | | |

See next page.

Once on the "Add Action Item" page, select the "Action Item" by clicking on the dropdown box. These items include: Rescreen in 7-10 days, Refer to Wyoming EHDI Program, and Risk Factor for Late Onset Hearing Loss. Select the appropriate task you wish to associate with this child. Select the facility (Home Birth/Out of Hospital Birth) and due date for when the task should be completed. Click on "Add Action Item" to save your work. This will create the follow-up task you selected and display it in the "Follow-up Actions" section on the child's profile.

Waived Screening

| | ń 🖻 | | | | | TI | |
|-------------|---|-------------------|--|--|---|-----------|---|
| | Home Search | Child Mai | intenance Log | out | | | |
| c | Child Informa | tion | | | | | |
| ſ | First Name | Test | | Birth County | | \$ | |
| | Last Name | Jackson | | Home Birth / Out of | | | |
| | Date of Birth | 5/13/16 | 10 | Physician Name | | \$ | |
| | Sex | Male 	Female | | Audiologist Name | | \$ | |
| | | | | Eve Professional Name | (| \$ | |
| | | | | | | | |
| A | Primary Language | Other | | | | |) |
| _ ۹ | Primary Language Address Infor Primary Address Address Line 1 | Other + | Physical Address Address Line 1 | | Mailing Address Address Line 1 | | |
| _ ۹ | Primary Language Address Infor Primary Address Address Line 1 Address Line 2 | Other + | Physical Address Address Line 1 Address Line 2 | | Mailing Address Address Line 1 Address Line 2 | | |
| _ ۹ | Primary Language Address Infor Primary Address Address Line 1 Address Line 2 City | Other + | Physical Address Address Line 1 Address Line 2 City | State Zip | Mailing Address Address Line 1 Address Line 2 City | State Z/p | |
| A A I | Primary Language Address Infor Primary Address Address Line 1 Address Line 2 City | Other + | Physical Address Address Line 1 Address Line 2 City | State Zip | Mailing Address Address Line 1 Address Line 2 City | State Zip | |
| | Primary Language Address Infor Primary Address Address Line 1 Address Line 2 City Other Information | Other + | Physical Address Address Line 1 Address Line 2 City | State Zip | Mailing Address Address Line 1 Address Line 2 City | State Zip | |
| | Primary Language Address Infor Primary Address Address Line 1 Address Line 2 City Dther Informa Phone | Other : mation | Physical Address Address Line 1 Address Line 2 City | State Zip | Mailing Address Address Line 1 Address Line 2 City | State Zip | |
| | Primary Language Address Infor Primary Address Address Line 1 Address Line 2 City City Dther Informa Phone Transfer Hospital Region | Other + | Physical Address Address Line 1 Address Line 2 City | State Zip WY Guardian Guardian Relatio Last Name | Mailing Address Address Line 1 Address Line 2 City | State Zip | |
| | Primary Language Address Infor Primary Address Address Line 1 Address Line 2 City City City Cher Informa Phone Transfer Hospital Region Child Care Facility | Other + | Physical Address Address Line 1 Address Line 2 City | State Zip WY Guardian Guardian Relatio Last Name First Name | Mailing Address Address Line 1 Address Line 2 City | State Zip | |

If a child's hearing screening is waived per parent's request and *the child is not in the EHDI – IS*, click on the "Add Child" button while you're on the "Child Search" page. If *the child is in the system*, click "Update Child" from the child's home profile page. Enter the child's information and select "Birth - Parent's Declined" in the "Lost To Follow Up" drop down menu. Click on "Add Child" or "Update Child" to save your result.

| ð | Wyoming Early | Hearing Detection 8 | AIN (| on! | | 60 | P | Ц. |
|---|-------------------|-------------------------------|---------------|--------|--|----|---|----|
| | Home | Child Mainte | enance | Logout | | | | |
| | | Child View | | | | | | _ |
| | [| Add Action Item | | | | | | |
| | Lost To Follow Up | Notes | Decline | d | | | | |
| | | Documents | | | | | | |
| | Test Ehdi | | | | | | | |
| | Age | 0 years, 3 months, 5 c | lays | | Physician Audiologist Eye Professional | | | |
| | DOB | 2/4/2016 | | | Physician Number | | | |
| | Sex | Male Home Birth / Out of H | penital Birth | | Guardian Relation | | | |
| | nospital | Home Birth / Out of H | ospital DITU | | Name | | | |
| | Details | | | | | | | |
| | Update Child | | | | | | | |

After saving the waived result, you have the option to upload the signed waived form to the child's profile. To do so, hover over the "Child" tab on the top navigation bar and click on "Documents".

Note: This is assuming the waived form has been scanned and saved on your computer. If you do not have the ability to scan and save the waived form document to your computer, it can not be uploaded to the EHDI – IS. Instead, you can send the waived screening form to our office via fax (307-721-6313) or mail (1771 Centennial Drive, Suite 220, Laramie, WY 82070).

| ĥ | CHDIWYOMING Wyoming Early Hearing Detection & Intervention | | | | | |
|---------------|---|--|---------------------------------------|---|--|--|
| | 1 🗠 🗠 | | | | | |
| | Home Search | Child Maintenance Logout | | | | |
| | Lost To Follow Up | : Birth - Parent(s) Declined | _ | | | |
| | Test Ehdi | | | | | |
| | Age | 0 years, 3 months, 5 days | Physician Audiologist | | | |
| | DOB Sex Hospital | 2/4/2016 Male Home Birth / Out of Hospital Birth | Physician Number Guardian Relation | | | |
| | Details | none and roat of hospital bitti | traine | | | |
| \Rightarrow | Add Document Choose File No file chosen Add Document | | | | | |
| | There are no documents availa | able. | |] | | |

Click on the "Choose File" button to browse for your file.

| | Midwife Manual | ٥ | Q Search |
|---|--|--|---|
| Favorites A My Documents A` Applications Devices EHDI ADMIN △ Shared EPSON Artisan 730 e pson64a387 Modin | Putition Panada E E C H J L L Select y file | ■ Falled Hear2015.docx ■ Follow-up Actions.docx ■ Midwife ELanual.docx Midwife Hoenshot.png ■ Midwife Neeement.doc ■ Midwife Neeement.doc ■ Midwife Neeement.doc ■ Midwife Oements.docc Notebook Cover.docx Search by Child.png ■ EHDLd Form.docx Waived Screenshot.png | Test EHDI Waived Form.docx Word - 100 KB Created Today, 7:01 AM |
| Music Movies | и и | П | Modified Today, 7:01 AM Last opened Today, 7:01 AM Add Tags |
| | Format: All Files | € | Cancel Open |

Once you have click on the "Choose File" button, a file browse box will display. Navigate to where your file is located, select your document and click on the "Open" button.

| | | Hearing Detection & Intervention | CO | | Ч, |
|---------------|---|------------------------------------|--|---|----|
| | ń 🖴 👘 🖓 | | | The second se | |
| | Home Search | Child Maintenance Logout | | | |
| | Lost To Follow Up | : Birth - Parent(s) Declined | | | |
| | Test Ehdi | | | | |
| | Age | 0 years, 3 months, 5 days | Physician Audiologist Eve Professional | | |
| | DOB | 2/4/2016 Male | Physician Number Guardian Relation | | |
| | Hospital | Home Birth / Out of Hospital Birth | Name | | |
| | Add Document | | | | |
| \Rightarrow | Choose File Test EHDI W Add Document There are no documents available | . Form.docx able. | | | |

Once you have selected your file, click on "Add Document", to upload your document to the child's profile.

Add Notes

| | HDI WYDMING | CD 9 | | |
|----------------|------------------------------------|--|----|--|
| A 🗠 | | | TT | |
| Home | Child Maintenance L | ogout | | |
| | Child View | | | |
| Less To Falls | Add Action Item | | | |
| Lost To Folio | Notes | | | |
| | Documents | | | |
| Test Ehd | i | | | |
| Age | 0 years, 3 months, 5 days | Physician Audiologist Eye Professional | | |
| DOB | 2/4/2016 Mala | Physician Number | | |
| Hospital | Home Birth / Out of Hospital Birth | Name | | |
| Details | | | | |
| <u>Lutitis</u> | | | | |

If you would like to add a note to the child's record for any reason (i.e. a child did not have an initial hearing screening or rescreening and you selected the lost to follow-up action "Birth – Other"), you can add a brief summary in the "Notes" section of the child's profile. Hover over the "Child" tab on the top navigation bar and click on "Notes". Type your summary in the field box provided and click "Add Note" to save your work. Your note will be date and time stamped along with your name.

| Update Ch | ild's Profile | | | | | |
|--|---|--|---|---|------------------|--|
| Register to Use the Wyoming EHDI - IS | Log In to System | Search by | Child, or Add hild | Enter Screening Re | sults | Update Child's Profile or Add Additional Screenings (if needed) |
| | Wyoming Early Hearing Detection | Intervention | 40 | - | P | |
| | Child Information First Name Bob Last Name Test Date of Birth 1/1/2015 Sex • Male • Female Primary Language Other • Address Information | Bi Hu Hu Hu Hu Hu Hu Hu Hu Hu Hu Hu Hu Hu | irth County ome Birth / Out of spital Birth hysician Name udiologist Name ye Professional Name | 8 | • • • • | |
| | Primary Address Address Line 1 Address Line 2 City State Zip | Physical Address Address Line 1 Address Line 2 City | State Zip C | tailing Address Address Line 1 Address Line 2 City State Zip WY | | |
| | Utner Information Phone Transfer Hospital Region Child Care Facility Border Baby Lost To Follow Up Update Child Cancel | • | Guardian Guardian Relationsi Last Name First Name Mother's Phone Father's Phone Cell Phone | hip 💼 🗧 | | |

To enter additional information on a child's profile (i.e. demographic, etc.), click on "Update Child" while you are on the child's profile page. The system will then open the "Child Information" page. Once on the "Child Information" page, enter the information you have for the child. When all the information has been added click on "Update Child".

Note: If a child failed their hearing screening it is convenient to enter in the child's parent/guardian information including contact information and address. This will help ease communication by keeping contact information in one accessible location.

Note: If a child's hearing screening was waived and the child was already in the system when you performed a search, you can enter a "Waive Result" in the "Lost To Follow Up" section and choose "Birth – Parent(s) Declined.

| Wyoming E | arly Hearing Detection & Intervention | | | 1 | ~ | 6 |
|------------------------|--|--|---------------|------|--------|---------|
| | | | | - | | The |
| Home Search | Child Maintenance | Logout | | | | |
| Bob Test | | | | | | |
| Age | 1 years, 4 months, 8 days | Physician Audiologist Eve Professional | | | | |
| DOB | 1/1/2015 | Physician Number | | | | |
| Sex Hospital | Male Home Birth / Out of Hospital Birth | Guardian Relation | | | | |
| | Home Birary Out of Hospital Birar | Humo | | | | |
| Details | | | | | | |
| Update Child | | | | | | |
| He | aring | | | | | |
| Birth Hearing Scre | enings | | | | | |
| Screening Type | Left Result Right Result | Screening Method | ScreeningDate | | | |
| Initial | Pass Pass | OAE | 1/5/2015 | Edit | Delete | Details |
| Add Birth Hearing Scre | ening | | | | | |

After updating a child's profile information, you can:

- a) Search for a new child by hovering over "Search" in the navigation and then clicking on "Search by Child"
- b) Return to your home page by clicking on "Home" in the navigation bar
- c) Or logout of the system by clicking on "Logout" in the navigation bar

Appendix: Recommendation/Follow-up Actions

| Initial Screening Result | Follow-up Action | |
|-------------------------------|--------------------------------|------------------------------|
| Pass: Both ears | Leave follow-up actions blank | |
| Risk Factors: None | | |
| Pass: Both Ears | Risk Factor for Late Onset | |
| Risk Factors: One or more | Hearing Loss | |
| Fail: One or both ears | Rescreen 7-10 days | |
| Risk Factors: None | | |
| Fail: One or both ears | Rescreen 7-10 days | |
| Risk Factors: Yes | | |
| | | |
| Rescreening Result | Follow-up Action | |
| Pass: Both ears | Leave follow-up actions blank | |
| Risk Factors: None | | |
| Pass: Both ears | Risk Factor for Late Onset | |
| Risk Factors: Yes | Hearing Loss | |
| Fail: One of both ears | Refer to Wyoming EHDI Program | Send Failed Rescreening form |
| Risk Factors: Yes or No | and PCP | to Wyoming EHDI Program |
| In complete Care oning | Follow we Action | |
| Incomplete Screening | Follow-up Action | |
| (Equipment did not state pass | Rescreen 7-10 days | Put N/A in the for the |
| or refer) | | screening result |
| Waived Screening | | |
| Waives | See "Waived Screening" Section | |
| | in Midwife EHDI – Information | |
| | System User's Manual | |



Again, the Wyoming EHDI staff thanks you for helping us serve the children of Wyoming. Your entry of hearing screening results is a critical step in helping children with hearing loss be identified at the earliest possible age. If you should have any questions or comments, please feel free to contact the Wyoming EHDI Program. We appreciate all your hard work.

Wyoming EHDI Program 1771 Centennial Drive, Suite 220 Laramie, WY 82070 Phone: 307-721-6212 or 307-760-6625 Fax: 307-721-6313 E-mail: <u>nancy.pajak@wyo.gov</u> <u>sarah.fitzgerald@wyo.gov</u>