Referral Criteria for Routine Paediatric Hearing Assessment - Summary Clinical Guideline – Joint Derby and Burton

Reference No: CH CLIN AUDIOLOGY/4049/001

The following section details the referral criteria for hearing assessment in Paediatric Audiology.

1.1. Contraindications

- Sudden loss or sudden hearing deterioration (Sudden = within 72 hours) - Send to ED or Urgent Care ENT. Alongside this referral, arrange for an URGENT hearing assessment to confirm deterioration and identify the nature of any hearing loss
- Altered sensation or numbness in the face or facial droop - Send to ED or Urgent Care ENT. Alongside this referral, arrange an URGENT hearing assessment as detailed above
- Persistent pain affecting either ear
- History of persistent ear discharge (other than wax) from either ear within the last 90 days, where attempts by primary care to manage have been unsuccessful
- Vertigo or balance concerns that are not fully resolved or which are recurrent
- Complete or partial obstruction of the external auditory canal preventing full examination of the eardrum or proper taking of an aural impression
- Foreign body in the ear canal
- Abnormal appearance of the outer ear or the eardrum (including mastoid area).

1.2. Stage 1 Triage

Referral Reason	**Grade**	**First assessment**
Bacterial meningitis or meningococcal septicaemia	Urgent	Not within 48 hours of diagnosis, after recovery, preferably before hospital discharge (medically fit), and within 4 weeks of being fit to test. (See NICE, 2010 and PHE, 2019)
Parental/ professional hearing concerns or children with speech delay/ developmental delay/ behavioural issues/ pre-existing medical conditions which may or may not be associated with hearing loss	Routine	$\leq$ 6 weeks (See NHS Digital, 2006)

Passed newborn hearing screen and: • syndromes associated with	Targeted surveillance (See	≤ 8 months (developmental age) may be 7 to 9 months (and in exceptional circumstances, up to 12

hearing loss (including Down's syndrome) • cranio-facial abnormalities, including cleft palate • confirmed congenital infection (toxoplasmosis or rubella) • SCBU or NICU over 48 hours, with NCR for AOAE test for both ears, but CR for AABR for both ears	**Section 9** Hearing Surveillance)	months) (See PHE, 2019)

Table 1: Stage 1 triage of referrals to Paediatric Audiology

1.3. Stage 2 Triage

Referral	Appointment Type	Appointment length
≤ 3 years developmental age	2 tester routine	30 mins
≥ 3 years developmental age	1 tester routine	30 mins
≤ 3 years chronological age with evidence of; • Developmental delay • Neurodevelopment concerns • Inability to complete routine hearing assessment • Functional hearing loss • Clinical judgement	2 tester complex*	45 mins
≤ 18 years chronological age with evidence of; • Developmental delay • Neurodevelopmental concerns • Inability to complete hearing assessment • Functional hearing loss • Clinical judgement	1 or 2 tester complex (use clinical judgment)*	45 mins

Table 2: Stage 2 triage of referrals to Paediatric Audiology

**Refer to Complex Hearing Assessment of Children Trust guideline.*