

Paediatric Audiology Onward Referral Criteria - Summary Clinical Guideline – Joint Derby and Burton

Reference No: CH CLIN AUDIOLOGY/4049/001

Notwithstanding contraindications, where aidable hearing impairment is detected, referral for another opinion or management should not delay impression taking or provision of amplification. Impression taking should follow BSA recommended guidelines (2013 and 2022). The exception is mild OME, which must be confirmed over three months. At the first appointment, cases of OME presenting with moderate hearing loss and a history of significant speech or educational delay, amplification can be considered.

History	
Sudden loss or sudden deterioration of hearing (Sudden = within 72 hours)	Send to ED or Urgent Care ENT
Rapid loss or rapid deterioration of hearing not associated with a pre-diagnosed condition that causes rapid loss e.g., EVA (Rapid = 90 days or less)	Refer for aetiological investigations (RDH – Community Paediatrician/ JPAC, QHB – CPAC) Refer for amplification (if within criteria also refer for CI)
Fluctuating hearing loss, other than that associated with OME	Refer for aetiological investigations (RDH – Community Paediatrician/ JPAC, QHB – CPAC) Refer for frequent hearing surveillance and offer amplification
Persistent pain affecting either ear	Refer to ENT
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	Refer to ENT
Altered sensation or numbness in the face, or facial droop	Send to ED or Urgent Care ENT
Hyperacusis	Refer to Audiology Hearing Therapy Service
Tinnitus which is: unilateral, pulsatile, has significantly changed in nature, leading to sleep disturbance or associated with	Refer to ENT

symptoms of anxiety or depression.	Refer to Audiology Hearing Therapy Service
Vertigo/ balance concerns which are not fully resolved, or which are recurrent.	Refer to ENT
Ear examination	
Complete or partial obstruction of the external auditory canal preventing full examination of the eardrum and/or proper taking of an aural impression.	For wax, refer to nurse led wax removal service and consider issuing olive oil. Refer to ENT if nurse led wax removal fails.
Foreign body	Send to ED or Urgent Care ENT Button batteries require IMMEDIATE REMOVAL. Consider using video otoscope to aid ENT
Abnormal appearance of the outer ear, perforation and/or abnormal appearance of the eardrum (including mastoid area)	Refer to ENT If active infection is suspected advise to seek GP opinion for immediate treatment.
Audiometry and Tympanometry	
Permanent conductive hearing impairment	Refer to ENT Refer for amplification Refer to SEND for Specialist Teacher for Hearing Impairment
OME confirmed after 3 months	Refer to ENT if: After 3 months active monitoring And Hearing level in the better ear $\geq 25-30$ dB HL at 0.5, 1, 2 and 4 kHz Exception can be made when, hearing loss < the above values and where the impact of the hearing loss on a child's developmental, social or educational status is judged to be significant. Refer for amplification Refer to SEND for Specialist Teacher for Hearing Impairment

	See <i>Management of Otitis Media with Effusion (Glue Ear) in Children</i> Trust guideline
Unilateral or asymmetrical sensorineural hearing loss	Refer for aetiological investigations (RDH – Community Paediatrician/JPAC, QHB – CPAC) Discuss amplification (BTE, CROS, or BAHA) and its pros and cons to allow family to make an informed decision Refer to SEND for Specialist Teacher for Hearing Impairment
Other presenting feature such as difficulty hearing speech in noise, significant parental concern of test battery with incongruous results.	Refer to complex assessment guideline or discuss with senior members of the team via peer review process.

Table 1: Onward referral criteria for children assessed in Paediatric Audiology.

Adapted version of the criteria documented in the *Guidance for Audiologists: Onward Referral of Adults with Hearing Difficulty Directly Referred to Audiology Services* (BAA, 2021)

References

See Routine Hearing Assessment of Children Referred to Paediatric Audiology – Full Clinical Guideline for all references.