AGE APPROPIATE HEARING ASSESSMENT / DIAGNOSTIC TESTING GUIDANCE

Issued by the Regional Newborn Hearing Screening Quality Improvement Group (March 2015)

1. Referral Pathway

Parental or professional concern regarding an infant/young child's hearing may be identified at any time. Where such concern is identified, **direct** referral should be made, irrespective of newborn hearing screening outcomes and with parental agreement.

- Under 8mths of age → paediatric otolaryngology/ENT
- 8mths up to 3 years → audiology services that provide visual reinforcement audiometry (VRA)
- Over 3 years → audiology services

Distraction testing (delivered by health visitors) is not part of the Healthy Child, Healthy Future Programme. Distraction testing should only be carried out as part of a diagnostic audiological assessment in a controlled environment, by appropriately skilled staff.

2. Test Options

2.1 *Under 8 months (corrected gestational age (GA))*

- Auditory Brainstem Response (ABR) under natural sleep, especially for younger babies. Test at 4*kHz* and 1*kHz* air conduction frequency stimuli. If there is a hearing loss, bone conduction testing should also be performed.

- Where it has not been possible to obtain reliable ABR results, sedation or anaesthesia should be used in line with national clinical guidelines, available at: Published | Guidance | NICE

- Diagnostic otoacoustic emissions (OAE) audiometry

- Behavioural testing –Visual Reinforcement Audiometry (VRA) around 7 months if the infant is close to this age. Take into account the urgency of testing.

2.2 *Over 8 months up to 3 years (corrected gestational age (GA))*

- Visual Reinforcement Audiometry
  Use ear specific and frequency specific stimuli. A significant hearing loss should be excluded. If ear and frequency specific information cannot be obtained the child should be reviewed to rule out milder degrees of hearing loss.

2.3 *Over 3 years*

- Pure tone audiometry and other tests as indicated.

3. Onward Referral

3.1 Where hearing thresholds are within normal limits, audiology will discharge the child. Results should be sent to the referring consultant and copied to the health visitor and GP.

3.2 Where hearing thresholds are outside normal limits, the child will be referred to Paediatric ENT for an urgent appointment. The referring consultant will be notified and the letter copied to the health visitor and GP.

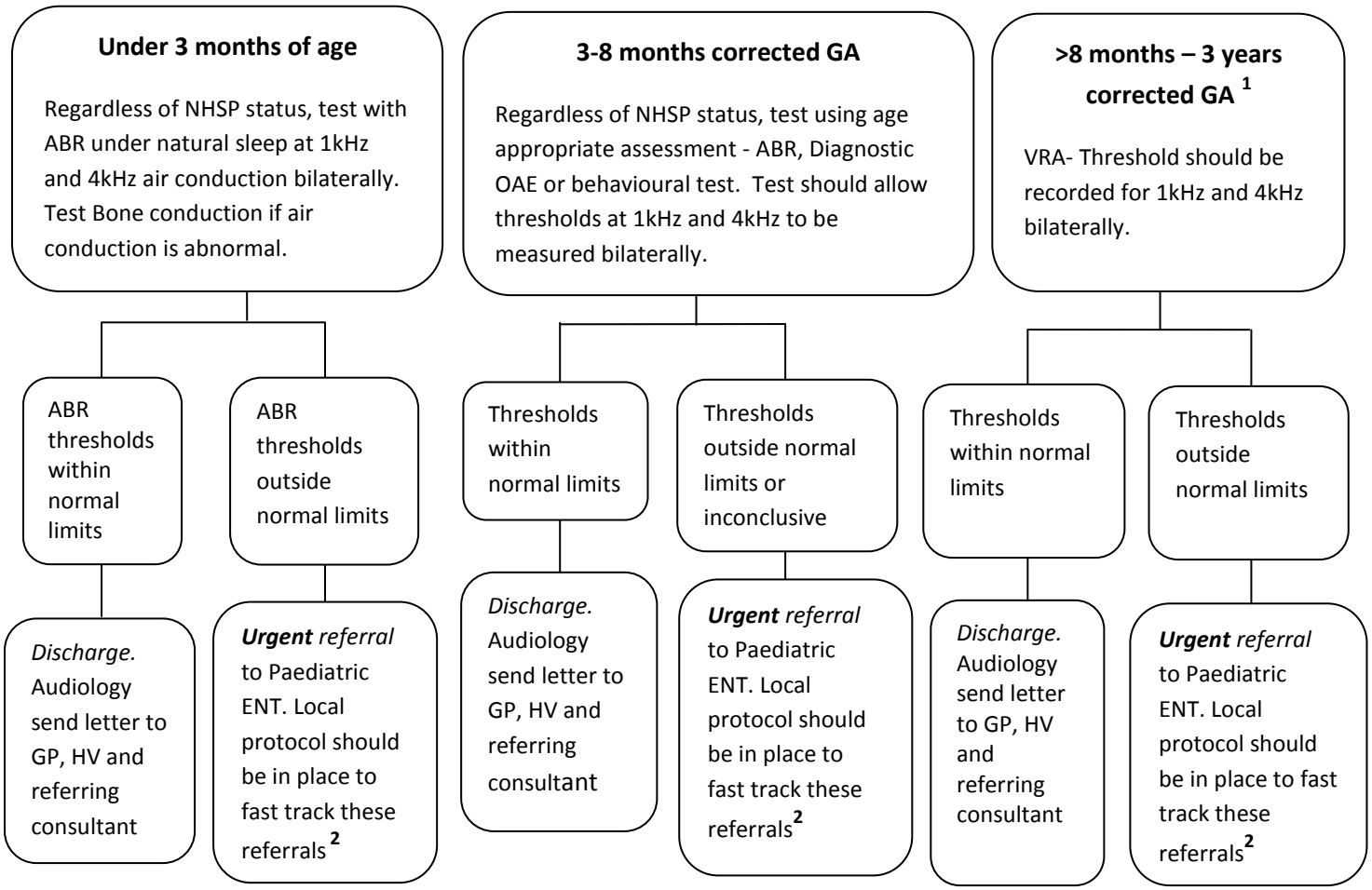
3.3 For all ages there is no good evidence supporting the need for a further follow-up if the hearing is satisfactory following meningitis.

4. Recording Results

4.1 The NHSL6B(i) and NHSL6B(ii) (or the alternative documentation used in the Trust's information pathway) can be used for referrals for infants up to six months of age.

4.2 Trusts should consider updating/developing documentation for older children to include demographics, referral reason, and age appropriate test results, allowing easy onward referral to Paediatric ENT.

Audiological Follow-Up of Referrals resulting from Parental or Professional Concern



Notes relating to flow diagram

[1] Pure tone audiometry and other tests as indicated for children over 3 years of age.

[2] Paediatric Otolaryngology/ENT should have a pathway in place to support urgent referral and fast tracking of children with a confirmed hearing loss, from audiology.