East and North Hertfordshire NHS
NHS Trust

Department of Audiology

Referral Guidelines to Audiology for Adults with Hearing Difficulty

The following are the suggested criteria which should be satisfied when an adult (over 60 years+) is referred directly to an audiology department for hearing assessment / rehabilitation either from Primary Care or from other intra-hospital Consultants.

This document replaces the earlier criteria (TTSA 1989). It has been approved by the British Academy of Audiology and the British Society of Audiology.

Direct referral assessment appointments must be conducted by, or supervised by, a qualified Audiologist registered with RCCP, or a Clinical Scientist (Audiology) registered with HPC.

Where practitioners are not qualified (according to local guidelines) to undertake wax removal, or where any of the findings below which indicate possible need for any further specialist assessment (e.g., for middle ear disease, acoustic neuroma, implant (bone anchored, cochlear, brainstem) or other rare condition are noted, etc), a medical opinion (from an ENT practitioner or Audiological Physician) is required*. Medical advice should be sought if any of the following are found during history taking or on examination. This may require the patient to be referred to be seen by a Doctor in clinic, or may be based on discussion of any relevant findings between the Medical Practitioner and the Audiologist. Referral for a medical opinion should not necessarily delay impression taking or hearing aid provision, and the Audiologist must make a decision based on clinical findings as to whether it is safe to proceed.

Findings, whether positive or negative, and any advice given by the clinician regarding these conditions must be recorded and their GP informed. Pre-existing and investigated conditions should be taken into account if relevant.

Findings on History:

1. • Persistent otalgia affecting either ear (being earache which lasts for more than seven days in the last 90 days before the appointment takes place)

2. • History of discharge other than wax from either ear within the last 90 days

3. • Reported worsening of an existing hearing loss of sudden (24 hours), rapid (less than 90 days) or recent (within one year) onset.

4. • Hearing loss subject to fluctuation (within last 90 days) beyond that associated with colds;

5. • Unilateral or asymmetrical, pulsatile or distressing tinnitus (within the last 90 days) which lasts for > 5 minutes at a time.
6. • Vertigo (as classically described 'an hallucination of movement', not to be confused with the common unsteadiness often associated with age) within the last 90 days

Findings on examination:

• Complete or partial obstruction of the external auditory canal that would not allow proper examination of the eardrum and/or the proper and accurate taking of an aural impression.

• Abnormal appearance of the eardrum and/or the outer ear – e.g., perforated eardrum; active discharge

Findings on Audiometry:

• Conductive hearing loss where audiometry shows 25dB or greater air / bone gap at two or more of the following frequencies: 500, 1000, 2000 or 4000 Hz

• Unilateral or asymmetrical hearing loss as indicated by a difference in the left/right bone conduction thresholds of 20dB or greater at <u>two</u> or more of the following frequencies: 500, 1000, 2000 or 4000 Hz

• Where an existing audiogram taken in the last 24 months is available this shall mean a deterioration of 15dB or more in air conduction threshold readings at two or more of the following frequencies: 500, 1000, 2000 or 4000 Hz

Other findings:
Any other unusual presenting features at the discretion of the Audiologist.
Note:

- = Where medical opinion is required this may be substituted by audiological opinion where these actions have been previously agreed with medical staff and operate within defined local protocols, (e.g. Audiologists undertaking vestibular function and tinnitus assessments followed by delivery and review of appropriate rehabilitation programmes, assessment and consideration for audiological suitability for Bone Anchored Hearing Aids and Cochlear implants, or referring directly for MRI scanning in the case of an asymmetrical sensorineural hearing loss)

References:

Criteria for direct referral: Guidelines of the Liaison Group of Technicians, Therapists and Scientists in Audiology (TTSA), BAAS Newsletter 1989.
HAC Code of Practice, Examinations and Registration – September 2004 Edition
P H Holt 22/09/07