

Referral form - to Paediatric audiology

Name:.....DOB:

Address:.....

Parent's Telephone no:.....

Hospital no:.....NHS no:.....

Consultant:GP:.....

Will the family require an interpreter Yes/No Language.....

Reason for referral

Please see referral guidance on reverse of this form

Babies who are not suitable for new-born hearing screen or at the discretion of the clinician for another indication. Please refer directly to audiology by email for an assessment as a neonate.
Please give details in box below.

Babies who pass the screen but are known to be at increased risk of hearing loss – Please refer to audiology by email, for targeted testing/monitoring (will be assessed at 9 months of age). Please give details in box below.

Name of Referrer:.....Date of referral:.....
(Print Name)

Contact details for referrer:.....Consultant:.....

Email:

Paedsaudiology.cav@wales.nhs.uk

Guidance for referral

Babies who are not suitable for new-born hearing screen (NBHSW) should be referred directly to audiology by email for assessment as a neonate.

1 Microtia and external ear canal atresia -this exclusion is because these babies will always have a degree of hearing loss.

2 Neonatal bacterial meningitis or meningococcal septicaemia - URGENT

Confirmed or strongly suspected ~~by Paediatrician~~ by Paediatrician or Neonatologist bacterial meningitis (any organism), or meningococcal septicaemia. This exclusion is made because the risk of sensorineural hearing loss (SNHL) is very high.

3 Programmable ~~ventriculo~~Ventriculo-peritoneal (PVP) shunts in place -this exclusion is due to the risk of magnetic fields arising from audiological stimulus transducers affecting the shunt.

4 Confirmed congenital Cytomegalovirus (cCMV) – URGENT

This exclusion is because the risk of hearing loss is very high and the window of opportunity for treatment is short. URGENT referral needed

Other

Ototoxic drugs - Use of Gentamicin is **not** a contraindication so NBHSW will be offered.

If there is a history of ototoxic drug levels outside the therapeutic range or a family history of hearing loss associated with gentamicin Paediatrician / Neonatologist to refer to audiology for diagnostic assessment.
(Consider Mitochondrial DNA analysis, especially if diagnosis of Cystic Fibrosis)

Severe unconjugated hyperbilirubinemia

Babies who pass the screen but are known to be at increased risk of hearing loss and need to be referred to audiology for targeted testing /monitoring at 9 months of age via email.

Babies at increased risk of hearing loss ('possible significant conditions'):

1 Syndromes associated with hearing loss (including Down's syndrome)

2 Cranio-facial abnormalities, including cleft palate

3 Confirmed congenital infection (toxoplasmosis or Rubella)

4 Congenital hypothyroidism

Please note - Family history is outside the national guidance – However, if there is a history of permanent hearing loss in a parent or sibling, the child should be referred (not temporary glue ear/ infection related losses or age-related /noise induced hearing loss).

It is the Health Visitor's responsibility to make referrals for family history.

To discuss any referral please contact Dr Zeba Khan Zeba.Khan@wales.nhs.uk, Dr Nicole Pickerd Nicole.Pickerd@wales.nhs.uk

<https://www.gov.uk/government/publications/surveillance-and-audiological-referral-guidelines/guidelines-for-surveillance-and-audiological-referral-for-infants-and-children-following-newborn-hearing-screen>