Guidelines for the Direct Referral of Adults with Hearing Difficulty to Audiology Services (2016)

Produced by: Service Quality Committee of the British Academy of Audiology

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Introduction

This document is intended to guide the practice of those who make direct referral of adults with hearing difficulties to Audiology services, primarily GPs.

Along with “Guidelines for the Onward Referral of Adults Directly Referred to Audiology Services (2016)”, this document replaces the earlier guidelines (BAA 2009, TTSA 1989) and has been approved by the Board of the British Academy of Audiology and its membership.

This document comprises a set of criteria which are contraindications for direct referral of adults with hearing difficulties to Audiology services for hearing assessment and rehabilitative treatment, either from Primary Care or via other intra-hospital Consultant pathways. Audiology services are expected to make reasonable efforts to make local GPs aware of these guidelines. The criteria have been written for all adults (age 16+), but local specifications regarding age range for direct referral should be adhered to.

A simple checklist has been included as an appendix, to summarise the criteria detailed in this document.

Background

In the past, direct referral guidelines were written to provide a simple pathway to hearing aid provision for older adults (age 60+) with routine hearing loss. The age range for direct referrals now varies between services. Some Audiology services are now taking direct referrals for all adults (age 16+)2.

There is a lack of research evidence to support some of the criteria, but they are well accepted both in the UK and internationally. We recommend that these criteria are investigated further to provide an evidence base to support future guidance.

Scope of this Document

Local arrangements may be in place for the direct referral of other conditions to Audiology, such as tinnitus, balance problems and auditory processing difficulties. Local services vary and practitioners are encouraged to make use of specialist pathways which may be more appropriate, or can be used as an alternative to ENT referral. These referral routes are outside the scope of this document, but referrers should ensure they follow the appropriate regional policies.

Please note that these guidelines relate to the direct referral of adults with hearing difficulties to Audiology services and may not be directly interchangeable with guidelines for other pathways, for example, Any Qualified Provider (AQP).

This document assumes that the adult being referred does not already have an NHS funded hearing aid. GPs should make themselves aware of regional policies regarding existing NHS hearing aid users.
Referral of patient to Audiology by GP or other medical / nursing staff

If any of the following criteria are evident at the time of referral, the patient should be referred to the Ear, Nose and Throat (ENT) department.

**History**
- Persistent pain affecting either ear (defined as pain in or around the ear lasting more than 7 days in the last 90 days and which has not resolved as a result of prescribed treatment).
- History of discharge (other than wax) from either ear within the last 90 days, which has not responded to prescribed treatment, or which is recurrent.
- Sudden loss or sudden deterioration of hearing (sudden=within 72 hours, in which case send to A&E or Urgent Care ENT clinic). Due to the variety of causes of sudden hearing loss, the treatment timescale should be decided locally by the medical team. Prompt treatment may increase the likelihood of recovery7,8.
- Rapid loss or rapid deterioration of hearing (rapid=90 days or less)9.
- Fluctuating hearing loss, other than associated with colds.
- Unilateral, pulsatile or troublesome tinnitus lasting more than 5 minutes at a time. (For further guidance on the referral of adults with tinnitus, please see the NICE guidelines and related evidence10,11,12).
- Vertigo which has not fully resolved or which is recurrent. (Vertigo is classically described as a hallucination of movement, but here includes any dizziness or imbalance that may indicate otological, neurological or medical conditions. Examples include spinning, swaying or floating sensations and veering to the side when walking. For further guidance on vertigo, see www.vestibular.org13).
- Altered sensation or numbness in the face or observed facial droop14.

**Ear examination:**
- Complete or partial obstruction of the external auditory canal preventing full examination of the eardrum. If any wax is obscuring the view of the eardrum, the GP surgery should arrange wax removal before referring the patient to Audiology.
- Abnormal appearance of the outer ear and/or the eardrum15 (Examples include: inflammation of the external auditory canal, perforated eardrum, active discharge, eardrum retraction, growths, swelling of the outer ear or blood in the ear canal).

**Other findings:**
- Any other “red flags” identified, as agreed locally.

**Conclusion**
This document has listed the criteria to consider when adults with hearing difficulties are directly referred to Audiology services from Primary Care or via other intra-hospital Consultant pathways. This should ensure that adults receive the most appropriate appointment and assessment with the correct professionals.
Bibliography

1 British Academy of Audiology, “Guidelines for the Onward Referral of Adults Directly Referred to the Audiology Department” (2016)


3 “Criteria for direct referral: Guidelines of the Liaison Group of Technicians, Therapists and Scientists in Audiology (TTSA),” BAAS Newsletter (1989) (A copy can be found within “Hearing and Balance Disorders; Achieving excellence in diagnosis and management” 4).


### Appendix – Referral of patient to Audiology by GP or other medical staff (summary)

<table>
<thead>
<tr>
<th>History</th>
<th>Yes / No</th>
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<tbody>
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<tr>
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<tr>
<td>Altered sensation or numbness in the face, or facial droop.</td>
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#### Ear examination

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