

## NICU/SCBU/Ward Referral to Paediatric Audiology

- Please submit referrals via email to [audiology.rhcyp@nhslothian.scot.nhs.uk](mailto:audiology.rhcyp@nhslothian.scot.nhs.uk)
- For urgent referrals please copy in newborn hearing screening manager [erin.moffat2@nhslothian.scot.nhs.uk](mailto:erin.moffat2@nhslothian.scot.nhs.uk)

### Patient details

Name	
Date of birth	
CHI	
Address	
GP Details	
Parent/Carer name	
Gestational age	
Telephone number	

### **DO NOT SCREEN - Refer to Paediatric Audiology for diagnostic assessment**

*Due to **high risk of permanent hearing loss**, please **refer directly to paediatric audiology as soon as possible and within 4 weeks of identification** for urgent diagnostic assessment.*

Reason for referral (please indicate)		
Microtia / Atresia	Do not screen – refer <b>urgently</b> to audiology for diagnostic assessment	
Bacterial Meningitis / Meningococcal disease*	Do not screen - Refer <b>urgently</b> for diagnostic ABR	
Congenital CMV**	Do not screen - Refer <b>urgently</b> for diagnostic ABR	
Ventricular shunt in place	Do not screen - Refer <b>urgently</b> for diagnostic ABR	

*\*Babies with viral meningitis should not be referred to audiology as this is not considered a risk factor for hearing loss.*

*\*\*Babies with cCMV should be referred as early as possible as the results of early assessment have implications for anti-viral treatment.*

**Targeted follow up at 8-9 months**

*Refer for diagnostic audiology assessment at 8-9 months due to specific neonatal risk factors, regardless of newborn hearing screening results.*

<b>Reason for referral</b>	
Confirmed congenital infection (toxoplasmosis, rubella – please specify)	
Cranio-facial abnormality including cleft palate (excluding minor ear pits and skin tags)	
Syndromes associated with hearing loss including Downs Syndrome (please specify)	
Aminoglycosides exceeding therapeutic doses*	
Other (please specify)	

*\*If baby is known to have A1555G Mitochondrial mutation please refer for immediate diagnostic audiology assessment*

**Referrer details**

Referred by:	
Designation:	
Date of referral:	