

**GP Referral Guidance  
To the NWL ICB  
ADULT AUDIOLOGY AQP SERVICE**

Patients with the following Contra-indications should **NOT** be referred into or treated by the NWL ICB Adult Audiology AQP service:

SUDDEN OR RAPID ONSET OF HEARING LOSS

Adult patients with sudden onset or rapid worsening of hearing loss in one or both ears, which is not explained by external or middle ear causes, as follows:

- 1) If the hearing loss developed suddenly (over a period of 3 days or less) within the past 30 days, refer immediately (to be seen within 24 hours) to an ear, nose and throat (“ENT”) service or an emergency department.
- 2) If the hearing loss developed suddenly more than 30 days ago, refer urgently (to be seen within 2 weeks) to an ENT or audiovestibular medicine service.
- 3) If the hearing loss worsened rapidly (over a period of 4 to 90 days), refer urgently (to be seen within 2 weeks) to an ENT or audiovestibular medicine service.

HEARING LOSS WITH SPECIFIC ADDITIONAL SYMPTOMS OR SIGNS

- 1) Adult patients (to be seen within 24 hours) adults with acquired unilateral hearing loss and altered sensation or facial droop on the same side to an ENT service or, if stroke is suspected, follow a local stroke referral pathway. For information about diagnosis and initial management of stroke, see the NICE guideline on stroke and transient ischaemic attack in over 16s. [NICE guideline on stroke and transient ischaemic attack in over 16s.](#)
- 2) Adult patients (to be seen within 24 hours) adults with hearing loss who are immunocompromised and have otalgia (ear ache) with otorrhoea (discharge from the ear) that has not responded to treatment within 72 hours to an ENT service.
- 3) Adult patients, to be considered for an urgent referral (to be seen within 2 weeks) to an ENT service for adults of Chinese or south-east Asian family origin who have hearing loss and a middle ear effusion not associated with an upper respiratory tract infection. For information about recognition and referral for suspected cancer, see the NICE guideline on suspected cancer. <https://www.nice.org.uk/guidance/ng12>

#### PATIENTS WHO HAVE A HISTORY OF:

- 1) Persistent pain affecting either ear (defined as pain in or around the ear lasting more than 4 days in the last 90 days and which has not resolved as a result of prescribed treatment)
- 2) 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;
- 3) Rapid loss or rapid deterioration of hearing (rapid = 90 days or less);
- 4) Fluctuating hearing loss, other than associated with colds;
- 5) Unilateral or asymmetrical, or pulsatile or distressing tinnitus lasting more than 5 minutes at a time;
- 6) Troublesome, tinnitus which may lead to sleep disturbance or be associated with symptoms of anxiety or depression;
- 7) Abnormal auditory perceptions (dysacusis);
- 8) 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);
- 9) Normal peripheral hearing but with abnormal difficulty hearing in noisy backgrounds; possibly having problems with sound localization, or difficulty following complex auditory directions.

#### EAR EXAMINATION IDENTIFIES

- 1) 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 referral before referring the patient to Adult Audiology AQP service;
- 2) Abnormal appearance of the outer ear and/or the eardrum (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 HEARING LOSS

Adult patients to be considered for referral with hearing loss that is not explained by acute external or middle ear causes to an ENT, audiovestibular medicine or specialist audiology service for diagnostic investigation, if they present with any of the following:

- 1) unilateral or asymmetric hearing loss as a primary concern
- 2) hearing loss that fluctuates and is not associated with an upper respiratory tract infection
- 3) hyperacusis (intolerance to everyday sounds that causes significant distress and affects a person's day-to-day activities)
- 4) persistent tinnitus that is unilateral, pulsatile, has significantly changed in nature or is causing distress
- 5) hearing loss that is not age related.

## FOLLOWING EAR WAX REMOVAL

Treatment of ear wax removal **DOES NOT** form part of the NWL ICB Adult Audiology AQP service specification. NWL GPs to consider ear wax removal treatments.

### **Following facilitating ear wax removal, please consider the following when referring patients**

Adult patients to be considered for referral with hearing loss to an (ENT) service if, **after** initial treatment of any earwax or acute infection, they have any of:

- 1) partial or complete obstruction of the external auditory canal that prevents full examination of the eardrum or taking an aural impression
- 2) pain affecting either ear (including in and around the ear) that has lasted for 1 week or more and has not responded to first-line treatment
- 3) a history of discharge (other than wax) from either ear that has not resolved, has not responded to prescribed treatment, or recurs
- 4) abnormal appearance of the outer ear or the eardrum, such as:
  - inflammation
  - polyp formation
  - perforated eardrum
  - abnormal bony or skin growths
  - swelling of the outer ear
  - blood in the ear canal
  - a middle ear effusion in the absence of, or that persists after, an acute upper respiratory tract infection.

## AGE

This service is for adult aged 18 years old and over.