

AGE APPROPRIATE HEARING ASSESSMENT / DIAGNOSTIC TESTING GUIDANCE
Issued by the Regional Newborn Hearing Screening Quality Improvement Group (March 2015)

1. Referral Pathway

Parental or professional concern regarding an infant/young child's hearing may be identified at any time. Where such concern is identified, direct referral should be made, irrespective of newborn hearing screening outcomes and with parental agreement.

- Under 6 months of age = paediatric otolaryngology/ENT
- 6 months up to 3 years = audiology services that provide visual reinforcement audiometry (VRA)
- Over 3 years = audiology services

Distraction testing (delivered by health visitors) is not part of the Healthy Child, Healthy Future Programme. Distraction testing should only be carried out as part of a diagnostic audiological assessment in a controlled environment by appropriately skilled staff.

2. Test Options

2.1 Under 6 months (corrected postnatal age (CPA))

- Auditory Brainstem Response (ABR) under natural sleep, especially for younger babies. Test at 80dB and 100dB or conductive frequency agonal. If there is a 30dB gap, some conductive hearing should also be performed.

- Where it has not been possible to obtain reliable ABR results, audiology or anaesthesia should be used in line with national clinical guidelines, available at: [Children's Conditions \(NICE\)](#)

- Diagnostic otoscopy/otoscopy (OAE) audiometry
- Behavioural hearing - Visual Reinforcement Audiometry (VRA) around 7 months if the infant is close to this age. Take into account the urgency of testing.

2.2 Over 6 months up to 3 years (corrected chronological age (CCA))

- Visual Reinforcement Audiometry

Use age specific and frequency specific stimuli. A significant hearing loss should be excluded. If age and frequency specific information cannot be obtained the child should be referred to rule out milder degrees of hearing loss.

Age Appropriate Hearing Assessment Diagnostic Testing Guidance

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