

Monash Children's Hospital Referral Guidelines PAEDIATRIC HEARING LOSS INVESTIGATION CLINIC

EXCLUSIONS

Services not offered by Monash Children's Hospital

- Hearing loss due to middle ear fluid/glue ear
- Known cause of hearing loss and well linked in with appropriate services
- Suspected hearing loss but audiology not yet performed
- Age >18 years

CONDITIONS

Permanent childhood hearing impairment

sensorineural type or mixed type or permanent conductive type (e.g. due to malformation of outer ear, ear canal, or middle ear structure) – please include audiology report

Unilateral or bilateral, with or without other neurodevelopmental concerns (please list these)

PRIORITY

All referrals received are triaged by **Monash Children's Hospital clinicians** to determine **urgency of referral**.

EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Head of unit:
Dr Kerryn Saunders

Program Director:
Prof. Nick Freezer

Last updated:
10/09/2021



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REFERRAL

How to refer to
Monash Children's
Hospital

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:

Reason for referral
Duration of symptoms
Management to date and response to
treatment
Past medical history
Current medications and medication
history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines



[Click here](#) to download the outpatient referral form

CONTACT US

Medical Practitioners

To discuss **complex** & urgent referrals
contact: On-call ENT registrar or consultant
via 8572 3000

General enquiries

Phone: 8572 3004

Submit a referral

Fax referral form to Monash Children's
Hospital Specialist Consulting Services:

Fax: 8572 3007

Email: scmonashchildrens@monashhealth.org

OR

Refer via electronic referral using
HealthLink. Details available at
<https://monashchildrenshospital.org/for-health-professionals/gp-ereferrals/>

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PAEDIATRIC HEARING LOSS

PERMANENT CHILDHOOD HEARING IMPAIRMENT

WHEN TO REFER?

Presentation

- Infants, children or young people who are confirmed to have a permanent hearing loss on audiology with an unknown cause
- Children/young people with permanent hearing loss who would like to investigate a cause for their hearing loss including genetic testing
- Children with permanent hearing loss and other medical or developmental conditions who need assistance linking in with appropriate support services and monitoring of their development

Initial GP Work Up

- Permanent childhood hearing loss can be congenital, delayed-onset, progressive, or acquired in nature.
- Congenital CMV is a leading acquired cause of sensorineural hearing loss. In infants, testing should be performed as early as practical in order to allow for timely decisions to be made around treatment and follow up. ***Please arrange urinary/saliva CMV PCR testing PRIOR to referral and send through results when they are available.*** In older children with a suspected diagnosis of congenital CMV, CMV IgG and IgM antibodies may be helpful.
- For guidance on appropriate first line investigations, see CHAMP guidelines (these will be initiated in clinic if they have not been done previously): <https://onlinelibrary.wiley.com/doi/10.1111/jpc.14508>

Management Options for GP

- For optimal outcomes, diagnosis of major hearing loss and appropriate rehabilitation should be done before 6 months of age.

Urgent – age <6 months

Refer ASAP

Arrange for saliva or urinary CMV PCR in the first 21 days of life

Include audiology report in referral and any other relevant clinical information regarding risk factors for hearing loss

Significant deterioration in hearing on audiology

Consider referral to ENT as well

Routine

Please ensure recent Audiology report is attached to referral and any other relevant investigations e.g.

- Imaging
- CMV results
- other blood or urine test investigations
- correspondence from other specialists involved in the patient's care.

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