uhsussex.audiologybrighton@nhs.net (**subject = URGENT WARD REFERRAL)**

Audiology Department

UH Sussex Trust

Sussex House

Abbey Road

Brighton BN2 1ES

<https://www.bsuh.nhs.uk/services/audiology/>

0300 303 9640

# Ward Referral to Audiology for Hearing Assessment

**Patients with sudden onset hearing losses (SSNHL) should be referred immediately to ENT**

Accurately assessing hearing on a ward is challenging due to the levels of background noise. This means full hearing assessments / custom hearing aid fittings are usually not possible to complete on a ward.

We are able to provide temporary amplification/communication support. This is usually by the provision of a portable personal listener used with headphones. Please email to request this.

If hearing assessment is required please complete the below to help us offer the best solutions

**Patient Overview**

Symptoms:

Diagnosis:

Urgency of referral: needed within 2days [ ]  1 week [ ]  2 weeks [ ]

**Is this patient suitable for a hearing test?**

1. Have the ears been examined for excessive wax, debris or infection?

YES [ ]  If excessive wax please contact ENT to arrange removal prior to reviewing need for referral

NO [ ]  Please complete this before making an audiology referral.

1. Is the patient well enough to follow instructions AND concentrate for 20-30 mins?

YES [ ]  NO [ ]

1. Is the patient able to withstand the pressure of headphones/tight headband eg following surgery or head trauma?

YES [ ]  NO [ ]

Continue over for Q4

**Can testing be completed in Audiology outpatients?**

1. Is the patient able to attend the Audiology Department (where we can conduct accurate testing)?

**RSCH**  [ ]  **Sussex House** [ ] NO [ ]

**If no to both please go to Q6**

1. Will they be using a wheelchair

YES [ ]  Please organise porters to and return from the appointment (duration of appointment typically 30-40 mins)

NO [ ]

**To be completed only If testing on the ward is ESSENTIAL (as this will compromise testing)**

1. Is the ward Red [ ]  Amber [ ]  Green [ ]
2. Is the patient in a side room?

YES [ ]

NO [ ]  Is there a side room available they can be moved to for testing? YES [ ]  NO [ ]

Patient’s Name Click here to enter text.

Patient’s Date of Birth Click here to enter text.

Patient’s NHS number Click here to enter text.

Ward Location Click here to enter text.

Referring clinician Click here to enter text.

Best contact Click here to enter text.

Please email this referral to uhsussex.audiologybrighton@nhs.net

Use the email title URGENT WARD REFERRAL