

Paediatric Audiology Minimum Discharge Criteria - Summary Clinical Guideline Derby & Burton

Reference No: CH CLIN AUDIOLOGY 4049

Minimum discharge criteria

The BAA and BSA joint Minimum Discharge Criteria (2024) recommends the minimum acceptable hearing assessments and the criteria for discharge. A local criterion has been created based on it. Audiologists should seek to collect the maximum amount of audiological information possible for each child. Testing should be prioritised in a way that meets the clinical need of each case.

A patient is considered high risk if they have:

- Family history of a permanent hearing loss
- Concerns regarding sound localisation
- Vertigo
- Bacterial meningitis/meningococcal septicaemia
- No NHSP (born in another country or missed)
- Ototoxic medications
- NHSP referral with risk factors (conductive hearing loss).

Test	Minimum discharge criteria	
	Patient without risk factors	Patient with high risks will need ear specific testing
VRA Please note, these are minimum response levels, not thresholds, as per BSA 2024.	Sound-field - using static speaker: ≤25 dBHL at a minimum of 3 frequencies including 500Hz and 4kHz.	Where 500Hz has been tested using sound-field speaker: ≤20 dBHL bilaterally at a minimum of 2 frequencies including 4kHz Where sound-field has not been performed at 500Hz: ≤20 dBHL bilaterally for at least 3 frequencies including both 4kHz and 500Hz.
Performance	Stimuli presented via sound-field speakers: ≤25 dBHL at a minimum of 3 frequencies including 500Hz and 4kHz	Where 500Hz has been tested using sound-field speaker: ≤20 dBHL bilaterally at a minimum of 2 frequencies including 4kHz

Suitable for printing to guide individual patient management but not for storage

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	Stimuli presented via handheld warbler: 20 dBHL at a minimum of 3 frequencies including 500Hz and 4kHz.	Where sound-field has not been performed at 500Hz: ≤20 dBHL bilaterally for at least 3 frequencies including both 4kHz and 500Hz.
Play Audiometry	Headphones or inserts: ≤20 dBHL at a minimum of 3 frequencies bilaterally which must include 4kHz and 500Hz. Where 500Hz has been tested using sound-field: ≤20 dBHL bilaterally at a minimum of 2 frequencies including 4kHz.	
Pure Tone Audiometry	Headphones or inserts: ≤20 dBHL at a minimum of 3 frequencies bilaterally which must include 4kHz and 500Hz. Where the child is older and capable of undertaking full PTA, all frequencies should be undertaken as per BSA PTA guidance. ≤20dBHL at 500Hz-8kHz.	

Table 1: Minimum discharge criteria.

A patient cannot be discharged solely on TEOAE's, however TEOAE's can be used in conjunction with other behavioural assessments to gain ear specific testing. Preferably, ear specific behavioural thresholds meeting the above criteria should be obtained prior to discharge. Sound-field behavioural responses (VRA/Performance testing) which meet the discharge criteria, together with Clear Response TEOAEs in both ears can be used to conclude that the child has satisfactory hearing in both ears. A patient who has been referred due to bacterial meningitis / meningococcal septicaemia cannot be discharged with TEOAE. A Clear Response for TEOAE's is ≥6dB SNR for 3 bands including 4kHz, and any 2 frequencies from 1.5 kHz, 2 kHz, 3 kHz.