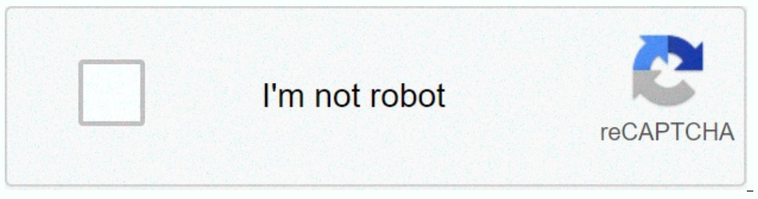

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Sudden sensorineural hearing loss nice guidelines

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If hearing loss developed suddenly more than 30 days ago, refer urgently (to be seen within 2 weeks) to an ear, nose and throat service or audiovestible medicine. If hearing loss quickly worsened (over a period of 4 to 90 days) they urgently refer (seen within 2 weeks) to an ear, nose and throat service or audiovestible medicine.2.Refer immediately (to be seen within 24 hours) adults with acquired unilateral hearing loss and altered sensation or facial droop on the same side to an ear service , nose and throat or , if stroke is suspected, follow a reference path of local stroke. For information on the diagnosis and initial management of stroke, see the NICE guide on stroke and transient ischemic attack in more than 16s.3.Refer immediately (to see in 24 hours) adults with immunocompromised hearing loss and have otalgia (ear pain) with otorr ortorrase (ear discharge) that has not responded to treatment within 72 hours to an ear, nose and throat service.4.Consider making an urgent reference (to be seen within 2 weeks) to an ear , nose and throat service for adults of Chinese or Southeast Asian family origin who have hearing loss and a middle ear spill not associated with an upper respiratory tract infection. For information on recognition and referral for suspected cancer, see nice guide on cancer suspect.5.Consider referring to adults with hearing loss that is not explained by external or medium acute causes to an ear, nose and throat, audiovestible medicine or specialized audiology service for diagnostic research, using a local pathway, if they present any of the following : unilateral or asymmetric hearing loss as a main loss that fluctuates and is not associated with an infection of the upper respiratory . intolerance to everyday sounds that causes significant distress and affects a person's day-to-day life) persistent tinnitus that is unilateral, pulsatile, has changed significantly in nature or or causing vertigo distress that has not been fully resolved or is recurringly hearing loss that is not related to age 6. Think about referring to adults with hearing loss to an ear, nose and throat service if, after the initial treatment of any ear wax (see recommendations 15-19 on the removal of ear wax) or acute infection, they have some of: partial or complete obstruction of the external ear canal that prevents full examination of the eardrum or take an aural impression that affects any ear (including in and around the ear) that has lasted 1 week or more and more and has not responded to first-line treatments in history discharge (apart from wax) from any ear that has not resolved, has not responded to prescribed treatment or recursive appearance of the outer ear or eardrum, such as: abnormal bone or skin growth of the outer ear effusion of the middle ear in the absence of, or that persists afterwards , an acute upper respiratory tract infection.7.Offer MRI of internal hearing meats to adults with hearing loss and location of symptoms or signs (such as facial nerve weakness) that could indicate an MRI of internal hearing meats to adults with hearing loss and location of symptoms or signs (such as facial nerve weakness) that could indicate an MRI of internal auditory meats to adults with hearing loss and location of symptoms or signs (such as facial nerve weakness) that could indicate an MRI of internal auditory meats symptoms or signs (such as facial nerve weakness) that could indicate an internal MRI to adults with hearing loss and the location of symptoms or signs (such as facial nerve weakness) that could indicate an internal MRI to adults with hearing loss and the location of symptoms or signs (such as facial nerve weakness) that could indicate an internal MRI to adults with hearing loss and location signs (such as facial nerve weakness) that could indicate an internal MRI to adults with hearing loss and the location of symptoms or signs (such as vestibular schwannoma weakness or CPA (cerebellopontine angle) injury, Regardless of pure tone thresholds.8.Consider the MRI of internal auditory meat for adults with sensorineural hearing loss and there are no signs of location if there is an asymmetry in pure tone audiometry of 15 dB or more on any 2 adjacent test frequencies, using test frequencies of 0.5, 1, 2, 4 and 8 kHz.9.Consider referring adults with diagnosed or suspicious dementia or mild cognitive impairment to an audiology service for a hearing assessment , because hearing loss can be a comorbid condition.10.Consider referring adults with diagnosed dementia or mild cognitive impairment to an aurology service for an aural they have not previously been diagnosed with hearing loss.11.Consider referring people with a diagnosed learning disability to an audiology service for hearing assessment when transferring children's services to adults , and then every 2 years.12.For adults who present for the first time with hearing difficulties, or in whom suspected hearing difficulties: exclude affected wax and acute infections such as external otitis , therefore, an audiological assessment (for more information on audiological evaluation see recommendation 13) andrefer for additional diagnostic evaluation if necessary (see recommendations 1-6 on the sudden or rapid onset of hearing loss and hearing loss with specific additional symptoms or signs).13.Include and record the following as part of hearing assessment for adults : a complete story that includes relevant symptoms, comorbidities, cognitive ability, physical mobility and skills the hearing and communication needs of the person at home, at work or in education, and in social situations psychosocial difficulties related to hearing the expectations and motivations of the person regarding their hearing loss and communication strategies restrictions on activity, is evaluated using a self-injection instrument such as the Glasgow Hearing Aid Benefit Profile or the customer-oriented scale of tone audiometry improvement if indicated.14.After audiological evaluation: discuss with the person: the audiogram of pure tone and the impact that their hearing loss could have on communication hearing deficits (such as listening in noisy environments) that are not evident from audiograms to manage their hearing needs. , such as hearing aids, assisted listening devices and communication strategies, and the potential benefits and limitations of each option.options for managing unilateral deafness if necessary for implantable devices such as cochlear implants, hearing aids anchored to the bone, middle ear implants or auditory brain stem implants, if these might be suitable (see NICE's technological guidance on cochlear implants for children and adults with severe deafness to depth and guidance interventional procedure on auditory brain implants)reference for doctors or surgical treatments, if these can be suitable according and register a personalized care plan, taking into account the person's preferences, including goals, and give the person a copy.15.Offer to remove adult ear wax in primary care or community ear care services if ear wax is contributing to hearing loss or other symptoms , or should be removed to examine the ear or take an impression of the ear canal.16.When conducting hearing in adults : use pre-treatment wax softeners, either immediately before ear irrigation or for up to 5 days before irrigation is unsuccessful: repeat the use of wax softeners orinstil water in the ear canal 15 minutes before repeating ear irrigation if ear irrigation is unsuccessful after the second attempt , referring the person to a specialized service of attention to the ear or an ear service, Nose and throat for removal of ear wax.17.Consider ear irrigation using ear watering, microsuction or other method of removing ear wax (such as manual removal by a probe) for adults in primary or community ear care services if : the doctor (such as a community nurse or audiologist): has training and experience in using the method to remove ceramism aware of contraindications to the method the correct equipment is available.18.Do not to offer adults manual ear syringe to remove ear wax.19.Advise adults not to remove ear wax or clean their ears by inserting small objects , such as cotton buds in the ear canal. Explain that this could damage the ear canal and eardrum, and push the wax further down in the ear.20.Consider a steroid to treat sudden idiopathic loss of sensory hearing in the person and, if they wish, their family or caregivers, information on: the causes of hearing loss, how hearing loss affects the ability to communicate and listen, and how organizations and support groups can be managed to with hearing loss.22.Follow the principles on adapting health services for each person and allowing people to actively participate in their care in the NICE guide on the patient experience in adult NHS services, for example: taking into account the person's ability to access services and their personal preferences when offering appointment measures , such as reducing background noise, to ensure that the clinical and healthcare environment is conducive to the communication of people with hearing loss , especially in collective environments such as waiting rooms, clinics and residences that establish the most effective way to communicate with each person, including the use of auditory loop systems and other care listening devices ensuring that staff are trained and have demonstrated competence in communication skills for people with hearing loss they have just heard to give feedback on the health and social care services they receive. , and responding to your comments.23.Give adults with hearing loss information about assistive listening devices such as personal loops, personal communicators, TV amplifiers, phone devices, smoke alarms, bell sensors, and technologies such as streamers and apps.24.Tell adults with hearing loss on organizations that can demonstrate and provide tips on how to get assistive listening devices, such as social services, , or the government through programs such as access to work or subsidy for disabled students.25.Offer hearing aids to adults whose hearing loss affects their ability to communication and hearing, including awareness of warning sounds and the environment, and appreciation of music.26.Offer 2 hearing aids to adults with hearing loss aided to both ears. Explaining that using 2 hearing aids can help make speech easier to understand when there is background noise, make it easier to know where sounds come from, and improve sound quality.27.For adults with hearing loss on both ears who chose a single hearing aid, consider a second hearing aid in the follow-up appointment.28.When prescribing and adjusting hearing aids , explain the characteristics of the hearing aid that can help the person to listen in background noise, such as directional microphone settings and noise reduction.29.Advise adults with hearing aids on microphone choice and noise reduction settings that apply to their needs in different environments, and make sure they know how to use them.30.Offer adults with hearing aids a face-to-face follow-up audiology appointment from 6 to 12 weeks after the collaboration of the hearing aids, with the option of attending this appointment by telephone or electronic communication if the person prefers.31.For adults with hearing loss who have chosen a strategy management hearing aids, such as assisted listening devices or communication strategies, offer a follow-up appointment when evaluating the effectiveness of the device or strategy.32.Tell adults with hearing audition who have chosen not to have a hearing aid or other device such as contacting audiology services in the future.33.They consider having a system in place to remind people with hearing devices for periodic reassessment of hearing needs and devices.34.Consider using motivational interview or engagement strategies and setting goals when discussing hearing aids with adults for the first time. , to encourage the acceptance and use of hearing aids.35.Show hearing aids when they are first offered and discuss their suitability with the person.36.At the follow-up audiology appointment for adults with hearing aids: ask the person if they have any concerns or doubts about any difficulty in inserting, remove or maintain their hearing aids provide information about communication, social care or rehabilitation services if necessary explain to the person how to contact audiology services in the future for care, including repairs and adjustments to accommodate changes in your audience that the person's hearing aids and other devices meet your needs by checking your needs - comfort, sound quality and hearing aid volume, including microphone settings and noise reduction, and fine-tuning them if help needs to be cleaned up , battery life and use with a phone listening phone when using the hearing aid, if displayed by automatic data collection, see the goals identified in the personalized care plan and agree how to address those that have not been met (for information about the personalized care plan see Recommendation 14). with a copy.37.Give adults with hearing aids information about getting used to hearing aids, cleaning and taking care of their hearing aids, and problem solving. Key research recommendations In adults with hearing loss, does hearing aid use reduce the incidence of dementia? What is the prevalence of hearing loss among populations that are under-present for possible hearing loss? What is the clinical and cost effectiveness of microsuction compared to irrigation to remove ear wax? What is the most effective way to manage steroids as a first-line treatment for sudden idiopathic sensory hearing loss? What is the clinical and cost effectiveness of monitoring and monitoring for adults with hearing loss after surgery compared to usual care? For the full list of research recommendations, see appendix Q.Bookshelf ID: NBK536565 NBK536565