It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

Worcestershire Acute Hospitals NHS Trust

SEDATED ABR GUIDELINES

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

A sedated ABR is a low-risk diagnostic test however it should be viewed as a last resort. This guideline provides assistance on when a sedated ABR should be considered and when it should not. The decision should be made by a qualified paediatric audiologist through a shared decision-making process with the family. A holistic, patient centred approach should be the priority and the management plan agreed with the child's family.

Sedation is suitable for children who are three years of age or younger and/or weigh 15kg or less.

This guideline is for use by the following staff groups:

- Paediatric Audiologists

Lead Clinician(s) Kim Doughty	Local Manager Newborn Hearing Screen
Approved by Audiology Governance on:	21st July 2026
Approved by Medicines Safety Committee on: *Where medicines are included in document.*	N/A
Review Date: This is the most current document and should be used until a revised version is in place	21st July 2029

Key amendments to this guideline

Date	Amendment	Approved by:

Complex Children

Some children's hearing cannot be assessed through a standardised approach. In most cases when results could not be obtained, the child will have complex needs such as a learning disability. The incidence of deafness amongst individuals with learning disabilities is significantly higher than amongst the general population. It has been estimated that approximately 25% to 42% of children with hearing loss have at least one additional need and about 20% of these children have two additional needs.

What to consider when referring for a sedated ABR:

- Why have they been referred for a hearing test.
- If you have tested in the sound field to a minimum level, do you need anything else?
- Have all opportunities to obtain objective measurements been explored (OAE's, tympanometry, stapedial reflexes)?
- Do you, the parents or any other professionals have concerns with the hearing/speech development?
- Are other professionals reluctant to consider other diagnoses if a hearing loss has not been ruled out?

Sedation is not required when:

You have obtained sound field to a minimum level with objectives measures, clear response on diagnostic OAE's and/or peaked tympanometry, to support the results. Note – Diagnostic OAE's can be recorded in people with Auditory Neuropathy Spectrum Disorder so you should not discharge on these results alone.

Before deciding on a sedated ABR, consider how you may get objective measurements. Does the child still nap during the day? If so, could the child attend the department when they are asleep so otoscopy, tympanometry, OAE's and stapedial reflexes can be attempted.

Is the child's paediatrician pursuing a diagnosis without a hearing test or will this hold up a diagnosis?

Criteria for Sedated ABR as Documented in Auditbase

1. Behavioural testing has been attempted at least two times in clinic with experienced paediatric audiologists to include VRA testing with transducers with an attempt at conditioning at raised levels with different stimuli and with vibrotactile stimuli.
2. Consideration has been given to how to obtain all objective measures but has not been possible.

Once the above criteria have been met, a discussion should take place with the family so that they can make an informed choice on whether a sedated ABR is the next step. The family should be provided with all the facts using clear, jargon free language. The audiologist should explain what clinical information has been obtained and what is still unknown. The audiologist should not bias the decision but explain why it is important to establish hearing thresholds. The discussion should be detailed in Auditbase.

Decision to perform Sedated ABR

If it is decided that sedation is necessary, and the child falls into the age /weight category for Worcestershire Acute Health Trust- sedation is suitable for children who are three years of age or younger and/or weigh 15kg or less, add the child to the Sedated ABR waiting list on Auditbase. Email the details of the child to sarah.snowden@nhs.net and copy in the generic paediatric email wah-tr.audiologypaedreferrals@nhs.net
If the child does not meet the age/weight criteria, a referral can be made to Birmingham Children's Hospital for an ABR under GA by emailing bch-tr.AudiologyDepartment@nhs.net

Decision to Not perform a Sedated ABR

The audiologist and the family should agree on a management plan. This can include further monitoring, a delay in testing to allow for further development to take place or if they are under a paediatrician, to discharge. They should be informed on how to access the service in future if it is needed and that the paediatrician can also refer them back to us.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Are babies being referred for sedated ABR correctly and do they meet criteria?	Audits	Annually	Paediatric Audiologist	Paediatric Manager ABR Team	Once a year

References

Auditory Brainstem Response (ABR) testing for Post-newborn and Adult - www.thebsa.org.uk

Contribution List

This key document has been circulated to the following individuals for consultation:

Designation
Jessica Scully
Paediatric Audiologists

This key document has been circulated to the chair(s) of the following committee's / groups for comments:

Committee
Audiology Governance

Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Kim Doughty	Local Manager Newborn Hearing Screen	Kim.doughty@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Clinical Guidance			
What is the aim, purpose and/or intended outcomes of this Activity?	To assist audiologists to know when a child can/should be referred for a sedated ABR			
Who will be affected by the development & implementation of this activity?	✓ ❑ ✓ ❑ ✓ ❑ ❑	Service User Patient Carers Visitors	✓ ❑ ❑ ❑ ❑	Staff Communities Other _____
Is this:	✓ Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform				

this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be	When document is reviewed			

revisited regularly throughout the design & implementation)	

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	K.Doughty
Date signed	22.10.2026
Comments:	
Signature of person the Leader Person for this activity	K.Doughty
Date signed	22.10.2026
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.