ENT Referral Guidelines

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Dizziness:

Before ENT can schedule your patient, we ask that you review the following guidelines and make sure the following workup has been completed:

- Obtain a documented orthostatic blood pressure
- Consider medication interactions: beta-blockers, antihypertensives, polypharmacy.
- Consider basic labs (CBC, CMP, TSH)
- Exclude cardiovascular causes (syncope or presyncope).
- Migraines are a common cause of vertigo symptoms. If there is a history of migraines, we recommend neurology evaluation and/or a trial of migraine medication.

- For suspected inner ear vertigo symptoms, please have patient assessed by physical therapy for vestibular rehabilitation prior to submitting a referral for ENT.

If patient has other associated symptoms such as headaches, facial weakness/numbness, extremity weakness, nausea, vomiting – send to ER for urgent workup to rule out stroke.

If patient has continued issues or concerns, or any audiologic concerns, place non urgent ENT referral with full audiogram.

Also see Neurology Referral Guidelines regarding Dizziness

Hearing Loss

Sudden hearing loss:
Sudden hearing loss – confirm no cerumen or drainage, arrange for emergent work in within 1-2 days for an audiogram to confirm diagnosis. PREDNISONE 60 mg a day X 7 days. This is an emergency, call ENT department directly to arrange for urgent evaluation and follow up

Chronic or age related hearing loss:
Patient may see any local audiologist for hearing aid evaluation. Refer to ENT if there is significant asymmetry or other chronic concern

Hearing loss with other neurologic symptoms
such as dizziness, facial weakness, severe headaches: Refer patient to emergency department for urgent work up

Ear fullness:
Check for earwax: Start drops (debrox) and follow up with ENT in 2-4 weeks with hearing test if not resolved

Acute otitis media:
Fevers, chills, ear pain– prescribe appropriate , refer for non urgent ENT evaluation if symptoms do not resolve

Acute otitis externa:
Ear drainage, plugging, pain with ear movement – start ear drops (fluoroquinolone such as ciprofloxacin or ofloxacin), avoid water in ears, fu with ENT 3-5 days for cleaning

Neck Mass:

Pediatric:

US of mass and potential trial of empiric antibiotics if US shows likely reactive lymph node.

Cystic Mass, Matted Nodes, Large mass, atypical mass - consider CT Neck and/or refer

Adult:

US or CT scan of neck and refer (neck mass in 50+ y/o is cancer until proven otherwise)

Otitis Media (Chronic and Acute)

Chronic otitis media:
Refer to ENT for middle ear effusion that has persisted > 3 months

Consider referral more urgently for at risk children: children who failed the newborn hearing screen, children at increased risk for speech, language, or learning problems, children between ages 1 and 3 who are in the critical window of speech and language development

Recurrent acute otitis media:

Tympanostomy tubes are not recommended for healthy children who do not have chronic middle ear effusion

Consider tympanostomy tubes for children with:

- immunocompromise
- Prior complications from otitis media: seizures, mastoiditis, severe infection
- Adverse antibiotic reactions or intolerance, inability to take antibiotics
- High risk of developmental problems including permanent hearing loss, delays in speech or language, delays in learning (autism spectrum disorder, Downs syndromes), structural problems with the face/head (cleft palate), or severe vision loss

Tympanic membrane perforation:

Acute tympanic membrane perforations from otitis media can be treated with appropriate outpatient antibiotics. Consider a short course of fluoroquinolone otic drops to the draining ear. Recheck in 4-6 weeks and consider ENT referral if perforation has NOT healed or there is concern for persistent ear or hearing problem after completion of appropriate antibiotics

Draining ear in child with perforation or tympanostomy tubes: may treat with 5 days of fluoroquinolone otic drops, follow up with ENT if otorrhea not improving or resolving

Thyroid Nodules:

Mandatory:

-TSH and Thyroid Ultrasound

Optional:

-IF TSH Normal or High, order US Guided FNA if indicated by Ultrasound Report

-If TSH Low, Refer to Endocrinology

Tonsil Evaluation

Tonsillectomy evaluation is recommended for:

- Recurrent throat infections
    - >7 episodes in past year, 5/year over past 2 years, or 3/year over past 3 years
    - Consider sooner evaluation if modifying factors:
        - Multiple antibiotic allergies or intolerance
        - PFAPA (periodic fever, aphthous stomatitis, pharyngitis, adenitis)
        - >1 peritonsillar abscess
        - Severe infections requiring hospitalization or causing other complications (febrile seizure, excessive truancy, etc)
- Sleep disordered breathing
    - Assess for signs of obstructive breathing patterns and daytime symptoms of sleep apnea (see pediatric sleep questionnaire on ENT homepage)
    - Symptoms include: snoring, irregular breathing during sleep, growth retardation, poor school performance, persistent bedwetting/nocturnal enuresis, daytime behavioral problems
- Grossly enlarged tonsils: 4+ or kissing tonsils that have remained enlarged for > 12 weeks may require evaluation, but enlarged tonsils in the absence of the above symptoms do not usually require any surgical intervention

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