

Otology Referral Assessment Service

These guidelines do not replace clinical judgement and are designed to support Primary Care colleagues and direct patients to the most appropriate service/clinician.

Using the Ears RAS will appropriately direct your referral. Patients attending clinics will be seen by an ENT surgeon, a nurse, or an audiologist, or a combination of all. This document will help you to ensure you pursue the correct referral pathway for your patient.

If you are unclear on the referral pathway or have a case that does not fit, please send a query directly to an ENT clinician through Cinapsis.

There are six different Adult Ears, Hearing and Vertigo pathways:

1. Tinnitus

Most cases are best seen in Community **Audiology** (Tinnitus or hearing therapy)

(Please see the [flowchart](#) for exceptions & urgency)

2. Hearing loss (adult)

Most cases are best seen in RUH or Community **Audiology**

(Please see the [flowchart](#) for exceptions & urgency)

3. Vertigo

Vertigo and 'dizziness' are **different**

(If you suspect vertigo, please see the [flowchart](#) to guide management)

4. Discharging Ear

Most cases of Otitis Externa & suppurative middle ear infections can be treated with drops and good aural care advice

(If management fails please see the [flowchart](#) to guide referral)

5. Ear pain (otalgia) & “Eustachian tube dysfunction”

With a normal appearing ear most cases are not ear related

(Please see the [flowchart](#) to consider other diagnoses first)

6. Atypical appearing ear

Please refer to the [flowchart](#) for urgency of referral

If you suspect cancer please refer urgently, although this is extremely rare

General queries can be addressed to the ENT team at ruh-tr.ent@nhs.net

If your patient is acutely unwell, please contact the on call service through Switchboard.

Otology Referral Category & Urgency

Category:	Urgency:
O-1: Pulsatile Tinnitus	Routine
O-2: Persistent Vertigo	Routine
O-3: Chronic Middle Ear disease	Routine
O-4: Rapid hearing loss	Urgent
O-5: Fluctuating hearing loss	Routine
O-6: Unilateral glue ear	Urgent
O-7: Atypical appearing ear	Routine
O-8: Sinister ear lesion (? Ca)	Urgent
O-9: Severe/restrictive ETD	Routine

The following conditions should be referred to the ENT SHO on call:

Sudden SNHL

Refractory OE (see flowchart)

Skull base osteitis

Pinna Cellulitis

Facial weakness

Infected mastoid cavity (post surgery)