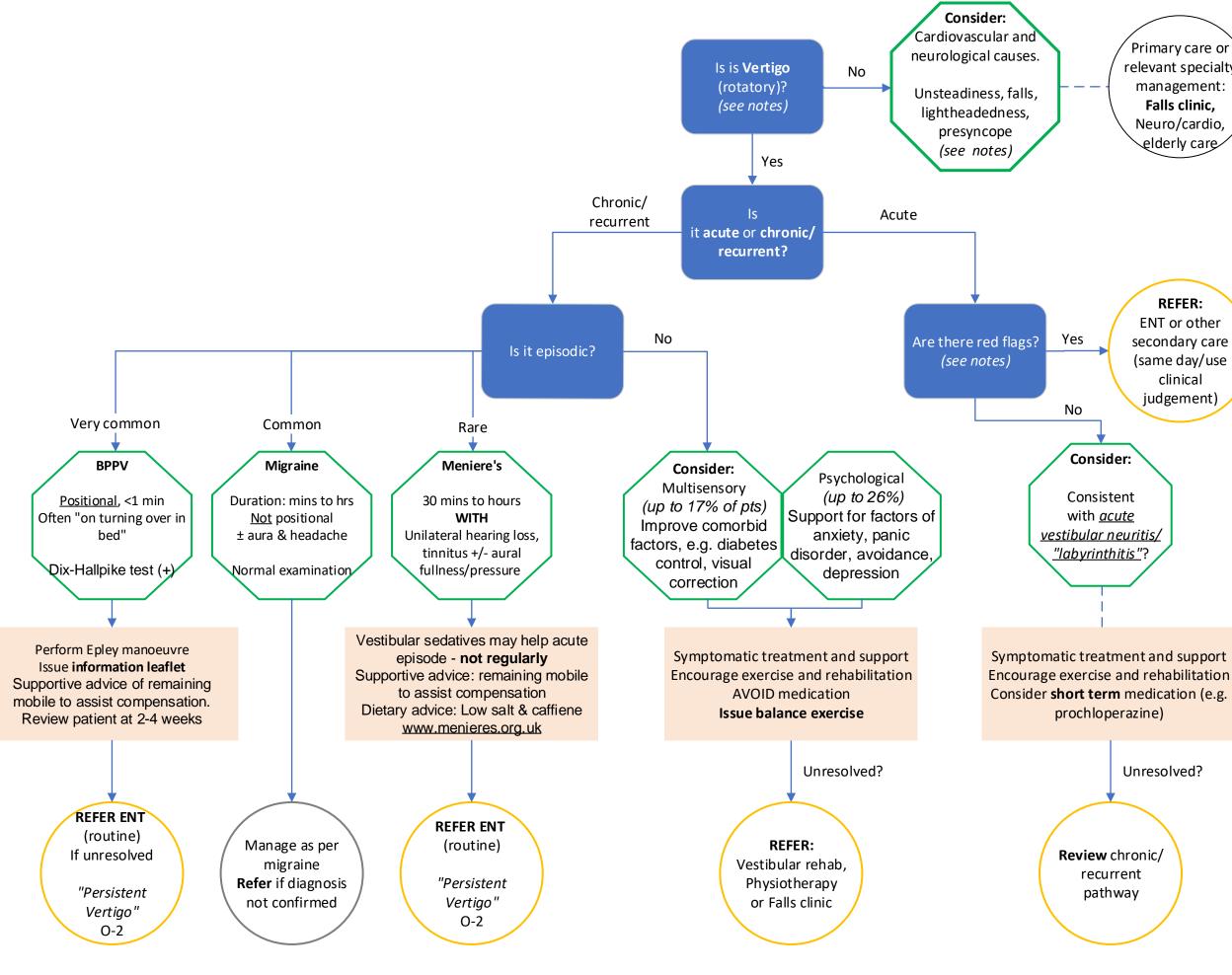
ENT & Audiology referral Pathway: VERTIGO



Vertigo or dizziness:

Vertigo feels like you or everything around you is **spinning** – enough to affect your balance. It's more than just feeling dizzy. "Did you just feel lightheaded or did you see the world spin round as through you had just got off a playground roundabout?" Patients with 'dizziness' but not vertigo, need history and examination, including cardiovascular and neurological examination. Some may need further investigation (eg, Falls clinic, cardiology) Positional or movement provoked: Positional - induced by specific positions or change of positions

Movement provoked - induced by movement of body (or world around)

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RED FLAGS:

ENT:

* Sudden hearing loss: Refer to ENT SHO on call (same day) * Facial weakness: Refer ENT or acute med/stroke (same day) * Previous ear surgery (e.g. mastoidectomy) or other associated ear symptoms (infection, hearing loss)

Other:

* Is a brainstem stroke or central cause *Facial weakness * HINTS: If <u>negative</u>

* Other significant neurological symptoms and signs, e.g posterior circulation symptoms, impaired consciousness, headache, visual symptoms, optic disc swelling: Refer to acute medicine

* Arrythmias or blackouts: Refer cardiology/ neurology as indicated

COMMON CONSIDERATIONS:

Postural hypotension Pre-syncope/Syncope Arrhythmias Polypharmacy Multiple comorbidity Multisensory deficit

History & Meds review * Polypharmacy leads to falls!! Especially if >4 medications * Drugs causing falls: TCAs (amitriptyline), antipsychotics (prochlorperazine), benzodiazepines, anticholinergics (oxybutynin), opiates * Drugs causing orthostatic hypotension - Diuretics, CCBs, ACEi, A2RBs, alpha blockers

Investigations

Lying/Standing BP Bloods: FBC (anaemia), U&Es, HbA1c ECG, 24-hr ECG, ECHO

HINTS test (acute):

Head Impulse - positive Nystagmus - always horizontal & repeatable Test of Skew - no skew deviation

If all present then <u>likely</u> acute peripheral cause (i.e. neuritis not stroke)

Primary care or relevant specialty management: Falls clinic, Neuro/cardio, elderly care

REFER: ENT or other secondary care (same day/use clinical judgement)