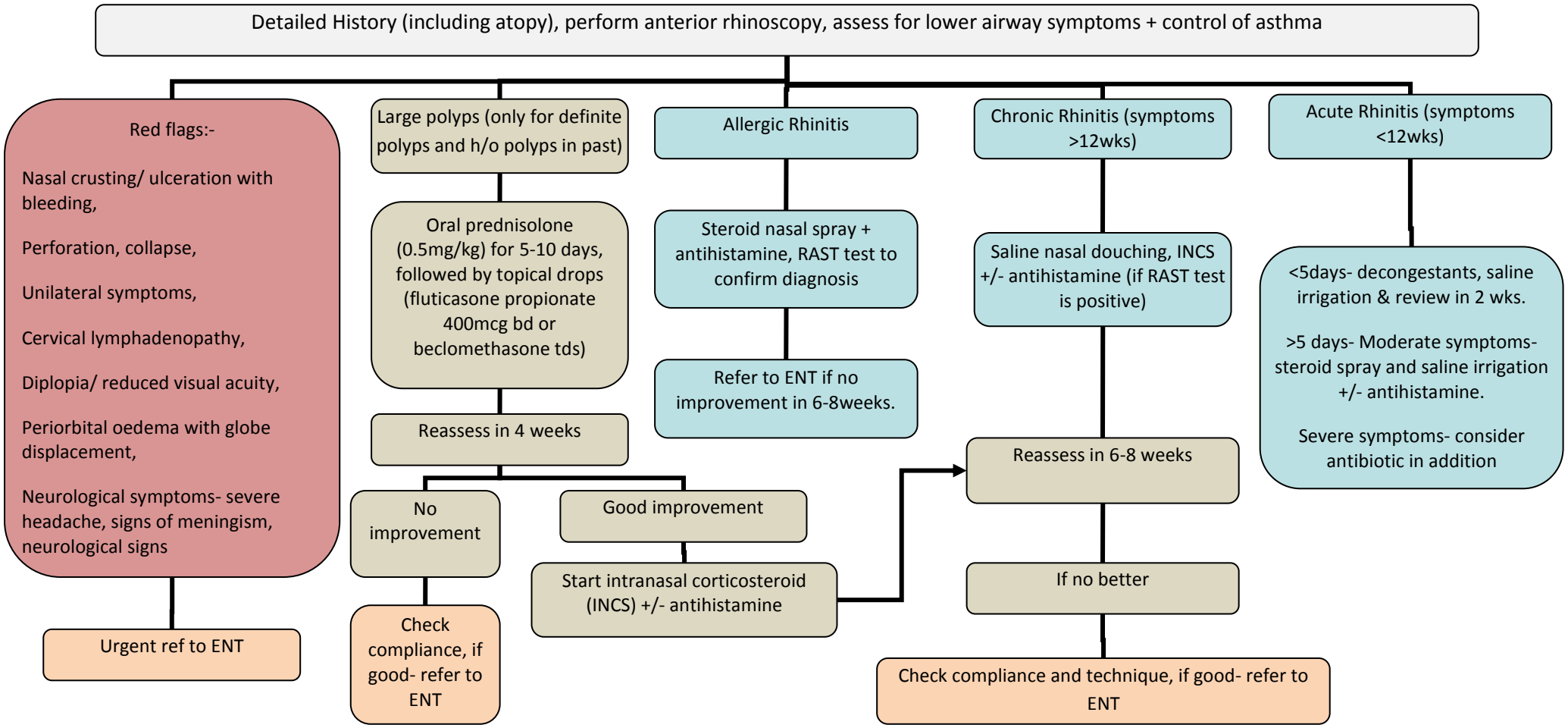
Rhinitis/ Rhinosinusitis

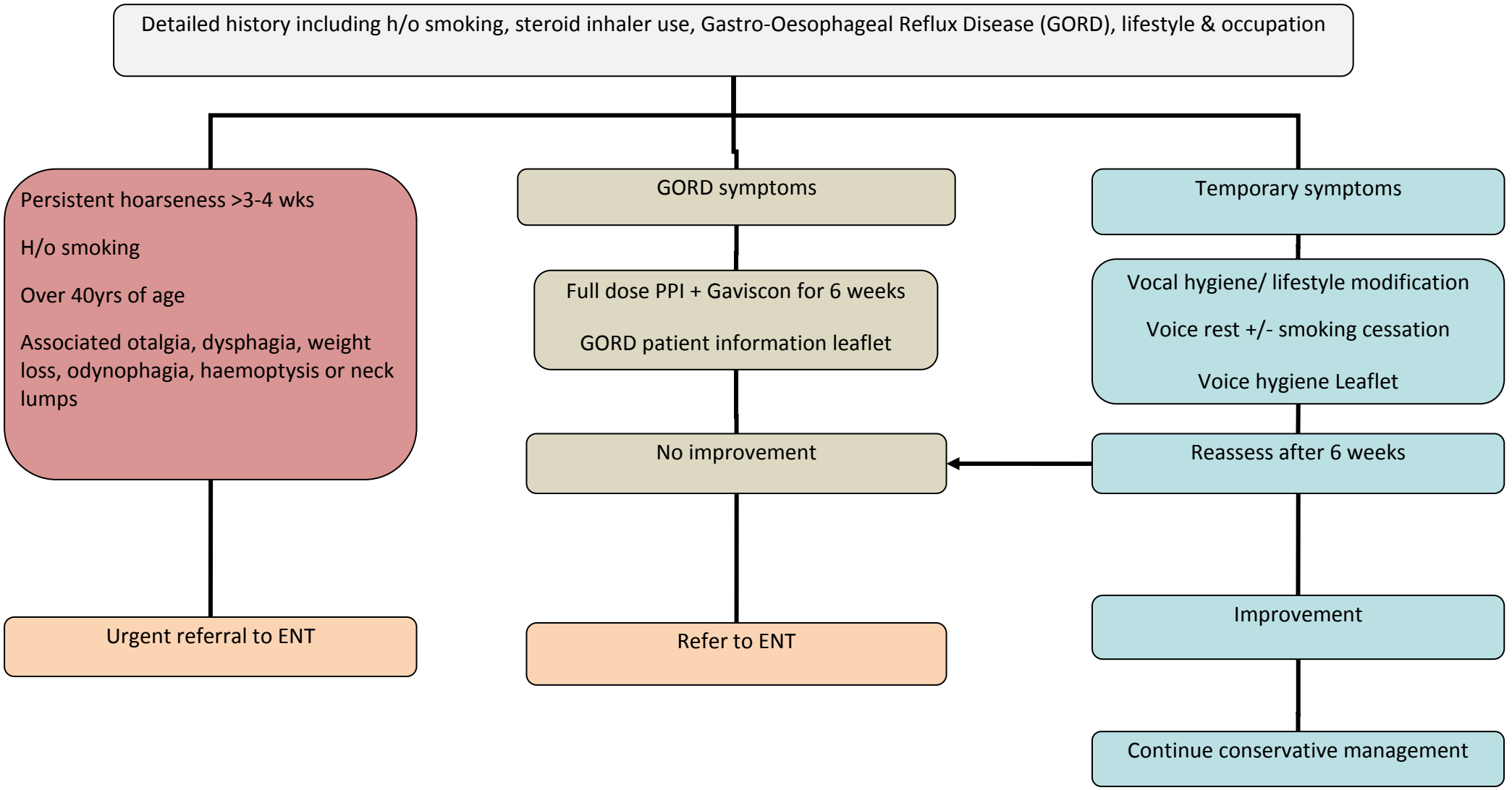
Allergic Rhinitis- Watery rhinorrhoea, sneezing, itchy nose/ eyes/ throat, nasal obstruction.

Chronic Rhinitis – 2 or more symptoms for ≥12wks (one of which has to be obstruction, discharge, facial pressure, loss of smell)



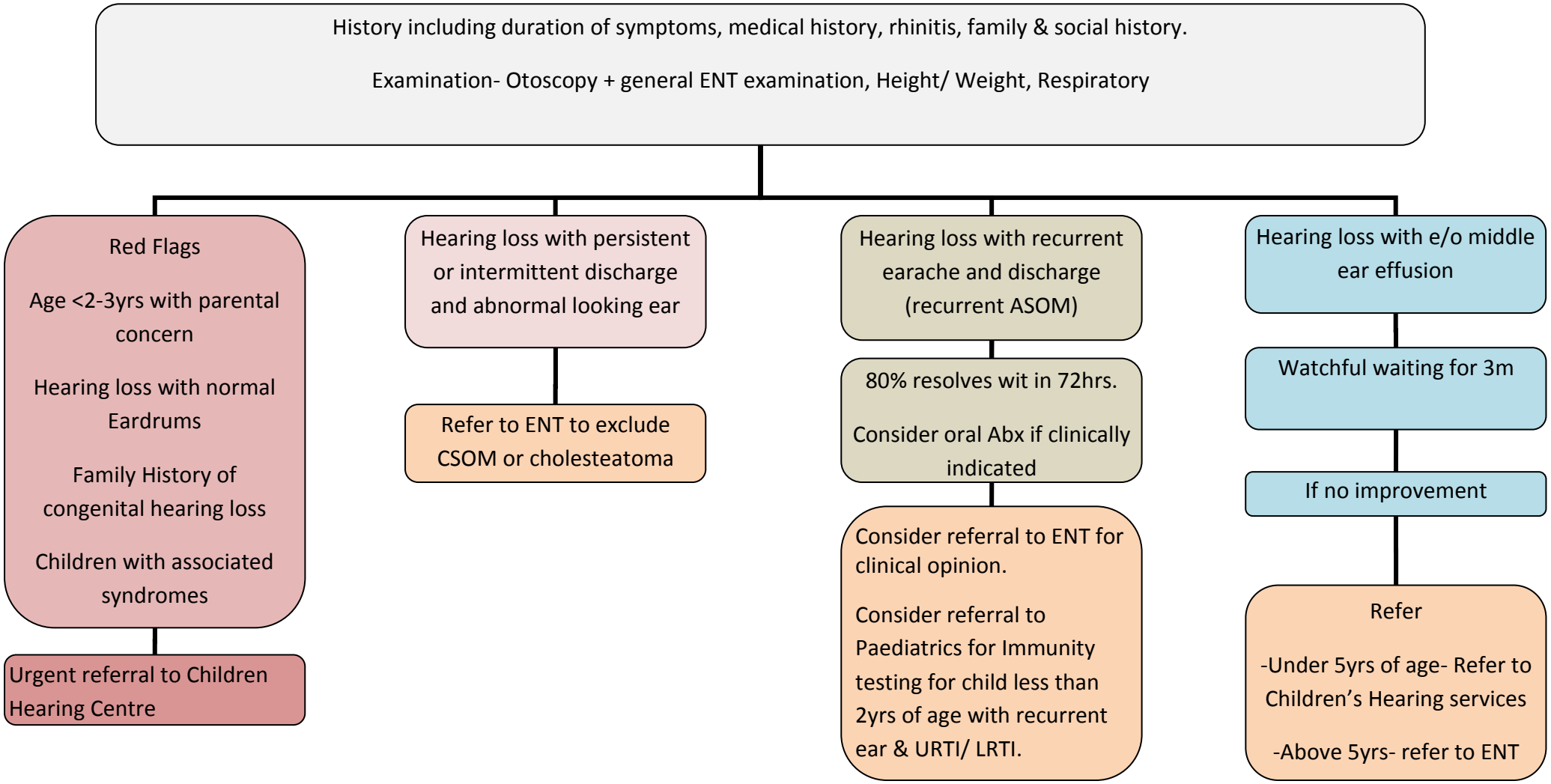
Adults- consider referring to one airway clinic- if they present with mixed upper / lower airway symptoms

Hoarseness of Voice

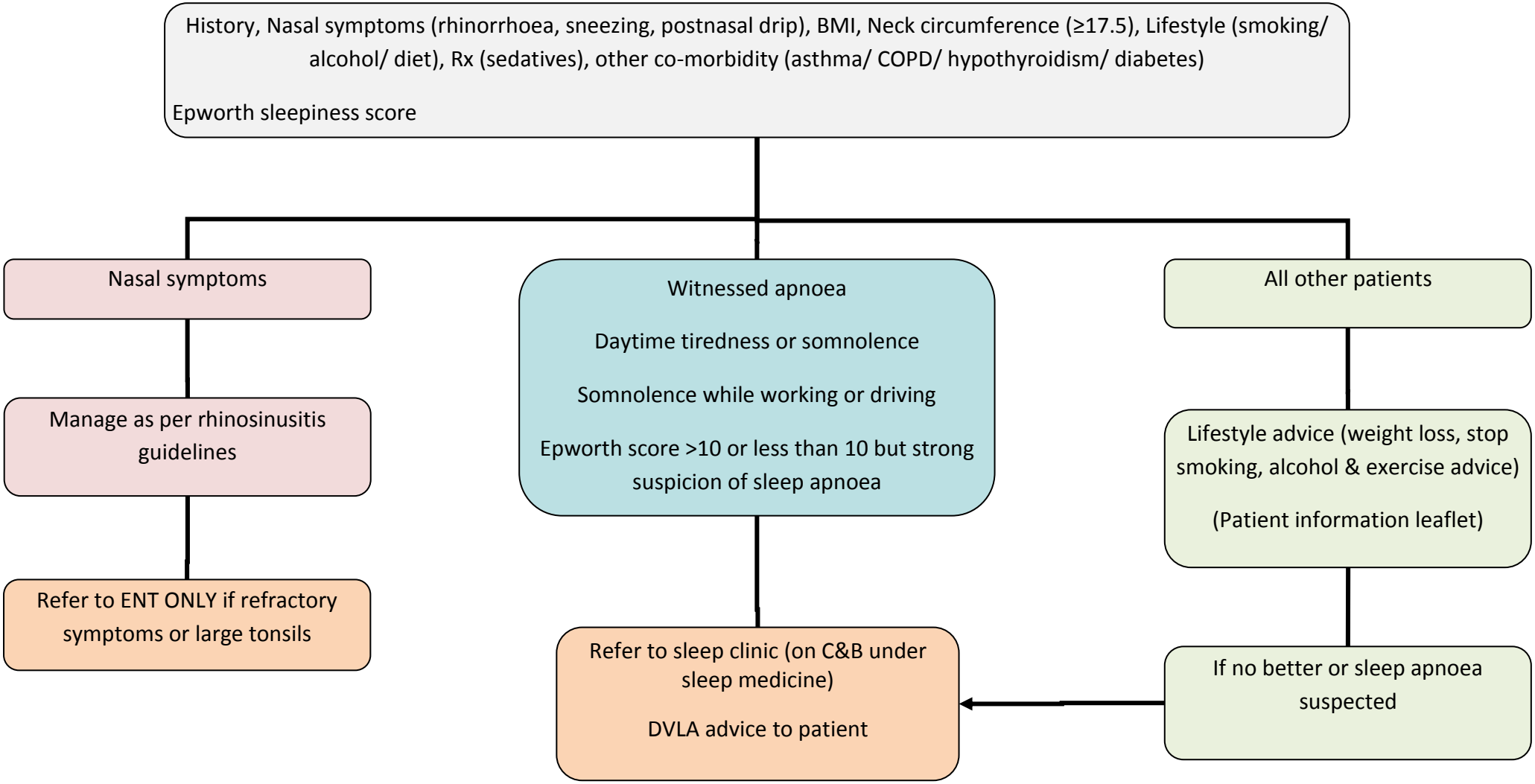


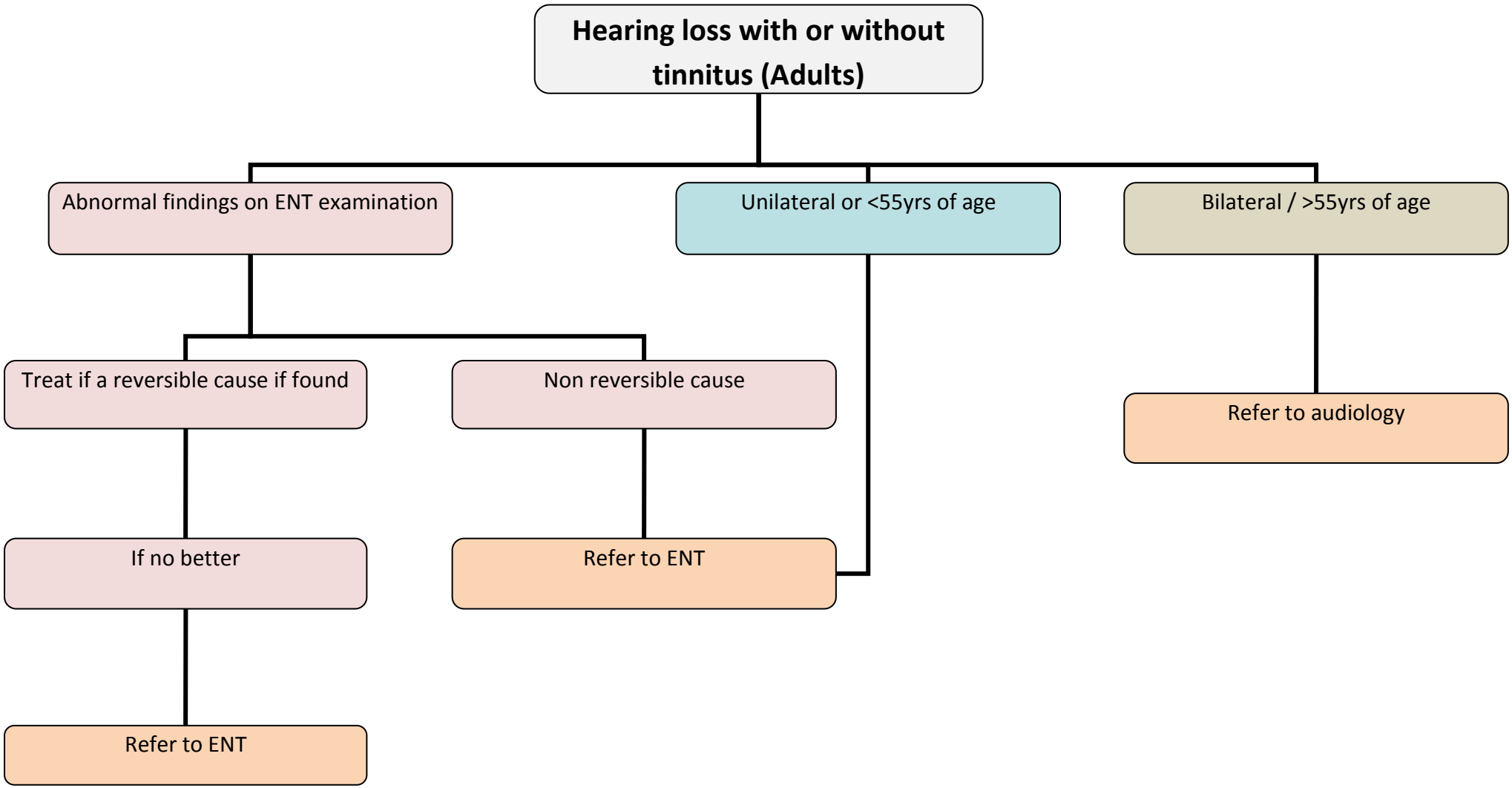
Hearing loss in Children

Symptoms: - Reduced hearing, Persistent pain with or without infection or recurrent infections; can lead to or present with poor behaviour, balance problems, difficulty with speech, decreased education & social progress.



Snoring/ Sleep Apnoea




Hearing loss with or without tinnitus (Adults)
Abnormal findings on ENT examination
Unilateral or <55yrs of age
Bilateral / >55yrs of age
Treat if a reversible cause if found
Non reversible cause
Refer to audiology
If no better
Refer to ENT
Refer to ENT

Vertigo / Dizziness

History

1. **Do you feel that you or the world is moving?**
   Yes – Vertigo likely due to vestibular problem
   No – Not vertigo exclude other causes

2. **Any associated ear symptoms?**
   - Ear ache/ discharge/ deafness – Middle ear infection
   - Tinnitus and hearing loss
     Sudden onset – **urgent referral to ENT**
     Fluctuating with episodic vertigo – Meniere's

3. **How long the vertigo lasts for?**
   Seconds to minutes – BPPV
   Minutes to Hours – Meniere's, Migrainous vertigo
   Hours to days – Vestibular dysfunction

4. **What provokes the symptoms?**
   Positional – BPPV
   Movement provoked – Vestibular dysfunction
   Spontaneous – Migrainous, Neurological

5. **Non vertigo – Off balance/ light headedness**
   Consider – central / neurological causes

6. **Non vertigo with LOC and Pre-syncopal attacks**
   Consider cardiovascular causes

7. **Review current medications**
   Sedatives, anti-hypertensive medications

Examination

1. **Ear examination – Any signs of infection?**

   Perforation, Cholesteatoma

2. **Nystagmus**

   Peripheral causes – Horizontal and fatigues in minutes

   Central causes- Sustained, Bidirectional and often vertical

3. **Dix hallpike test**

   Perform Epley manoeuvre if positive **– BPPV**

4. **Lying and Standing blood pressure**

   Orthostatic hypotension

5. **Neurological examination**

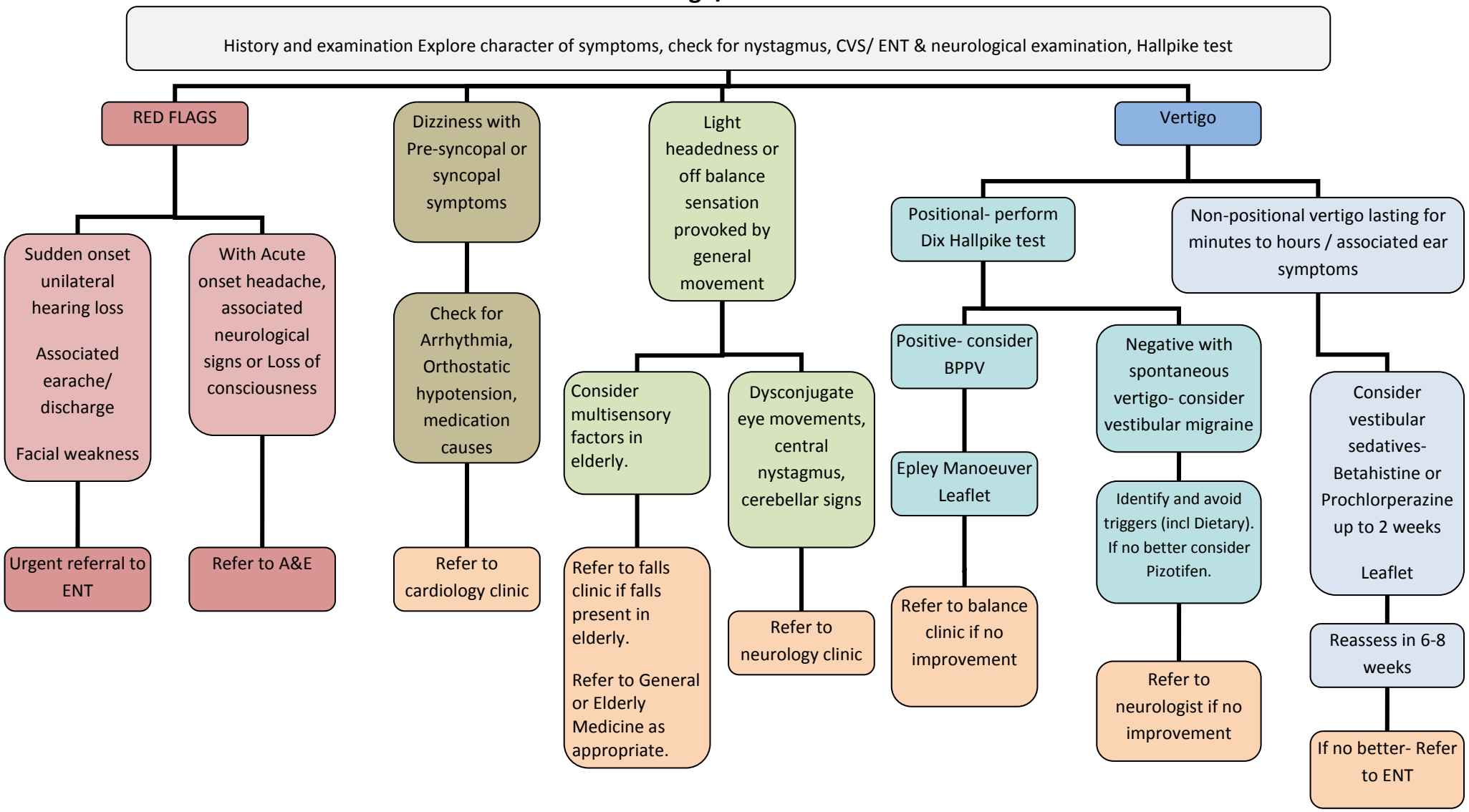
   Any signs of stroke?

   Peripheral neuropathy?

6. **Cardiovascular examination**

   Arrhythmias, Vaso-vagal, Anaemia

Vertigo/ Dizziness



Issue patient with Vestibular Exercises or General Balance Leaflets as appropriate.

Thyroid Nodule

- History- Duration, Progression, voice change, difficulty swallowing, symptoms of hypo or hyperthyroidism.
- Examination- Size & consistency, cervical lymphadenopathy, Thyroid function tests.
- 90% of thyroid nodules are benign.
- Red flags:

  Age <20yrs, new nodule in patient >60yrs of age,

  Rapid growth of nodule

  Fixed to adjacent structures

  Hoarseness of voice

  Cervical lymphadenopathy

  Family history of thyroid cancer

Referral

- Patients with long standing goitre without new changes or red flags- DO NOT REFER.
- Urgent referral- if red flag findings as above
- Routine referral- new onset without any red flags
- **Patients with thyroid nodule with abnormal TFT's refer to Endocrinology not ENT**.

DONOT ORGANISE U/S SCAN PRIOR TO REFERRAL- Ultrasound scan in clinic is performed by trained head and neck radiologist after assessment in clinic.

Globus sensation

Symptoms

- Something stuck in throat, lump sensation, excess mucus or tickle.
- Repeated swallowing or clearing throat with symptoms worse between meals.
- Associated stress or anxiety
- h/o GORD

Red Flags

- Associated history of smoking
- Globus + hoarseness of voice or otalgia or weight loss or dysphagia or odynophagia.

Conservative management

- Reassure patient
- Stress and anxiety management
- PPI for reflux at full dose + Gaviscon 10ml at night + diet modification + anti-reflux advice/ measures for 6-8 wks.
- Review in 6-8 weeks

Referral

- Urgent referral- In presence of red flags as above
- Routine referral- persistent symptoms after ≥6-8wks of conservative treatment.

Referral for Tonsillectomy

- 7 or more clinically significant + adequately treated sore throats in 12months

  Or

- 5 or more clinically significant + adequately treated sore throats in 2yrs

  Or

- 3 or more clinically significant + adequately treated sore throats in 3yrs

  AND

- There has been significant severe impact on quality of life and normal functioning, as indicated by documented objective evidence (e.g. absence from school, failure to thrive), the impact of recurrent tonsillitis on a patient'

Other indications for tonsillectomy may include:

- Marked tonsillar asymmetry, which there is clinical suspicion of sinister pathology- Refer URGENTLY to ENT.
- Obstructive sleep apnoea with very large tonsils
- Halitosis thought to be caused by the tonsils but ONLY where there is clear evidence of tonsillar debris

Before referral discuss Benefits Vs Risks of tonsillectomy Vs Watchful waiting & let patient or parent make informed choice for treatment. (Leaflet attached)