

General ENT Top Tips

Please refer to “A Guide to Referral to Common ENT Conditions – 2011”

* [A Guide to Referral of Common ENT Conditions](#)

* [Epworth Sleepiness Score Form](#)

* = refer to full guidance * = refer to Epworth Score

Conditions:	Treatment Options:	REFER IF:
ALLERGIC RHINITIS	Intranasal steroid spray for 3 months If no response ->Fluticasone nasules (Adults) Avoidance house dust mite * Add topical antihistamine	Severe with medical Rx failure, Obstruction associated with large polyps
OTITIS EXTERNA	Clear debris (repeated if needed) Topical antibiotic /steroid combination No better swab (consider fungal) If canal closed consider wick	No response to medical Rx Persistent discharge/pain Suspicious TM appearance Immuno-compromised IDDM
OTITIS MEDIA	85% children resolve with no RX 1 st Paracetamol and Ibuprofen 2 nd (after 3 days) Amoxicillin /Doxycycline 3 rd Clarithromycin	Treatment fails Persistent perforation >6 attacks in 12 months
GLUE EAR	50% children will resolve spontaneously Watchful waiting 3 months Reduce exposure to cigarette smoke Rx rhinitis if appropriate Teach auto-inflation *	>3months hearing problems Associated speech delay Behavioural problems More urgent referral needed for children with other disabilities or adults (and See IFR Policy)
ACUTE SINUSITIS	Acute Rx OTC pain relief+decongestants and/or nasal steroids If needed 1 st line Amoxycillin or Doxycycline 2 nd line Clarithromycin (Do not X-ray!)	Complications e.g. periorbital cellulitis Systemically unwell+++
TINNITUS	Reassure if symmetrical and bilateral British Tinnitus Association have helpful leaflets Hearing aid frequently helps	Deafness refer to Audiology Unilateral refer ENT Appearance ?cholesteatoma
EPISTAXIS	Ice+ pressure (soft part of nose) Sit upright Cautery + AgNo3 Topical vasoconstrictor Petroleum jelly or Mupirocin ointment	Only if very persistent Severe bleeding Suspected clotting disorder
SNORING (adults)	Weight loss, stop smoking/alcohol Avoid sleeping on back Rx nasal obstruction and/or nasal dilator strips Consider referral to dentist for Mandibular Advancement Device	If all simple measures fail N.B. If Obstructive Sleep Apnoea with high Epworth Score Refer for Sleep Studies not ENT * See Epworth Score link
HEARING LOSS	Presbycusis= gradual onset symmetrical, high frequency loss in old age SUDDEN-ONSET UNILATERAL SENSORINEURAL HEARING LOSS Rx with Prednisolone 60mg	Audiology ENT Urgent
FACIAL PALSY	Rx EARLY with Prednisolone 1mg / kg/ day for 10 days	REFER if: Parotid mass, middle ear disease or? Ramsay Hunt Syndrome
Consultant:	Mr Harkness, Consultant Ears, Nose & Throat , TRFT	
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Date Approved:	April 2014	
Review Date:	April 2016	

