

REFERRAL GUIDELINES

Ear, Nose & Throat (ENT) Clinic

Head of Unit: Vibhuti Mahanta

Referrals: Referral addressed to named head of unit is preferred.

E-referral using the GP Referral Template located within the Mastercare Referralnet system is preferred.

For faxed referrals: FAX **9788 1879**.

Clinic overview:

The out patients' guidelines are mainly for routine ENT referrals.

*Please refer to **Statewide Referral Criteria** that apply to some Ear, Nose & Throat conditions when referring to ENT specialist clinics*

Categories for Appointment

	Clinical Description	Timeframe for Appt
Emergency	For ENT emergencies such as: Stridor, neck abscess, peritonsillar abscess, sudden sensorineural hearing loss, acute sinusitis with orbital cellulitis, septal haematoma, acute mastoiditis, acute otitis externa, suspected skull base osteomyelitis/malignant otitis externa etc	Please refer to the Emergency department or call ENT Registrar on call on 97847777 for advice.
Category 1 Urgent	Any urgent concerns/pathology e.g. suspicion of head neck malignancy	Please contact the ENT Registrar directly through Peninsula Health switchboard on 9784 7777
Category 2 Routine	All others	As per triage/Next available

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number
- Interpreter Required

Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin
- Email address

HEAD OF UNIT
Vibhuti Mahanta

PROGRAM DIRECTOR
Peter Evans

ENQUIRIES

: (03) 9784 2600

F: (03) 9788 1879

Reviewed: March 2023

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Minimum Referral Information Required

Please note, referral cannot be processed if minimum information is missing

- Referring practitioner name, provider number and signature.
- Date of referral
- Patient's name, address, date of birth, Medicare number and phone number.
- Clinical details and reason for referral
- Duration of symptoms
- Relevant medical history
- Medications
- Allergies
- Results of all recent and relevant pathology and imaging investigation

Exclusions :

1) Wax removal

2) Vertigo with symmetrical neural hearing loss or normal hearing

Management advises:

- BPPV can be diagnosed with Dix Hallpike manoeuvre and if positive perform an Epley procedure or refer for vestibular physiotherapy.
- Any patient with dizziness / vertigo with asymmetrical sensorineural hearing loss and or one-sided Tinnitus can be referred to the clinic or if feasible please arrange MRI of the Brain and Internal Acoustic meatus to rule out Acoustic neuroma. If the MRI suggests Acoustic neuroma, please refer to ENT out patients at Peninsula Health.
- Any patient with Vertigo/dizziness and sudden sensorineural hearing loss (Sensorineural hearing loss of at least 30 decibels over three frequencies over 3 days duration) should have MRI of the Brain and Internal Acoustic meatus to rule out Acoustic neuroma and as an immediate treatment should have 1mg/kg of oral steroids (if not contraindicated) for 7 days.
- Please call ENT Registrar on call for advice regarding sudden sensorineural hearing loss.

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Criteria for Referral:

EAR

1) **Middle ear effusion/glue ear**

Criteria for referral - Audiological evidence of conductive hearing loss with type B tympanogram on two separate occasions, 3 months apart.

2) **Recurrent otitis media:** Criteria for referral – more than 4 episodes in six months with at least one recent (within 3 months) audiological evidence of type B tympanogram.

3) **Ear drum perforation:**

Criteria for referral - Persistent ear drum perforation for 3 months in spite of topical ciprofloxacin ear drops and water entry precautions. Please include an Audiogram with the referral. If suspected cholesteatoma, please organise CT scan of the Temporal bone and include the report with the referral

4) **Cholesteatoma:**

Please include audiogram and CT temporal bone report with the referral

5) **Exostoses:**

Criteria for referral: Recurrent ear infections. Please include audiogram and CT temporal bone report with the referral

6) **Conductive hearing loss with intact tympanic membrane:**

Please include audiogram and CT temporal bone report with the referral.

7) **Tinnitus:**

Criteria for referral - Unilateral tinnitus with audiological evidence of asymmetrical hearing loss.

8) **Sensorineural hearing loss:**

Criteria for referral: Audiological evidence of asymmetry in hearing loss (Asymmetry of 15 decibels at three different frequency). Symmetrical hearing loss with or without tinnitus are not appropriate for public outpatient clinic referral.

9) **Vertigo:**

Criteria for referral: Vertigo with unilateral/asymmetrical hearing loss or tinnitus with audiological evidence of asymmetrical/unilateral hearing loss.

10) **Chronic Otitis externa:**

Otitis externa not responding to water entry precautions and topical antibiotic/steroid treatment.

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NOSE

1) **Nasal obstruction (Limited airflow to the nose with subjective difficulty breathing)**

Causes –Nasal septal deviation, allergic rhinitis, nasal valve collapse, Chronic Rhinosinusitis (CRS) – especially CRS with polyposis.

Criteria for referral:

- Non responsive to medical treatment (Topical steroid, steroid/antihistamine nasal spray for 3 months, tapering oral steroids for 3 weeks for nasal polyps if not contraindicated).
- Unilateral nasal obstruction with bleeding, offensive nasal discharge, epiphora, facial numbness; should be referred if symptoms persist for more than 4 weeks.

Please include CT of the nose and paranasal sinuses with the referral.

2) **Chronic sinusitis with or without nasal polyposis**

Criteria for referral:

- No response to medical treatment (Topical steroid, steroid/antihistamine nasal spray for 3 months, tapering oral steroids for 3 weeks for nasal polyps if not contraindicated).
- Please include CT scan of nose and paranasal sinuses with the referral

3) **Crooked nose/ Skew nose**

Criteria for referral: Must have nasal obstruction as a major symptom.

4) **Epistaxis:** Uncontrolled acute epistaxis: refer to ED

Referral criteria: Rule out coagulation disorder, nasal mass and foreign body

Failed silver nitrate cautery

SLEEP APNOEA (PAEDIATRIC)

Loud snoring with witnessed breath holding/choking/apnoea more than twice a week in absence of RTI. Behavioural disturbance, nocturnal bed-wetting, daytime lethargy.

Please advise parents to get a video evidence of apnoea.

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SLEEP APNOEA (ADULT)

Criteria for referral: Sleep study (PSG) with AHI of 15 or more.

THROAT

1) **DYSPHONIA INCLUDING HOARSENESS**

Persistent hoarseness for more than 4 weeks.

Please provide information on smoking, professional voice user, additional symptom

2) **DYSPHAGIA**: Dysphagia persisting for more than 4 weeks with or without other symptoms (hoarseness, loss of weight, history of smoking and alcohol intake). Please provide detailed history.

3) **TONSILLITIS**: 6 Episodes a year or 4 episodes in subsequent 2 years or previous peritonsillar abscess. Suspicious tonsillar mass. If don't meet the criteria but severe morbidity, please discuss with registrar.

NECK, PAROTID GLAND MASS (Adult and Paediatric)

- Any new onset suspicious solid or cystic mass in the head neck, parotid region persisting for more than 4 weeks.
- Any new neck mass in patients with previous history of head and neck cancer.
- Referral should include a CT scan of head and neck region (preferably with contrast) and a detailed history including history of smoking.
- If feasible please organise USS guided FNAC of the mass.

THYROID MASS AND THYROGLOSSAL CYST

- Dominant thyroid nodule with USS feature suggestive of malignancy.
- FNAC proven Thyroid cancer.
- Multinodular goitre with compressive symptoms.
- Proven Thyroglossal cyst on USS or CT scan.
- Please include thyroid function test, USS report and FNAC results
- CT scan report if done

Eligibility Criteria

- Patients must live with Peninsula Health catchment area

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Alternative referral options
<ul style="list-style-type: none">• A local private ENT surgeon• Monash Health ENT Surgery Outpatients
Clinic information
<ul style="list-style-type: none">• ENT Clinic: Wednesday weekly• Times :9 :00- 12:00• Location: Outpatients Department Area 1• Phone 9784 2600• Fax 97881879 <p><i>Please Note; The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of her appointment</i></p>

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