

Hearing loss: triaged referral

Summary of NICE guidelines

Presentation

Acquired unilateral hearing loss

With ipsilateral fifth or seventh cranial nerve symptoms and signs

Possible causes

Viral VS Stroke

Immediate Referral

To be seen within 24 hours

ENT (ear, nose and throat service)

If stroke suspected, follow local stroke referral pathway

ENT (ear, nose and throat service)

ENT (ear, nose and throat service)

A&E (emergency department)

Urgent Referral

To be seen within 2 weeks

Refer to ENT or AVM depending on local referral pathways

ENT (ear, nose and throat service)

Routine Referral

ENT, AVM or specialist audiology service for diagnostic investigation using a local pathway

Immunocompromised adults with hearing loss

Otalgia and otorrhoea unresponsive to treatment within 72 hours

OE Nec OE SBO

Sudden sensorineural hearing loss

Occurring over a period of 3 days or less

Injury Auto Idio Tox Viral VS Stroke

Seen within 30 days

Seen after more than 30 days

Rapid-onset hearing loss

Occurring between 4 and 90 days

Cho Auto Idio Tox VS

Chinese or south-east Asian family origin

Middle ear effusion not associated with an upper respiratory tract infection

NC

Unilateral or asymmetric hearing loss

Presents with obvious difference in hearing between the two ears

SOM Ch Oto VS Tu IAC Tu CPA

Fluctuating hearing loss

Not associated with an upper respiratory tract infection

MD

Hearing loss with hyperacusis

Intolerance to everyday sounds that causes significant distress and affects a person's day-to-day activities

Deh MD

Hearing loss with persistent tinnitus

Unilateral, pulsatile, has significantly changed in nature or is causing distress

Unilateral MD VS Pulsatile Tu Vas BIH CA CAS Myo Changed Anx Stress

Hearing loss with vertigo

Not fully resolved or recurrent

Deh MD

Hearing loss that is not age related

Any of the acquired causes mentioned above

Gen Noise Tox

Hearing loss with partial or complete obstruction

Obstruction of the external auditory canal prevents full examination of the eardrum or taking an aural impression

FB Fur OE Ch Sten Tu EAC Wax Cho OM Ch

Hearing loss with pain affecting either ear

Lasting for 1 week or more and not responsive to first-line treatment

Fur OE Ch Tu EAC Tu Nas TMJ

Hearing loss with a history of discharge (other than wax)

Not resolved, and not responsive to prescribed treatment or recurs

All EM FB OE Cho

Hearing loss with abnormal appearance of outer ear or eardrum

Inflammation Swelling Tumour Bleeding

Fur OE Ch Tu EAC Perf Cho SOM Ch

Hearing loss with a middle ear effusion

In the absence of, or that persists after, an acute upper respiratory tract infection

All Rh Sin Ch Tu Nas

KEY

External ear

All EM Allergy to ear mould material
FB Foreign body
Fur Furuncle
OE Otitis externa
OE Ch Otitis externa (chronic)
Sten Stenosis
Tu EAC Tumour of external auditory canal
Wax Impacted wax
Perf Perforated ear drum

Intercranial

BIH Benign intracranial hypertension
CA Cerebral aneurysm
CAS Carotid atherosclerosis
Myo Brainstem pathology (myoclonus)
Nec OE Necrotising otitis externa
SBO Skull base osteomyelitis
Stroke Anterior inferior cerebellar artery stroke
Tu CPA Tumour within cerebello-pontine angle

Middle ear

Cho Cholesteatoma
OM Ch Otitis media (chronic)
SOM Ch Suppurative otitis media (chronic)

Internal auditory canal

Tu IAC Tumour within internal auditory canal
Tu Vas Vascular tumours
VS Vestibular schwannoma

Inner Ear

Viral Viral infection
Auto Auto-immune disease
Deh Dehiscent superior semi-circular canal
Idio Idiopathic
Noise Noise induced
Tox Ototoxicity

Injury Head injury

Gen Genetic

Oto Otosclerosis

MD Ménière's disease

All Rh Allergic rhinitis

Sin Ch Sinus disease (Chronic)

NC Nasopharyngeal carcinoma

Tu Nas Tumour of nasopharynx

Other

Anx Anxiety
Stress Stress

TMJ Coincidental temporomandibular joint disorder

Adapted from

thebmj Visual summary

<http://bit.ly/BMJhNICE>

If you wish to make an enquiry or arrange a referral please contact Mr Khemani's secretary on



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or



www.entsurrey.com