ENT

Referral Criteria

Department of Health

Department of General Surgery

Cairns Hospital

Conditions including

Tonsillitis in adults
Tonsillitis in children
Otitis media
Chronic Rhinosinusitis
Hearing loss / Tinnitus / Vertigo

Tonsillitis in adults

Referred patients will seldom be seen by a specialist during an acute episode, so the diagnosis of acute tonsillitis must be established by the referring doctor

Criteria for specialist referral

Chronic or recurrent infection - six (6) episodes in the last twelve (12) months OR four (4) episodes per year in the past two (2) years OR two (2) episodes per year for the past three (3) years inclusive of the following symptoms:

- Throat pain and odynophagia
- Tonsillar exudate / swelling
- Fever >38^{o}
- Tender cervical lymphadenopathy

OR

- Unilateral tonsil enlargement
- Upper airway obstruction due to tonsillar hypertrophy
- Obstructive sleep apnoea
- Peritonsillar abscess post acute treatment

Referral information required

- Clinical history and examination considering:
  - The number and timeframe of previous episodes
  - The appearance of the throat
  - The presence of tender neck lymph nodes
- Treatment currently prescribed
- The degree of disability caused by episodes
- Previous antibiotic prescriptions
- Perioperative and anaesthetic considerations
- Please advise if taking any anticoagulant medication, including aspirin and fish oil, and any family history of coagulation disorder in referral
- Previous surgical history

‘Red flag’ items

- Suspected neoplasm - ulceration, or recurrent unilateral enlargement, particularly with associated cervical lymphadenopathy
- Acute episode unable to tolerate fluids / non-resolution despite optimal medical management
- Noisy breathing / breathing difficulty / voice change / severe odynophagia
- When urgent referral is indicated: Contact the on call ENT Registrar via 4226 6888

Tonsillitis or sleep apnoea/disturbed sleep in children

Referred patients will seldom be seen by a specialist during an acute episode, so the diagnosis of acute tonsillitis must be established by the referring doctor

Criteria for specialist referral

- Peritonsillar abscess (quinsy) - two (2) episodes of quinsy with previous or subsequent history of tonsillitis

OR

- Chronic upper airway obstruction - sleep apnoea or disturbed sleep inclusive of the following symptoms:
  - Snoring
  - Witnessed apnoeas
  - Tonsillar hypertrophy
  - Dysphagia
  - Waking unrefreshed / irritable
  - Failure to thrive
  - Adenoid facies
  - Abnormal sleep study results

OR

- Chronic or recurrent tonsil infection - six (6) episodes in the last twelve (12) months OR four (4) episodes per year in the past two (2) years OR two (2) episodes per year for the past three (3) years inclusive of the following symptoms:
  - Throat pain and odynophagia
  - Tonsillar exudate / swelling
  - Fever >38^{o}
  - Tender cervical lymphadenopathy

  OR

  - Unilateral tonsil enlargement
  - Other, e.g. Recurrent haemorrhage, tonsilloliths, tonsillar cysts or chronic diphtheria carriage following failed antibiotic eradication, refractory halitosis

Referral information required

- Clinical history and examination considering:
  - The number and timeframe of previous episodes
  - The appearance of the throat
  - The presence of membranes/exudates
  - The presence of bleeding
  - The degree of systemic upset
  - The presence of tender neck lymph nodes
  - The degree of disability caused by episodes (e.g. days of school missed)
- Previous antibiotic prescriptions
- Previous surgical history
- Sleep study results
- Perioperative and anaesthetic considerations, e.g. Anticoagulant use, insulin requirements

'Red flag' items

- Suspected neoplasm - ulceration, or recurrent unilateral enlargement, particularly with associated cervical lymphadenopathy
- Acute episode unable to tolerate fluids / non-resolution despite optimal medical management
- Noisy breathing / breathing difficulty / voice change / severe odynophagia
- When urgent referral is indicated: Contact the on call ENT Registrar via 4226 6888

Otitis media

Referred patients will seldom be seen by a specialist during an acute episode, so the diagnosis of acute otitis media must be established by the referring doctor

Criteria for specialist referral

- Greater than five (5) discrete episodes of otitis media in a year inclusive of the following symptoms:
  - Otalgia
  - Fever
  - Hearing loss
  - History recent URTI
  - Otorrhoea
- Recurrent acute otitis media in a child with co-existing illness in which surgical management is preferable to antibiotics, e.g. Immune deficiency, cystic fibrosis, sickle cell anaemia
- Recurrent infections with multi-resistant bacteria
- Recurrent infections and antibiotic allergies

Otitis media with effusion

- Audiologically confirmed conductive or sensorineural hearing loss or history of developmental delay
- Persistent middle ear effusion for three months
- Persistent tympanic membrane retraction or atelectasis
- Persistent abnormal tympanogram or audiogram

Chronic otitis media

- Perforation with persistent otorrhoea
- Suspicion of cholesteatoma

Referral information required

- Clinical history and examination
- Treatment currently prescribed
- Recent audiology results
- Please provide audiology results, swab culture if appropriate and relevant medical history in referral

‘Red flag’ items

- Acute suppuratives otitis media
  - Complications suspected, e.g. Mastoiditis, facial weakness/paralysis, vertigo,
  - meningitis Failure of antibiotic therapy with persistent, severe symptoms such as fever or intractable pain
- When urgent referral is indicated: Please contact the on call ENT Registrar via 4226 6888

Chronic rhinosinusitis

Referred patients will seldom be seen by a specialist during an acute episode, so the diagnosis of acute rhinosinusitis must be established by the referring doctor.

Criteria for specialist referral

- Three or more month history of inflammation of the nose and the paranasal sinuses that persist for more than 4 weeks after medical treatment (broad spectrum antibiotics, oral steroids, nasal steroids and irrigation) and inclusive of two or more of the following symptoms:
  - Nasal blockage / obstruction / congestion
  - Purulent nasal discharge (anterior or posterior nasal drip)
  - Facial pain / pressure
  - Reduction or loss of smell
  - Nasal polyps
- An abnormal CT scan consistent with sinus disease despite appropriate treatment (generally should be performed after a two week course of broad spectrum antibiotics).

Referral information required

- Clinical history and examination considering:
  - The frequency of episodes
  - The appearance of the nasal passages and throat including presence or absence of polyps
  - The presence of two or more of the symptoms listed above (one of which should be nasal obstruction o discharge) persistent for more than 4 weeks of medical management
- Previous nasal steroids or douche
- Previous antihistamines
- CT sinus report or images
- Previous surgical history
- Perioperative and anaesthetic considerations, e.g. Anticoagulant use, insulin requirements

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‘Red flag’ items

- Visual disturbance, epistaxis, neurological signs, frontal swelling, severe unilateral or bilateral headache.
- Eye pain, swelling, abnormal eye movement.
- Orbital cellulitis.
- When urgent referral is indicated: Contact the on call ENT Registrar via 4226 6888

Hearing loss / Tinnitus / Vertigo

Referred patients will seldom be seen by a specialist during an acute episode, so the diagnosis of hearing loss must be established by the referring doctor.

Criteria for specialist referral

- Bilateral hearing loss consistent with conductive or sensorineural cause as per audiological assessment with a clear canal AND associated with vertigo and / or tinnitus or other ENT conditions (e.g. snoring in children), present for more than a week.

OR

- Asymmetrical hearing loss consistent with conductive or sensorineural cause as per audiological assessment with or without associated with vertigo and / or tinnitus for adults or WITH middle ear effusion for children.

OR

- Unilateral or pulsatile tinnitus with tuning forks consistent with conductive or sensorineural loss as per audiological assessment and persistent symptoms despite management

OR

- Persistent symptoms of vertigo with comorbid vestibular or otological conditions or suspicion of benign paroxysmal positional vertigo (BPPV) or vestibular neuronitis inclusive of the following symptoms/indicators:
    - Constant rotatory vertigo with nil evidence of significant recovery of balance within two weeks with treatment
    - Persistent episodic motion induced vertigo
    - Positive Hallpike test (Nystagmus present)
    - Persistent headache / migraine with failed treatment
    - May include nausea / vomiting and / or tinnitus

Referral information required

- Clinical history and examination considering:
    - The appearance of the ear canal
    - Effusion or cerumen history / presence
    - Vertigo / tinnitus / otalgia / otorrhoea history / findings
    - Audiological assessment
    - Nystagmus assessment
    - The degree of disability caused
    -
- Previous antibiotic or irrigation prescriptions
- Previous surgical history
- Vestibular physiotherapy input

‘Red flag’ items

- Sudden onset hearing loss with less than a 1 week history in the absence of clear aetiology and /or associated with vertigo and tinnitus
- Suspected foreign body / unable to clear cerumen / otorrhoea recalcitrant to treatment
- Elderly patients who are at a heightened falls risk in addition to above symptoms
- When urgent referral is indicated: Contact the on call ENT Registrar via 4226 6888