EAR NOSE AND THROAT (ENT) DEPARTMENT

Adult Referral Evaluation and Management Guidelines

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EVALUATION AND MANAGEMENT GUIDELINES

For Emergency Referrals: Phone on call ENT Registrar via the RBWH switch (07) 3646 8111 and send patient to the RBWH Department of Emergency Medicine (DEM).

Category 1

i. Appointment within thirty (30) days is desirable; AND

ii. Condition has the potential to require more complex or emergent care if assessment is delayed; AND

iii. Condition has the potential to have significant impact on quality of life if care is delayed beyond thirty (30) days.

Category 2

i. Appointment within ninety (90) days is desirable; AND

ii. Condition is unlikely to require more complex care if assessment is delayed; AND

iii. Condition has the potential to have some impact on quality of life if care is delayed beyond ninety (90) days.

Category 3

i. Appointment is not required within ninety (90) days; AND

ii. Condition is unlikely to deteriorate quickly; AND

iii. Condition is unlikely to require more complex care if assessment is delayed beyond 365 days.

Aesthetic surgery is not available at RBWH

The ENT Department provides a high standard of complex patient care. Our Outpatient waiting times are available on the http://www.health.qld.gov.au/hospitalperformance website.

All urgent cases must be discussed with the on call ENT Registrar.
Contact through RBWH switch (07) 3646 8111 to obtain appropriate prioritisation and treatment. Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

When possible all non–metropolitan patients referred to RBWH must include travel, accommodation, and escort arrangements. An inpatient bed may not be possible or relevant once the patient has been assessed by RBWH ENT department.

Referrals containing insufficient information or that are illegible will be returned to the referral centre. This may result in delayed appointment/treatment for your patient.

ENT DEPARTMENT HOURS

Monday – Friday: 8am – 4:30pm

Level 8, Ned Hanlon Building, Royal Brisbane and Women's Hospital

IN-SCOPE FOR ENT OUTPATIENT SERVICES

Please note this is not an exhaustive list of all conditions for ENT outpatient services and does not exclude consideration for referral unless specifically stipulated in the out-of-scope section.

• Allergic Rhinitis/Nasal Congestion or Obstruction • Chronic Ear Disease • Dizziness/Vertigo • Dysphagia (ENT) • Dysphonia • Ear Drum Perforation • Epistaxis (recurrent) • Facial Nerve Palsy • Head and Neck Mass (ENT) • Hearing Loss	• Nasal Fracture (acute) • Obstructive Sleep Apnoea (OSA) • Oropharyngeal Lesions • Primary parathyroid adenoma • Rhinosinusitis (acute) • Rhinosinusitis (chronic/recurrent) • Salivary Tumour • Sialolithiasis (salivary stones) • Thyroid Mass • Tinnitus • Tonsillitis (recurrent)

OUT-OF-SCOPE FOR ENT OUTPATIENT SERVICES

Not all services are funded in the Queensland public health system. The following are not routinely provided in a public ENT service.

- Chronic Bilateral Tinnitus
    - referral is not indicated unless tinnitus is disabling or associated with changes in hearing loss, aural fullness and/or discharge or vertigo
- Mild/Brief Orthostatic Dizziness
- Hearing Aid Dispensation
- Uncomplicated/Chronic Symmetrical Hearing Loss in over 70 years old
- Mild Acute Rhinosinusitis
- Aesthetic Surgery –Cosmetic Rhinoplasty

NB: General Practitioners are able to directly refer patients to Queensland Health (QH) Audiologist. QH Audiologist is able to offer diagnostic hearing assessments which can result in a recommendation of hearing aids or an ENT opinion; however they do not fit hearing aids. Queensland public hospitals do not dispense conventional or standard hearing aids. Patients with mild, moderate or severe hearing loss, which is symmetrical, should be referred to a local hearing aid provider. Hearing aids are provided for children, veterans and pensioners through the Office of Hearing Services, a division of the Federal Department of Health, and are dispensed by local audiologists.

EMERGENCY

If any of the following are present or suspected arrange immediate transfer to the emergency department.

EAR

- ENT conditions with associated neurological signs
- Sudden onset hearing loss in absence of clear aetiology and/or associated with vertigo and tinnitus
- Sudden onset debilitating constant vertigo where the patient is very imbalanced (vestibular neuritis/stroke)
- Sudden onset facial weakness
- Barotrauma with sudden onset vertigo
- Foreign body
- Complicated mastoiditis/cholesteatoma or sinusitis (periorbital cellulitis, frontal sinusitis with persistent frontal headache)
- Ear canal oedema/unable to clear discharge
- Trauma

NOSE

- Acute bacterial rhinosinusitis - visual disturbance/signs, neurological signs/frontal swelling/severe unilateral or bilateral headache
- Acute nasal fracture with septal haematoma
- Severe or persistent epistaxis

THROAT

- Airway compromise- stridor/drooling breathing difficulty/acute or sudden voice change/severe odynophagia
- Ludwig's angina
- Acute tonsillitis with airway obstruction and/or unable to tolerate oral intake and/or uncontrolled fever
- Tonsillar haemorrhage
- Acute hoarseness associated with neck trauma or surgery
- Laryngeal obstruction and/or fracture
- Pharyngeal/laryngeal foreign body
- Accidental dislodgement or obstruction of permanent tracheostomy
- New onset of bleeding or shrinkage of laryngectomy stoma
- Abscess or haematoma, (e.g. peritonsillar abscess/quinsy, salivary abscess, septal or auricular haematoma, paranasal sinus pyocele) with or without associated cellulitis

METRO NORTH CENTRAL PATIENT INTAKE UNIT (CPI)

https://www.health.qld.gov.au/metronorth/refer/

GENERAL REFERRAL INFORMATION

Patient's Demographic Details • Full name (including aliases) • Date of birth • Residential and postal address • Telephone contact number/s – home, mobile and alternative • Medicare number (where eligible) • Name of the parent or caregiver (if appropriate) • Preferred language and interpreter requirements • Identifies as Aboriginal and/or Torres Strait Islander	**Relevant Clinical Information about the Condition** • Presenting symptoms (evolution and duration) • Physical findings • Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment • Body mass index (BMI) • Details of any associated medical conditions which may affect the condition or its treatment (e.g. diabetes), noting these must be stable and controlled prior to referral • Current medications and dosages • Drug allergies • Alcohol, tobacco and other drugs use
Referring Practitioner Details • Full name • Full address • Contact details – telephone, fax, email • Provider number • Date of referral • Signature	**Reason for Request** • To establish a diagnosis • For treatment or intervention • For advice and management • For specialist to take over management • Reassurance for GP/second opinion • For a specified test/investigation the GP can't order, or the patient can't afford or access • Reassurance for the patient/family • For other reason (e.g. rapidly accelerating disease progression) • Clinical judgement indicates a referral for specialist review is necessary
Clinical Modifiers • Impact on employment • Impact on education • Impact on home • Impact on activities of daily living • Impact on ability to care for others • Impact on personal frailty or safety • Identifies as Aboriginal and/or Torres Strait Islander	**Other Relevant Information** • Willingness to have surgery (where surgery is a likely intervention) • Choice to be treated as a public or private patient • Compensable status (e.g. DVA, Work Cover, Motor Vehicle Insurance, etc.)

ENT CONDITIONS

Allergic Rhinitis/Nasal Congestion/Obstruction

Minimum Referral Criteria	

Category 1 (appointment within 30 days is desirable)	• Nasal obstruction (polyps) and any of the following:
	  ○ unilateral
	  ○ offensive or bloody discharge

Category 2 (appointment within 90 days is desirable)	• No category 2 criteria

Category 3 (appointment within 365 days is desirable)	• Nasal obstruction (polyps) and any of the following:
	  ○ bilateral
	  ○ persisting polyps despite preliminary course of oral steroids with at least 8 weeks of inhaled corticosteroid
	• Allergic rhinitis
	  ○ not responding to maximal medical management
	• Nasal obstruction and any of the following:
	  ○ post trauma
	  ○ deviated nasal septum
	  ○ concha bullosa where surgical management is indicated

Essential referral information (Referral may be rejected without this)

- General referral information
- Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment

Additional referral information (Useful for processing the referral)

- CT scan paranasal sinuses results
- Skin prick/RAST/IgE results (allergic rhinitis)

Other useful information for referring practitioners (Not an exhaustive list)

Medical management for sinonasal inflammation

- 2 month course of:
  - intra nasal mometasone BD for 2 weeks, then nocte thereafter
  - 5 days only of BD nasal decongestant spray e.g. oxymetazoline at the start of the course
- BD-TDS saline rinse/irrigation
- Manage any co-existing allergies
- Patient education

Consider the following:

- CT scan paranasal sinuses
- Short course of oral corticosteroid therapy
- Skin prick testing/RAST/IgE (allergic rhinitis)

Chronic Ear Disease

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Discharging ear for longer than 3 months failing to settle with topical medication and new onset otalgia, headaches, vertigo (i.e. suspicious for cholesteatoma) and/or • Radiological confirmation of cholesteatoma (i.e. bony erosion reported)
Category 2 (appointment within 90 days is desirable)	• Discharging ear for longer than 3 months failing to settle with topical medication • Imaging suggestive of possible cholesteatoma (i.e. no bony erosion reported)
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Diagnostic audiology assessment (highly desirable where available and does not cause significant delay to patient accessing outpatient service)
- Past history of ear disease

Additional referral information (Useful for processing the referral)

- Ear swab M/C/S results
- Results of health assessment for Aboriginal and/or Torres Strait Islander People
- Fine cut/slice CT scan of temporal bone

Other useful information for referring practitioners (Not an exhaustive list)

- If ear discharge is present, swab for M/C/S
- No irrigation of the ear
- Antibiotic ear drops TDS for 1 week
- Tragal pump technique
- Topical ear medication
- Keep ear dry
- Analgesia
- Review after 3 months by GP
- Arrange diagnostic audiological assessment
- Consider fine cut/slice CT scan of temporal bone to rule out extensive cholesteatoma

Dizziness/Vertigo

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• No category 1 criteria
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• Benign paroxysmal positional vertigo (BPPV) refractory to repeated canalith repositioning manoeuvres (> 3 treatments) • Co-morbid vestibular or otological conditions • Patients where particle repositioning is not advised due to limited range of movement in the neck, or due to general mobility issues that cannot be managed by a physiotherapist/ vestibular physiotherapist • Symptoms not resolved after seeing vestibular physiotherapist

Essential referral information (Referral may be rejected without this)

- General referral information
- Description of:
    - onset, duration, frequency and quality
    - functional impact of vertigo
    - any associated otological/neurological symptoms
    - any previous diagnosis of vertigo (attach correspondence)
    - any treatments (medication/other) previously tried, duration of trial and effect
    - any previous investigations/imaging results
    - hearing/balance symptoms
    - past history of middle ear disease/surgery
- Diagnostic audiology assessment (highly desirable where available and does not cause significant delay to patient accessing outpatient service)

Additional referral information (Useful for processing the referral)

- History of:
    - cardiovascular problems
    - neck problems
    - neurological
    - auto immune conditions
    - eye problems
    - previous head injury

Other useful information for referring practitioners (Not an exhaustive list)

- Exclude central cause of vertigo (cardiac/respiratory)
- Perform Hallpike test and Head Impulse Test (HIT) to determine likely cause of vertigo
- If BPPV likely based on symptoms and a positive Hallpike, then treat with canalith repositioning manoeuvre (Epleys or BBQ roll) and consider referral to a physiotherapist/vestibular physiotherapist
- If HIT positive with acute vertigo, consider vestibular neuritis
- Consider migraine associated vertigo and if appropriate consider trial of
    - Pizotifen 0.5mg to 1mg orally, at night, up to 3mg daily or
    - Propranalol 40mg orally, 2-3 times daily, up to 320mg or
    - Verapamil (sustained release) 160 or 180mg orally, once daily, up to 320 or 360mg daily
- Arrange diagnostic audiological assessment and/or vestibular testing
- Review of current medications
- Occupational therapy home assessment for falls prevention
- Consider advice regarding safe driving/licensing

Dysphagia (ENT)

Minimum Referral Criteria

Category 1
(appointment within 30 days is desirable)

- Suspicion of oropharyngeal lesion - dysphagia and any of the following:
  - hoarseness
  - unilateral otalgia
  - progressive weight loss
  - smoking history
  - excessive alcohol intake
- Significant stenotic/dysphagic symptoms and any of the following:
  - gagging, choking, and/or coughing when swallowing
  - food or liquids coming back up to throat, mouth, and/or nose after swallowing
  - feel like foods or liquids are stuck in throat or chest or problems getting food or liquids to go down on the first attempt
  - oropharyngeal pain or referred pain to ear when swallowing
  - pain or pressure in chest or heartburn
  - weight loss/loss of appetite/food avoidance
  - shortness of breath post eating (in absence of other cause)
- Recurrent chest infections (aspiration pneumonia)

Category 2
(appointment within 90 days is desirable)

- No category 2 criteria

Category 3
(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Neurology history
- Previous history throat/pharynx radiation

Additional referral information (Useful for processing the referral)

- Barium swallow or modified barium swallow results
- CT thorax results
- CXR results
- TSH results

Other useful information for referring practitioners (Not an exhaustive list)

- CXR
- TSH
- Speech pathology referral for swallowing assessment if concerned about dysphagic symptoms

Dysphonia

Minimum Referral Criteria	

Category 1 (appointment within 30 days is desirable)	• Persistent hoarseness or change in voice quality which fails to resolve in 4 weeks and any of the following:
	  ○ history of smoking
	  ○ excessive alcohol intake
	  ○ recent intubation
	  ○ recent cardiac
	  ○ thyroid surgery

Category 2 (appointment within 90 days is desirable)	• Recurrent episodes of hoarseness, altered voice in patient with no other risk factors for malignancy
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Neurology history
- CXR results

Additional referral information (Useful for processing the referral)

- Speech pathology assessment results

Other useful information for referring practitioners (Not an exhaustive list)

- Diabetes, gastroesophageal reflux, hypothyroidism, oropharyngeal tumours, lung lesion, recurrent laryngeal nerve damage or chronic rhinosinusitis if indicated
- CXR
- speech pathology assessment if concern about voice quality

Ear Drum Perforation

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• No category 1 criteria
Category 2 (appointment within 90 days is desirable)	• Persistent discharge despite treatment and disabling pain and/or hearing loss significantly limiting quality of life, education, work • Recurrent episodes of discharging ear • Deteriorating hearing
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Diagnostic audiology assessment (highly desirable where available and does not cause significant delay to patient accessing outpatient service)

Additional referral information (Useful for processing the referral)

- Ear swab M/C/S results
- Results of health assessment for Aboriginal and/or Torres Strait Islander People

Other useful information for referring practitioners (Not an exhaustive list)

- If ear discharge is present, swab for M/C/S
- Topical ear medication
- Antibiotics (eardrops or tablets)
- Analgesia
- Keep ear dry
- Review after three months by GP
- Arrange diagnostic audiological assessment

Epistaxis (Recurrent)

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Recurrent epistaxis with no obvious cause • Associated change in sense of smell • Epiphora • Diplopia
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• Recurrent epistaxis on a background of nasal trauma

Essential referral information (Referral may be rejected without this)

- General referral information
- Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment
- Current medication list including any NSAIDS, aspirin or warfarin and anti-hypertensive medication
- Coagulopathy/platelet disorder screening results

Other useful information for referring practitioners (Not an exhaustive list)

- Investigations of coagulopathy, platelet disorder and/or hypertension
- Hypertension management
- Pressure on the nostrils (> 5mins)
- If bleed is visible in Little's area consider cautery with silver nitrate (after applying topical anaesthesia)
- Intranasal packing coated with antibiotic ointment

Facial Nerve Palsy

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Lower motor neuron palsy and any of the following:
	  ○ hearing loss
	  ○ suspected other cranial nerve involvement
	• Lower motor neuron palsy and otalgia and/or otorrhoea
	• Vesicles in tympanic membrane and otalgia and/or otorrhoea
	• Perineural spread from cutaneous SCC with or without sensory changes e.g. tingling, numbness, formiculation

Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Neurology/neurosurgery history
- Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment
- Diagnostic audiology assessment (highly desirable where available and does not cause significant delay to patient accessing outpatient service)

Additional referral information (Useful for processing the referral)

- Fine cut/slice CT scan of temporal bone results

Other useful information for referring practitioners (Not an exhaustive list)

- Oral prednisolone1mg/kg daily for 5 days (max does 80mg per day)
- Consider oral anti virals if indicative of Ramsay Hunt syndrome
- Eye protection from corneal abrasion e.g. lacrilube and tape eye shut nocte
- Consider speech pathology assessment if speech and/or swallowing affected
- Arrange diagnostic audiological assessment
- If facial palsy with otalgia and/or otorrhoea, consider fine cut/slice CT scan of temporal bone to rule out cholesteatoma

Head and Neck Mass (ENT)

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Confirmed head and neck malignancy
	• Suspicious solid mass and any of the following:
	  ○ cystic neck lumps > 6
	  ○ history of smoking
	  ○ history of excessive alcohol intake
	  ○ previous head/neck malignancy

Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- USS +/- CT neck results
- ELFT FBC ESR results

Additional referral information (Useful for processing the referral)

- CT chest +/- FNA results

Other useful information for referring practitioners (Not an exhaustive list)

Consider the following:

- CT or USS of neck, CT chest +/- FNA
- ELFT FBC ESR

Hearing Loss

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Rapid progressive severe unilateral or bilateral sensorineural hearing loss and/or vertigo
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria

Category 3 (appointment within 365 days is desirable)	• Bilateral severe to profound hearing loss and any of the following:
	  ○ poor speech discrimination
	  ○ does not receive adequate benefit from hearing aids
	• Chronic hearing loss - change in symptoms or clinical findings

Essential referral information (Referral may be rejected without this)

- General referral information
- Description of:
  - hearing loss i.e. one or both sides
  - change in hearing loss
- Diagnostic audiology assessment (highly desirable where available and does not cause significant delay to patient accessing outpatient service)

Additional referral information (Useful for processing the referral)

- Information regarding any hearing aids or hearing devices and communication mode utilised by the patient e.g. Auslan
- Speech discrimination testing
- Any previous audiology assessment results

Other useful information for referring practitioners (Not an exhaustive list)

- Cerumen dissolving drops and possible suction or irrigation
- Oral decongestant, Valsalva manoeuvres and re-evaluate after 3 weeks
- Arrange diagnostic audiological assessment
- For hearing aid wearers, refer to their local hearing aid provider to ensure optimal hearing aid fitting

Nasal Fracture (Acute)

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Acute nasal fracture requiring surgical intervention i.e. external bone displacement (Best results for acute nasal fracture are achieved within 2 weeks from time of injury) NB Referrer contact needs to be made promptly by either emergency department referral or direct contact with the ENT service
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Mechanism of injury

Other useful information for referring practitioners (Not an exhaustive list)

- All acute nasal fractures that don't need to go straight to emergency are category 1 and should ideally be assessed by a specialist in a 5-7 day timeframe
- Exclude septal haematoma
- Cool compress to reduce swelling
- Analgesia
- Re-evaluate at 3-4 days to ensure nose looks normal and breathing is normal

Obstructive Sleep Apnoea (OSA)

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• No category 1 criteria
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• Upper airway obstruction due to tonsillar hypertrophy • Moderate to severe symptoms (e.g. Epworth Sleepiness Scale > 15) and a positive sleep study • Failure of CPAP therapy due to patient anatomical factors e.g. nasal obstruction/deviated septum, tongue size/upper airway anatomy, mandibular anatomy

Essential referral information (Referral may be rejected without this)

- General referral information
- Epworth Sleepiness Scale results
- BMI

Additional referral information (Useful for processing the referral)

- Recent polysomnography (PSG) results

Other useful information for referring practitioners (Not an exhaustive list)

- Long-term intranasal steroids (mometasone) if no contraindications
- Manage allergies
- If BMI > 30 manage weight loss
- Epworth Sleepiness Scale
- Consider Sleep Studies for evaluation, PSG and consideration/trial of CPAP
- If patient has an under bite, refer to a dentist for a mandibular advancement splint

Oropharyngeal Lesions

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Suspicious oropharyngeal (lip, tongue, hard/soft palate, uvula, floor of mouth) lesion or mass with any of the following:
	  ○ leukoplakia
	  ○ ulceration
	  ○ pain
	  ○ bleeding
	  ○ discharge
	• Non healing oropharynx ulcer for > 2/52

Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information

Additional referral information (Useful for processing the referral)

- History of:
  - smoking
  - chewing tobacco
  - chewing beetle nut
  - alcohol
  - any sharp/chipped teeth
- FBC results

Other useful information for referring practitioners (Not an exhaustive list)

- Please do not perform biopsy or FNA
- If bleeding significant, check FBC

Primary Parathyroid Adenoma

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Primary parathyroid adenoma identified on imaging with raised serum calcium and/or raised PTH
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- ELFT FBC results
- Serum calcium and PTH results
- Thyroid/parathyroid USS results

Additional referral information (Useful for processing the referral)

- Sestamibi parathyroid scintigraphy results

Other useful information for referring practitioners (Not an exhaustive list)

NB If imaging results are not suggestive of a primary parathyroid adenoma, refer to endocrinology

Rhinosinusitis (Acute)

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Failed antibiotic treatment/not responding to maximal medical management
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria NB referral is not indicated for mild acute rhinosinusitis

Essential referral information (Referral may be rejected without this)

- General referral information
- Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment

Other useful information for referring practitioners (Not an exhaustive list)

- Medical management
    - Treat any acute bacterial infection appropriately (10 day course of Augmentin duo forte)
    - 5 days only of BD nasal decongestant spray e.g. oxymetazoline at the start of the course
    - 3 months of:
        - oral roxithromycin 300mg daily
        - intra nasal steroid spray e.g. mometasone BD for 2 weeks, then nocte thereafter
        - intra nasal saline rinse/irrigation (not spray) BD-TDS
- If rhinorrhoea is the predominant symptom add either atrovent spray or second generation antihistamine
- Consider short course of oral corticosteroid therapy
- If symptoms persist at close of treatment, consider CT para nasal sinuses
- Analgesia
- Manage environmental factors:
    - co-existing allergies
    - discuss contribution of smoking
- Discuss role of environmental and household pollutants (wood/coal smoke, incense, perfumes, chlorine)

Rhinosinusitis (Chronic/Recurrent)

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• No category 1 criteria
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable**)**	• Chronic and recurrent: persistent symptoms > 8 weeks, and/or > 3 episodes per year • Failed/not responding to maximal medical management • Complicated sinus disease (extra sinus extension, suggestive of fungal disease

Essential referral information (Referral may be rejected without this)

- General referral information
- Frequency of episodes
- Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment
- CT para nasal sinuses post full course of medical management

Other useful information for referring practitioners (Not an exhaustive list)

- Medical Management
    - Treat any acute bacterial infection appropriately (10 day course of Augmentin duo forte)
    - 5 days only of BD nasal decongestant spray e.g. oxymetazoline at the start of the course
- 3 months of:
    - oral roxithromycin 300mg daily
    - intra nasal steroid spray e.g. mometasone BD for 2 weeks, then nocte thereafter
    - intra nasal saline rinse/irrigation (not spray) BD-TDS
- If rhinorrhoea is the predominant symptom add either atrovent spray or second generation antihistamine
- Consider short course of oral corticosteroid therapy
- If symptoms persist at close of treatment, consider CT para nasal sinuses
- Analgesia
- Manage environmental factors:
    - co-existing allergies
    - discuss contribution of smoking
- Discuss role of environmental and household pollutants (wood/coal smoke, incense, perfumes, chlorine)

Salivary Tumour

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Confirmed or suspected tumour or hard mass in the salivary glands
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- USS +/- CT results

Additional referral information (Useful for processing the referral)

- FNA results

Other useful information for referring practitioners (Not an exhaustive list)

- USS +/- CT
- FNA

Sialolithiasis (Salivary Stones)

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Acute salivary gland inflammation which fails to respond to oral antibiotics within 1 week
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• Symptomatic salivary stones and/or recurrent symptoms that fail to respond to non-invasive treatment

Essential referral information (Referral may be rejected without this)

- General referral information
- XR or USS results

Additional referral information (Useful for processing the referral)

- M/C/S results

Other useful information for referring practitioners (Not an exhaustive list)

- Non-invasive management of small stones:
    - hydration, moist heat therapy, NSAIDs, have the patient take citrus fruits to promote salivation/ spontaneous expulsion of stone
    - consider XR or USS
    - consider M/C/S

Thyroid Mass

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• Cytology confirmed malignancy or suspicious FNA or dominant nodule > 4cm on USS • Compressive symptoms e.g. dyspnoea, hoarseness or dysphagia
Category 2 (appointment within 90 days is desirable)	• Generalised thyroid enlargement without compressive symptoms • Recurrent thyroid cysts
Category 3 (appointment within 365 days is desirable)	• Surveillance of known benign thyroid lumps > 40mm in diameter

Essential referral information (Referral may be rejected without this)

- General referral information
- USS +/- FNA results
- TSH and T4 results

Other useful information for referring practitioners (Not an exhaustive list)

Consider the following:

- USS +/- FNA
- TSH and T4
- Speech pathology referral for swallowing assessment if concerned about dysphagic or dysphonic symptoms

Tinnitus

Minimum Referral Criteria	

Category 1
(appointment within 30 days is desirable)
	• Recent onset unilateral tinnitus and any of the following:
	  ○ vertigo
	  ○ hearing loss
	  ○ otalgia
	  ○ otorrhoea
	• Recent onset unilateral or bilateral pulsatile tinnitus or disabling tinnitus i.e.
	  ○ vertigo
	  ○ hearing loss
	  ○ balance disturbance
	• Follow up of recent barotrauma event (air flight, diving or blast injury)
	• At the recommendation of local audiologist (highlighting the clinical concerns along with previous audiological report/results)

Category 2 (appointment within 90 days is desirable)	• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	• Chronic bilateral NB Referral is not indicated unless tinnitus is disabling or associated with hearing loss, aural fullness and/or discharge or vertigo

Essential referral information (Referral may be rejected without this)

- General referral information
- Description of:
  - onset, duration frequency and quality
  - functional impact of tinnitus
  - any associated hearing/balance symptoms
  - any intervention and its effect
  - past history of middle ear disease/surgery
- Diagnostic audiology assessment (highly desirable where available and does not cause significant delay to patient accessing outpatient service)

Additional referral information (Useful for processing the referral)

- Private MRI to exclude acoustic neuroma in unilateral tinnitus
- Mechanism of injury (barotrauma)

Other useful information for referring practitioners (Not an exhaustive list)

- Patients with acute barotrauma should be sent to emergency
- If cerumen present, use dissolving drops and irrigation or suction if available
- Arrange diagnostic audiological assessment/tinnitus assessment
- Patient education/tinnitus management advice
- Consider private MRI to exclude acoustic neuroma in unilateral tinnitus
- Chronic tinnitus - as above, and:
    - private audiology for masking hearing aid
    - consider cognitive behavioural therapy
    - private audiology for hearing aid if hearing loss present
    - public/private audiology for patient education/tinnitus management advice

Tonsillitis (Recurrent)

Minimum Referral Criteria	
Category 1 (appointment within 30 days is desirable)	• No category 1 criteria
Category 2 (appointment within 90 days is desirable)	• No category 2 criteria

Category 3
(appointment within 365 days is desirable)
	• Chronic or recurrent infection with fever/malaise and decreased PO intake and any of the following:
	  ○ 4 or more episodes in the last 12 months
	  ○ 6 or more episodes in the last 24 months
	  ○ sleep apnoea due to tonsillar hypertrophy
	  ○ tonsillar concretions with halitosis
	  ○ absent from work/university/college for 4 weeks in a year

Essential referral information (Referral may be rejected without this)

- General referral information
- The number and timeframe of previous episodes
- The degree of systemic upset
- Previous antibiotic prescriptions
- Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment
- Please advise if taking any anticoagulant medication, including aspirin and fish oil, and any family history of coagulation disorder in referral

Other useful information for referring practitioners (Not an exhaustive list)

- Manage acute episodes
- Analgesia
- Antibiotics
- Fluids
- Throat gargle
- Rest
- Consider monospot test for glandular fever