# ENT/Otolaryngology
# Specialist Clinic Referral Guidelines

AlfredHealth

**The impact of COVID-19 has resulted in high demand for specialist clinic consultations. If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.**

**If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.**

**Please fax referrals to The Alfred Specialist Clinics on 9076 6938.** **The Alfred Specialist Clinics Referral Form** is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service. Advice regarding referral for specific conditions to the Alfred ENT/Otolaryngology Service can be found here.

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

Notification will be sent when the referral is received. The referral may be declined if it does not contain essential information required for triage, if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

**Referral to Victorian public hospitals is not appropriate for:**

- Nasal fracture where the nose in not bent, or there is no new deformity, or there is no obstruction
- Halitosis without other symptoms
- Patients with chronic rhinosinusitis who have not had three months of intranasal steroid and nasal lavage treatment
- Patients with headaches who have a normal CT scan which has been performed when the patient has symptoms – refer to Headache Clinic or dentist as appropriate
- Symmetrical, gradual onset or age-related hearing loss
- Waxy ear discharge
- Recurrent tonsillitis if the patient is not willing to have surgical treatment
- Non-bacterial thyroiditis
- Uniform, enlarged thyroid gland suggestive of thyroiditis without other symptoms
- Bilateral, symmetrical tinnitus with a normal audiogram

**The following conditions are not routinely seen at Alfred Health:**

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age
- Cosmetic surgery other than those meeting the specific indications outlined in the Victorian Department of Health Aesthetic Procedures and indications for surgery in Victorian public health services.
- Snoring without sleep apnoea: sleep study must be performed prior to referral – refer to General Respiratory and Sleep Medicine.
- Allergic or vasomotor rhinitis – refer to Asthma, Allergy and Clinical Immunology.
- Septal deviation without nasal obstruction
- Post nasal drip with intermittent nasal obstruction

**Please include in the referral:**

| | |
|---|---|
| **Demographic details:**<br>• Date of birth<br>• Patient's contact details including mobile phone number<br>• Referring GP details<br>• Interpreter requirements<br>• Medicare number | **Clinical information:**<br>• Reason for referral<br>• Duration of symptoms<br>• Relevant pathology and imaging reports<br>• Past medical history<br>• Current medications |

Please refer to the Department of Health and Human Services (DHHS) Statewide Referral Criteria for Specialist Clinics for further information when referring to ENT specialist clinics in public hospitals.

Some clinics offer an MBS-billed service. There is no out of pocket expense to the patient. MBS-billed services require a current referral to a named specialist – please provide the patient with a 12-month referral addressed to the chosen specialist. Please note that the patient may be seen by another specialist in that clinic in order to expedite treatment.
The times to assessment may vary depending on size and staffing of the hospital department.

**If there is a concern about the delay of the appointment, any deterioration in the patient's condition, or if an urgent specialist opinion is required, please contact the ENT Registrar on call on 9076 2000.**

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## Recurrent tonsillitis

DHHS Statewide referral criteria apply for this condition.

**Direct to the Emergency Department for:**

- Abscess or haematomas (e.g. peritonsillar abscess or quinsy)
- Acute tonsillitis with:
  - Difficulty in breathing
  - Unable to tolerate oral intake
  - Uncontrolled fever.
- Post-operative tonsillar haemorrhage.

**Criteria for referral to public hospital specialist clinic services:**

- Chronic or recurrent infection with fever or malaise and decreased oral intake and any of the following:
  - Four or more episodes in the last 12 months
  - Six or more episodes in the last 24 months
  - Tonsillar consecrations with halitosis
  - Absent from work or studies for four or more weeks in a year.
- Suspicious unilateral tonsillar solid mass with or without ear pain.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- History of tonsillitis episodes and response to treatment
- If the patient is taking anticoagulant, or any other medicine that may reduce coagulation, or if there is a family history of coagulation disorder.

**Additional comments:**

Please include the essential demographic details and clinical information in the referral.
Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Tonsillitis and sore throat in adults pathway

**Referral to a public hospital is not appropriate for:**

- If the patient is not willing to have surgical treatment
- Halitosis without other symptoms.

## Infectious mononucleosis/viral pharyngitis

**Direct to the Emergency Department and/or immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Airway obstruction, dehydration or failure to cope.

**Evaluation**

**Key Points:**
Throat pain and odynophagia with:

- Fatigue
- Membranous tonsillitis
- Posterior cervical lymphadenopathy
- CBC, mono test

**Management:**

- Supportive care
- Consider systemic steroids if severe dysphagia

**Additional information:**
Please include the essential demographic details and clinical information in the referral.
Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Tonsillitis and sore throat in adults pathway

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## Adenoiditis/hypertrophy

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Associated with sleep apnoea

**Evaluation**

**Key Points:**

- Purulent rhinorrhoea
- Nasal obstruction and/or snoring
- Chronic cough

**Management:**

- Refer if there are persisting symptom and findings after two courses of antibiotics.

**Additional information:**

Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Upper airways obstruction from adenotonsillar hypertrophy

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Referrals that indicate any significant symptoms of upper airway obstruction especially sleep apnoea

**Evaluation**

**Key Points:**

- Nasal obstruction
- Severe snoring and/or sleep apnoea
- Daytime fatigue

**Additional information:**

Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Tonsillar neoplasm

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment.**

**Evaluation**

**Key Points:**

- Progressive enlargement of mass or ulceration in the oral cavity or pharynx.
- Often painless initially but may be pain, odynophagia or dysphagia.

**Additional information:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Hoarse voice (dysphonia)

**Direct to the Emergency Department for:**

- Hoarse voice associated with difficulty in breathing or stridor
- Hoarse voice associated with acute neck or laryngeal trauma.

**Criteria for referral to public hospital specialist clinic services:**

- Persistent hoarseness, or change in voice quality, which fails to resolve in four weeks
- Recurrent episodes of hoarseness, or altered voice, in patients with no other risk factors for malignancy.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- Duration of symptoms.

Provide if available:

- If patient is a professional voice user
- Any of the following:
    - History of smoking
    - Excessive alcohol intake
    - Recent intubation
    - Recent cardiac or thyroid surgery.

**Additional comments:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Hoarse voice (dysphonia)

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## Dysphagia (ENT)

DHHS Statewide referral criteria apply for this condition.

**Direct to the Emergency Department for:**

- Sudden onset of inability to swallow
- Inability to swallow
- Swallowing problems accompanied by difficulty in breathing or stridor
- Difficulty in swallowing caused by a foreign body or solid food.

**Criteria for referral to public hospital specialist clinic services:**

- Oropharyngeal or throat dysphagia with either:
  - Hoarseness
  - Progressive weight loss
  - History of smoking
  - Excessive alcohol intake.
- Progressively worsening oropharyngeal or throat dysphagia
- Inability to swallow with drooling or pooling of saliva.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- History of symptoms over time
- History of smoking
- History of excessive alcohol intake.

**Additional comments:**
Please include the essential demographic details and clinical information in the referral.

Referrals for oesophageal dysphagia should be directed to The Alfred Oesophago-gastric and Bariatric Surgery service.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Dysphagia pathway

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## Neck mass or lumps

DHHS Statewide referral criteria apply for this condition.

**Direct to the Emergency Department for:**

- Sudden or new mass or lump associated with difficulty in breathing or swallowing
- Sialadenitis with difficulty in breathing
- Ludwig's angina (cellulitis of the floor of the mouth)

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Acute inflammatory neck mass with redness, pain or increased swelling.

**Criteria for referral to public hospital specialist clinic services:**

- Confirmed head and neck malignancy
- New suspicious solid mass, or cystic neck lumps, present for more than four weeks
- New suspicious solid mass, or cystic neck lumps, in patents with a previous head / neck malignancy
- Sialadenitis.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- CT scan of neck, with contrast where appropriate (preferred) or ultrasound.

**Provide if available**

Any of the following:

- History of smoking
- Excessive alcohol intake
- Full blood count
- Fine needle aspiration biopsy.

**Additional comments:**

Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Neck lumps in adults pathway

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## Thyroid mass

DHHS Statewide referral criteria apply for this condition.

**Direct to the Emergency Department for:**

- Thyroid mass with difficulty in breathing or with bleeding from the nodule.

**Criteria for referral to public hospital specialist clinic services:**

- Suspected or confirmed malignancy
- Compressive symptoms:
  - Changing voice
  - Difficulty in breathing
  - Dysphagia
  - Suspicious dominant nodules or compressive neck nodes.
- Generalised thyroid enlargement without compressive symptoms
- Recurrent thyroid cysts
- An increase in the size of previously identified benign thyroid lumps > 1cm in diameter.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- Ultrasound with, or without, fine needle aspiration results
- Thyroid stimulating hormone (TSH) and free thyroxine (T4) results.

**Additional comments:**

Please include the essential demographic details and clinical information in the referral.

Referrals for patients with hyperthyroidism should be directed to The Alfred Endocrinology clinic. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Thyroid nodules pathway

**Referral to a public hospital is not appropriate for:**

- Non-bacterial thyroiditis
- Uniform, enlarged gland suggestive of thyroiditis without other symptoms.

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## Salivary gland disorder or mass

DHHS Statewide referral criteria apply for this condition.

**Direct to the Emergency Department for:**

- Salivary abscess associated with:
  - Swelling in the neck
  - Difficulty in breathing.

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Acute salivary gland inflammation unresponsive to treatment
- Sialadenitis in immunocompromised patients, or facial nerve palsy.

**Criteria for referral to public hospital specialist clinic services:**

- Confirmed or suspected tumour or solid mass in the salivary gland
- Symptomatic salivary stones with recurrent symptoms unresponsive to treatment.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- History of symptoms
- Location of site(s) of mass
- History of skin cancers removed
- History of smoking.

Provide if available:

- Ultrasound results
- CT scan results.

**Additional comments:**

Please include the essential demographic details and clinical information in the referral.
Referrals for patients with mumps or patients with HIV with bilateral symptoms should be directed to The Alfred Infectious Diseases clinic.
Referrals for patients with Sjogren's syndrome should be directed to The Alfred Rheumatology service.
Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.
Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Salivary gland disorders pathway

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## Epistaxis – persistent or recurrent

**Direct to the Emergency Department for:**

- Bleeding in the posterior.
- If bleeding persists.

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Recurring bleeding.

**Evaluation**

**Key Points:**

- Determine whether bleeding is unilateral or bilateral
- Determine whether bleeding is anterior or posterior
- Determine if coagulopathy, platelet disorder or hypertension is present
- Medications – NSAIDS, aspirin, Warfarin

**Management:**

Immediate control may occur with:

- Pressure on the nostrils (>5 mins)
- If bleeder is visible in Little's area consider cautery with silver nitrate (after applying topical anaesthesia) using firm pressure for 60 seconds

Intranasal packing coated with antibiotic ointment only by skilled person with good equipment

**Additional information:**

Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Rhinosinusitis

DHHS Statewide referral criteria apply for this condition.

**Direct to the Emergency Department for:**

- Complicated sinus disease with:
  - orbital and / or neurological signs
  - severe systemic symptoms
  - periorbital oedema or erthyema
  - altered visual acuity, diplopia, or reduced eye movement.

**Criteria for referral to public hospital specialist clinic services:**

- New and persistent unilateral nasal obstruction present for more than four weeks
- Rhinosinusitis that has not responded to three months of intranasal steroid and nasal lavage treatment.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- Presence of epistaxis
- Details of previous medical management including the course of treatment (e.g. intranasal steroid, nasal lavage or antibiotics) and outcome of treatment.

**Additional comments:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Rhinosinusitis pathway

**Referral to a public hospital is not appropriate for:**

- Patients with headaches who have a normal CT scan which has been performed when the patient has symptoms
- Patients who have not had three months of intranasal steroid and nasal lavage treatment.

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## Facial pain

**Referrals can be indicated for:**

- Persisting facial pain/headache/migraine
- Options may include dental or neurological assessment.

**Evaluation**

**Key Points:**

- May be an isolated symptom or may be associated with significant nasal congestion or discharge.
- Potential relations to intranasal deformity, sinus pathology, dental pathology, TMJ dysfunction, altered V nerve function and skull base lesions.
- Consider CT scan or MRI.

**Management:**

- If there is evidence of acute sinusitis treat with appropriate antibiotics.

**Additional information:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Allergic rhinitis/vasomotor rhinitis

**Evaluation**

**Key Points:**

- Symptoms – seasonal or perennial:
    - Congestion esp. alternating
    - Watery discharge
    - Sneezing fits
    - Watery eyes
    - Itchy eyes and/or throat
    - Physical examination:
    - Boggy, swollen, bluish turbinates
    - Allergic shiners
    - Allergic “salute”

**Management:**

- Avoidance
- Skin prick testing or RAST testing
- Topical steroid sprays
- Antihistamines
- Oral steroids up to 10/7
- For acute cases consider five days nasal decongestants
- Avoid prolonged use of decongestants due to risk of rhinitis medicamentosa

**Additional information:**
Please include the essential demographic details and clinical information in the referral.

Please refer to Asthma, Allergy & Clinical Immunology clinic.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Nasal fracture

DHHS Statewide referral criteria apply for this condition.

**Direct to the Emergency Department for:**

- Acute nasal fracture with septal haematoma.
- A new injury where the nose is bent, there is a compound fracture or epistaxis that fails to settle.

Please refer within a week of the injury and indicate the date and mechanism of the injury.

**Additional comments:**
Please include the essential demographic details and clinical information in the referral.

As patients with an acute nasal fracture should be referred to an appropriate emergency department for ENT assessment; public hospital specialist clinics should not receive any referrals for this presenting problem.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Nasal fracture pathway

**Referral is not appropriate for:**
The nose is not bent, or there is no new deformity, or there is no obstruction.

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## Nasal foreign bodies

**Direct to the Emergency Department for:**

- If foreign body is a battery (due to corrosion)

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Otolaryngology referral for removal.

**Evaluation**

**Key Points:**

- Acute:
  - History alone or visible on examination
- Chronic:
  - Persistent, offensive unilateral nasal discharge in a child

**Management:**

- Do not attempt removal unless experienced and with good equipment.

**Additional information:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Ear foreign bodies

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Otolaryngology referral for removal.

**Evaluation**

**Key Points:**

- Usually visible if acute.

**Management:**

- Remove only if technically easy.

**Additional information:**

Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Obstructive sleep apnoea

DHHS Statewide referral criteria apply for this condition.

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Rapid progression of obstructive sleep apnoea.

**Criteria for referral to public hospital specialist clinic services:**

- Obstructive sleep apnoea with:
  - Nasal obstruction
  - Macroglossia.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- History of symptoms over time and burden of symptoms, sleep quality (especially the story from partner), waking during the night and level of tiredness (including Epworth Sleepiness Score).
- Patient's weight
- If the patient is taking an antidepressant medicine.

Provide if available:

- Recent polysomnography results.

**Additional comments:**
Please include the essential demographic details and clinical information in the referral.

Referrals for other forms of obstructive sleep apnoea should be directed to General Respiratory and Sleep Medicine.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Obstructive Sleep Apnoea (OSA) in adults pathway

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## Discharging ear

DHHS Statewide referral criteria apply for this condition.

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Ear discharge with moderate to severe persistent ear pain, persistent headache, cranial nerve neuropathy or facial palsy
- Malignant otitis externa
- Suspected skull base osteomyelitis
- Cellulitis of the pinna
- Suspected mastoiditis
- Osteitis ear

**Criteria for referral to public hospital specialist clinic services:**

- Non-painful discharging ear for longer than two weeks that fails to settle with treatment.
- Otorrhea clear discharge
- Cholesteatoma.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- Microscopy, culture and sensitivity (MCS) ear swab.

Provide if available:

- History of smoking
- Excessive alcohol intake.

**Additional comments:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Ear discharge in adults pathway

**Referral is not appropriate for:**

- Waxy ear discharge.

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## Acute otitis externa

**Direct to the Emergency Department for:**

- Canal is swollen shut and wick cannot be inserted
- Diabetics, suspected malignancy and immunosuppressed on examination.

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- Cerumen impaction complicating otitis externa
- Patients who are unresponsive to initial course of wick and antibacterial drops.

### Evaluation

**Key Points:**

- Symptoms:
  - Otalgia, significant ear tenderness, swollen external auditory canal +/- hearing loss
- Examination:
  - Ear canal always tender, usually swollen. Often unable to see TM because of debris or canal oedema
  - Swab for organisms/fungi.
- Fungal otitis externa may have spores visible.

**Management:**

- Topical treatment is optimal and systemic antibiotics alone are often insufficient. Systemic Antibiotics indicated when there is cellulitis around the canal.
- Insertion of an expandable wick with topical antibacterial medication useful when the canal is narrowed.
- In fungal otitis externa, thorough cleaning of the canal is indicated, plus topical antifungal therapy (Kenacomb, Locorten-Vioform)
- **NOT** for syringing.

**Additional information:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Otalgia without significant clinical findings in the ear canal or drum

**Immediately contact the ENT registrar on 9076 2000 to arrange an urgent assessment for:**

- If pain persists more than three weeks and aetiology is not identified.

**Key Points:**

- Symptoms:
  - Ear pain without tenderness or swelling
  - Examination
  - Normal ear canal and TM
  - Type A Tympanogram
- NOTE: Mastoiditis in the presence of a normal drum and without previous infection is almost impossible.

**Management:**

- Requires a diagnosis and appropriate treatment.
- Possible aetiologies include TMJ syndrome; neck dysfunction; referred pain from dental pathology, tonsil disease, sinus pathology and head and neck malignancy, particularly tonsil/hypopharynx/larynx.

**Additional information:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Bilateral or symmetrical hearing loss

DHHS Statewide referral criteria apply for this condition.

**Direct to the Emergency Department for:**

- Sudden onset hearing loss in the absence of clear aetiology
- Sudden hearing loss due to trauma or vascular event
- Sudden, profound hearing loss.

**Criteria for referral to public hospital specialist clinic services:**

- Asymmetrical hearing loss with significant impact on the patient
- Sensorineural hearing loss confirmed by diagnostic audiology assessment
- Symmetrical hearing loss caused by ototoxic medicine(s).

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- Results of diagnostic audiology assessment.

Provide if available:

- Description of hearing loss or change in hearing.

**Additional comments:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Asymmetrical sensorineural hearing loss pathway

**Referral is not appropriate for:**

- Symmetrical gradual onset hearing loss
- Symmetrical age-related hearing loss
- Patients with a normal audiogram.

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## Tinnitus

DHHS Statewide referral criteria apply for this condition.

**Criteria for referral to public hospital specialist clinic services:**

- Recent onset of unilateral tinnitus
- Pulsatile tinnitus present for more than six months.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- Results of diagnostic audiology assessment.

**Additional comments:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Tinnitus pathway

**Referral is not appropriate for:**

- Patients with a normal audiogram.

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## Vertigo (ENT)

DHHS Statewide referral criteria apply for this condition.

**Direct to the Emergency Department for:**

- Sudden onset debilitating vertigo where the patient is unsteady on their feet or unable to walk without assistance
- Barotrauma with sudden onset vertigo, or symptoms suggestive of stroke or transient ischaemic attacks.

**Criteria for referral to public hospital specialist clinic services:**

- Vertigo that has not responded to vestibular physiotherapy treatment.

**Information to be included in the referral.**

Information that **must** be provided in the referral:

- Results of diagnostic vestibular physiotherapy assessment or Epley manoeuvre
- Results of diagnostic audiology assessment
- Onset, duration, nature and frequency of vertigo.

Provide if available:

- Description of any of the following:
  - Functional impact of vertigo
  - Any associated otological or neurological symptoms
  - Any previous diagnosis of vertigo (attach correspondence)
  - Any treatments (medication or other) previously tried, duration of trial and effect
  - Any previous investigations or imaging results
  - Hearing or balance symptoms
  - Past history of middle ear disease or surgery.
- History of any of the following:
  - Cardiovascular problems
  - Neck problems
  - Neurological
  - Auto immune conditions
  - Eye problems
  - Previous head injury.

**Additional comments:**

Please include the essential demographic details and clinical information in the referral. Chronic or episodic vertigo and vertigo with other neurological symptoms should be directed to The Alfred Neurology service. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

Please consult SEMPHN Pathways to assist assessment, management and referral guidance for this condition:

- Vertigo (dizziness) pathway

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## Orthostatic dizziness

**Contact the ENT registrar on 9076 2000 to arrange an assessment:**

- If atypical or associated with other symptoms.

**Evaluation**

**Key Points:**

- Symptoms:
  - Mild, brief and only on standing up (usually am)
  - Review medications

**Management:**

- Evaluate cardiovascular system, reassurance

**Additional information:**
Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## Facial paralysis

**Direct to the Emergency Department if:**

- Otologic cause is suspected.

**Evaluation**

**Key Points:**

- Weakness or paralysis of movement of all (or some) of the face
- May be associated with otalgia, otorrhoea, vesicles, parotid mass or tympanic membrane abnormality

**Management:**

- Protection of the eye from a corneal abrasion is paramount. Apply Lacrilube and tape the eye shut at night.
- Steroid therapy may be initiated if no associated findings
- Consider anti-viral treatment

**Additional information:**

Please include the essential demographic details and clinical information in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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## THE ALFRED REFERRAL GUIDELINES
### RESPIRATORY & SLEEP MEDICINE

## Epworth Sleepiness Score

How likely are you to doze off in the following situations?

| | | would never doze | slight chance of dozing | moderate chance of dozing | high chance of dozing | Your Score |
|---|---|---|---|---|---|---|
| a | Sitting and reading | **0** | **1** | **2** | **3** | |
| b | Watching television | **0** | **1** | **2** | **3** | |
| c | Sitting inactive in a public place (eg Meeting, theatre) | **0** | **1** | **2** | **3** | |
| d | As a passenger in a car for an hour without a break | **0** | **1** | **2** | **3** | |
| e | Lying down in the afternoon if you have the opportunity | **0** | **1** | **2** | **3** | |
| f | Sitting and talking to someone | **0** | **1** | **2** | **3** | |
| g | Sitting quietly after lunch without alcohol | **0** | **1** | **2** | **3** | |
| h | Driving a car, while stopped for a few minutes in traffic | **0** | **1** | **2** | **3** | |
| | | **Total Sleepiness Score:** | | | | |