

Specialist Clinic Referral Guidelines

ENT/Otolaryngology

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.

To refer your patient to Specialist Outpatient ENT/Otolaryngology clinics

Please send your referral to Alfred Specialist Clinics via **Consultmed eReferral**. To log in or create a free **Consultmed account** click [here](#).

Alfred Health's preference is for all referrers to utilise eReferral; however, referrals can be sent via fax to (03) 9076 6938, or email to op.referrals@alfred.org.au whilst we transition our services to this secure platform.

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

Please note a 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.

The clinical information provided in the referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment. Waiting times to scheduled appointments vary across clinics and are impacted by factors including clinic demand, capacity and staffing. You can view waiting times to scheduled appointments for urgent and routine referrals [here](#).

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Referral to Victorian public hospitals is not appropriate for:

- Nasal fracture where the nose is 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

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Please include in the referral:

Demographic details: <ul style="list-style-type: none"> • Date of birth • Patient's contact details including mobile phone number • Referring GP details • Interpreter requirements • Medicare number 	Clinical information: <ul style="list-style-type: none"> • Reason for referral • Duration of symptoms • Relevant pathology and imaging reports • Past medical history • Current medications
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Please refer to the Department of Health and Human Services (DH) [Statewide Referral Criteria for Specialist Clinics](#) for further information when referring to ENT specialist clinics in public hospitals.

Some clinics offer private consultations in public rooms. If the patient chooses to be seen as a private patient, **please provide a referral to a named specialist** to comply with MBS billing requirements. There is no out-of-pocket cost to the patient. Please note the patient may be seen by another consultant in that clinic to expedite their care.

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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Nose and sinus

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Recurrent tonsillitis

Department of Health [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 concretions 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.

Referral to a public hospital is not appropriate for:

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

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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.

Information to be included in the referral

Throat pain and odynophagia with:

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

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.

Management:

- Supportive care
- Consider systemic steroids if severe dysphagia

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Adenoiditis/hypertrophy

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

- Associated with sleep apnoea

Information to be included in the referral

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

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.

Management:

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

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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

Information to be included in the referral

- 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.

Information to be included in the referral

History:

- 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)

Department of Health [Statewide referral criteria](#) apply for this condition.

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.

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Dysphagia (ENT)

Department of Health [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.

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Neck mass or lumps

Department of Health [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 patients 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.

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Thyroid mass

Department of Health [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.

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

Department of Health [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.

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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.

Information to be included in the referral

- 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

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.

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

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Rhinosinusitis

Department of Health [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 erythema
 - 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.

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

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

Information to be included in the referral

- 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.

Provide If available:

- Consider CT scan or MRI.

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.

Management:

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

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Allergic rhinitis/vasomotor rhinitis

Information to be included in the referral

- 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”

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.

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

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Nasal fracture

Department of Health [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.

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.

Information to be included in the referral

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

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.

Management:

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

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Obstructive sleep apnoea

Department of Health [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.

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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.

- Usually visible if acute.

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.

Management:

- Remove only if technically easy.

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Discharging ear

Department of Health [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.

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.

Information to be included in the referral

- Symptoms:
 - Ootalgia, 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.

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.

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.

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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.

Evaluation

Information to be included in the referral

- Symptoms:
 - Ear pain without tenderness or swelling
 - Examination
 - Normal ear canal and TM
 - Type A Tympanogram

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.

Management:

NOTE: Mastoiditis in the presence of a normal drum and without previous infection is almost impossible.

- 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.

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Bilateral or asymmetrical hearing loss

Department of Health [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.

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

Department of Health [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.

Referral is not appropriate for:

- Patients with a normal audiogram.

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Vertigo (ENT)

Department of Health [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.

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Orthostatic dizziness

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

- If atypical or associated with other symptoms.

Information to be included in the referral

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

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.

Management:

- Evaluate cardiovascular system, reassurance

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Facial paralysis

Direct to the Emergency Department if:

- Otologic cause is suspected.

Information to be included in the referral

- 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

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.

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

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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:				