Hull University Teaching Hospitals NHS Trust

HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST

GUIDELINES FOR THE MANAGEMENT OF COMMON ENT CONDITIONS IN PRIMARY CARE

V1.0

CONTENTS

INTRODUCTION

This guidance is intended to inform initial management of common Ear, Nose and Throat conditions and has been developed as a consensus between representatives from primary and secondary care, with reference to national guidelines, including from NICE and SIGN.

It is intended to guide clinical management, but every patient should be assessed and managed individually.

This guideline is intended for all clinicians in the Hull and East Riding communities involved in managing patients with ENT conditions.

PATIENT INFORMATION

All patients are directed to the relevant information portals regarding any diagnosis or treatment modality. Examples of information provided to patients are found on the following links below:

- Link to Hull University Teaching Hospitals NHS Trust Patient Leaflets Portal https://www.hey.nhs.uk/patients-and-visitors/patient-leaflets/?wpv-pl-category=ent&wpv_aux_current_post_id=54&wpv_view_count=173-TCPID54
- Link to ENT UK Patient Information Portal https://www.entuk.org/patient-information-leaflets-1
- Link to the British Snoring and Sleep Apnoea website at www.britishsnoring.co.uk

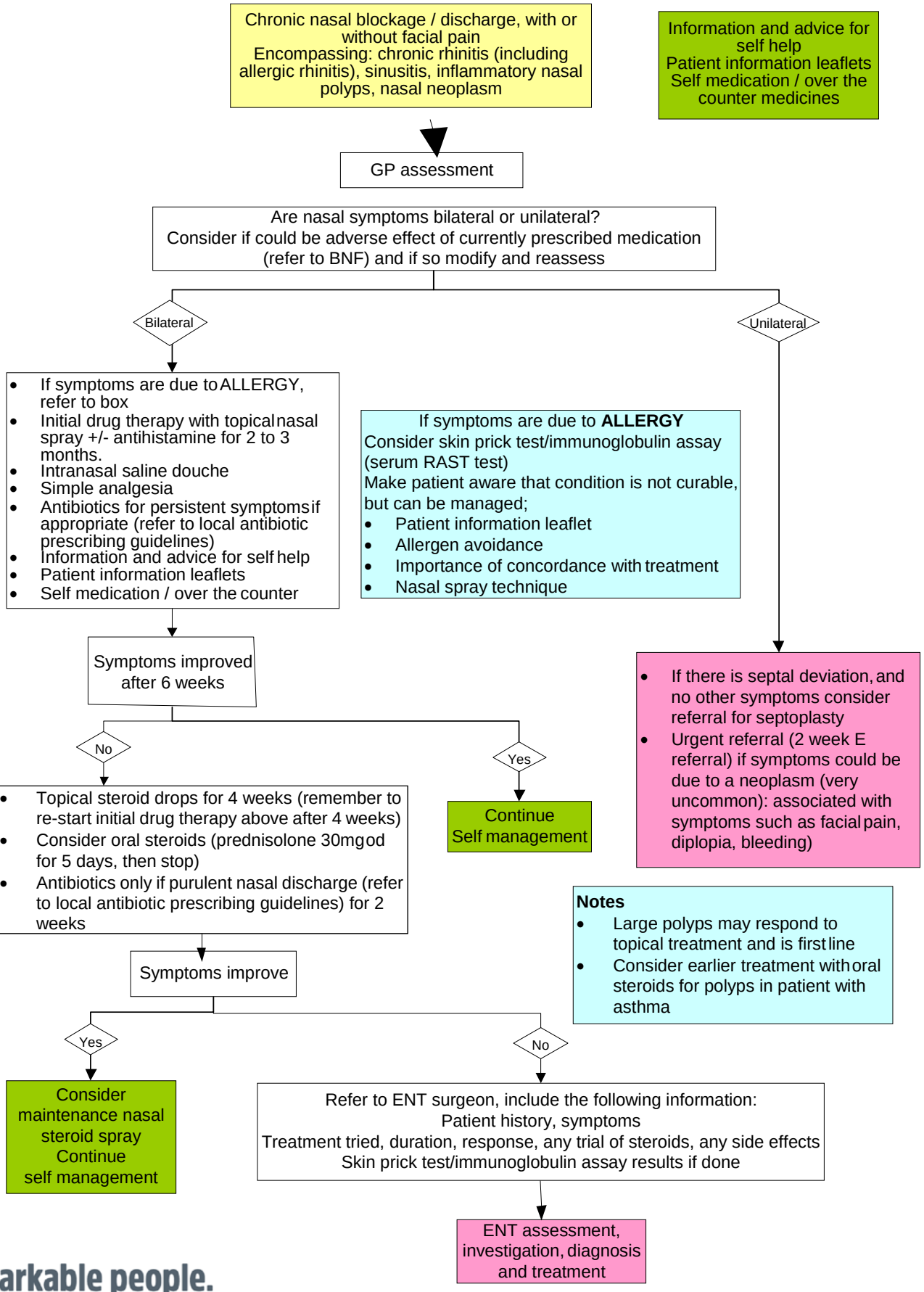
HOW TO USE THE GUIDELINE

The guideline is a set of flow charts covering a variety of ENT conditions. Each of these can be printed and laminated for easy reference if preferred. The BNF and the Local Formularies should be referred to as appropriate.

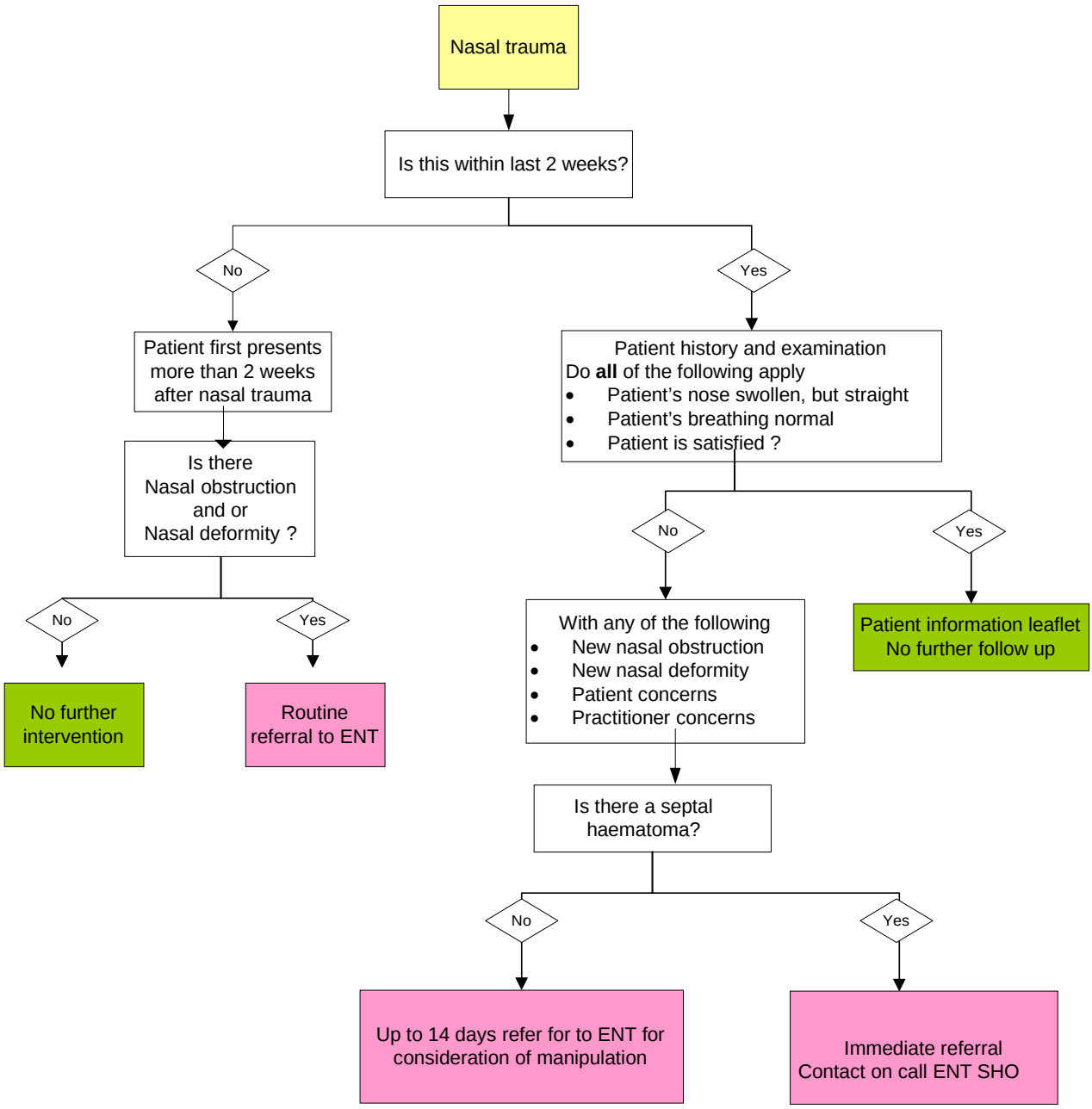
**Referrals*

Where a referral to ENT is recommended in the guideline, referrals can be made to ENT at Hull University Teaching Hospitals NHS Trust which operates from a number of locations across the catchment area. The main provider for ENT services in adult and paediatric ENT is Castle Hill Hospital, Cottingham. All other locations are made available to the primary care colleagues when making the referral.

Nasal Blockage / Discharge +/- Facial Pain in Adults

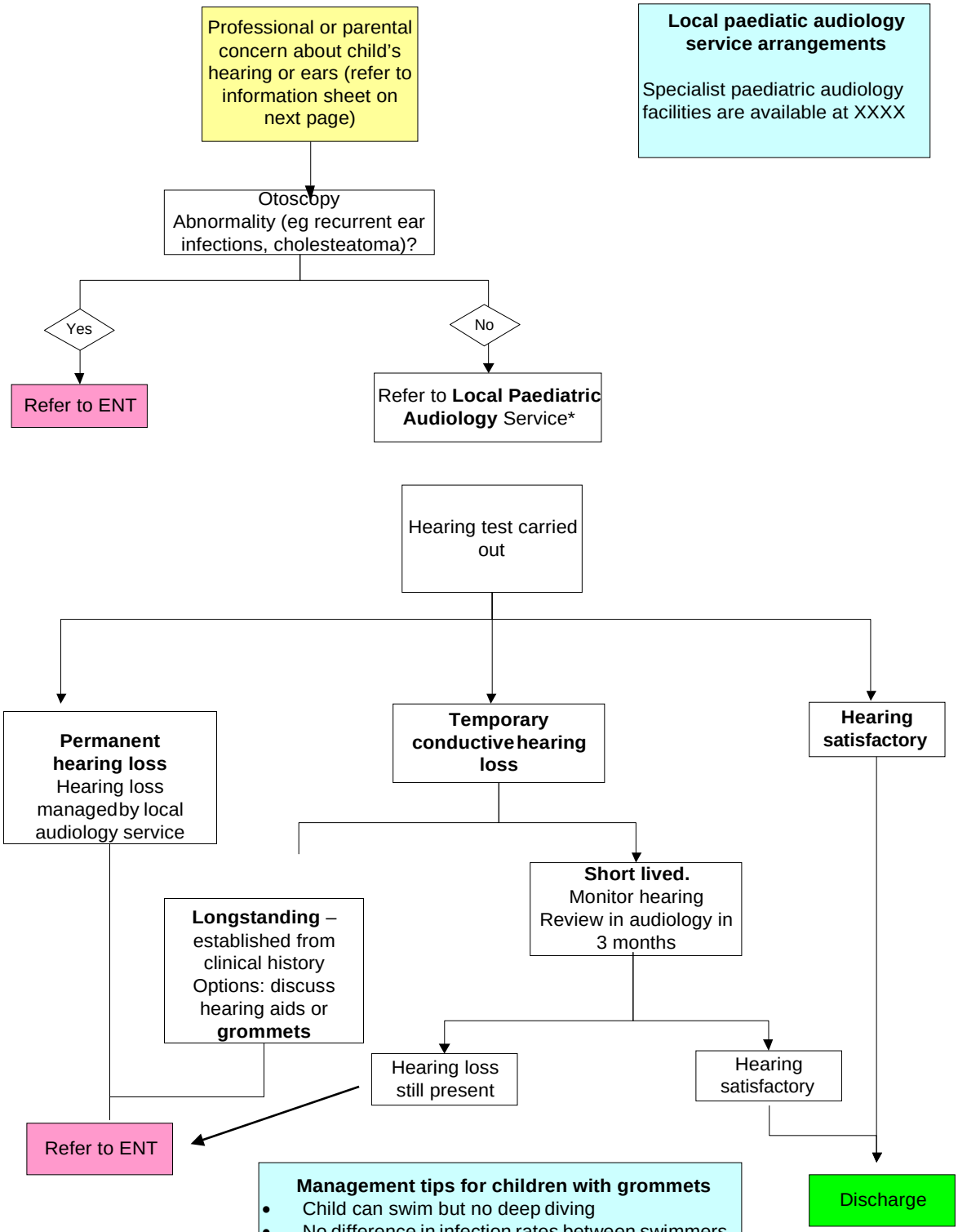


Nasal Trauma (Adults)



Discharge with advice for on-going management in primary care, including management of any recurrences

Hearing Problems in Children



Guidelines for Paediatric Referrals to Audiology

(Please use these guidelines for making a referral for a hearing assessment)

- **Parental or professional concern about an infant's hearing, or development of auditory or vocal behaviour, should always be taken seriously.**

Genuine concern can be determined by asking the following questions:

1. Is the child able to follow age appropriate instructions when spoken to, in a normal voice, from behind or out of sight. See appendix for checklist for reaction to sounds for a baby <1year old.
2. Is the child's babbling or speech and language age appropriate? Refer to checklist on page 37 of parent child health record (PCHR) to establish if there is speech and language delay. See appendix for checklist for making sounds.

If there is concern after ascertaining the above information then consider immediate referral to Audiology.

General Information

- Children are routinely offered a newborn hearing screen at <3 months old. Results can be found in the PCHR and on the child health information system.
- School hearing screening is no longer being offered in some local areas. Therefore do not delay and refer immediately if there is genuine concern about the hearing.
- If a recent fluctuating hearing loss is reported consider monitoring the hearing for < 3 months prior to referral.
- If the child has repeated ear infections refer to ENT, not audiology.

Other criteria used for referral to Audiology are:

- Confirmed or strongly suspected bacterial meningitis, or meningococcal septicaemia
- Temporal bone fracture
- Severe unconjugated hyperbilirubinaemia

Although the clinician in charge is responsible for referring the above, it is important to be aware when a hearing assessment is required.

Referral Procedure:

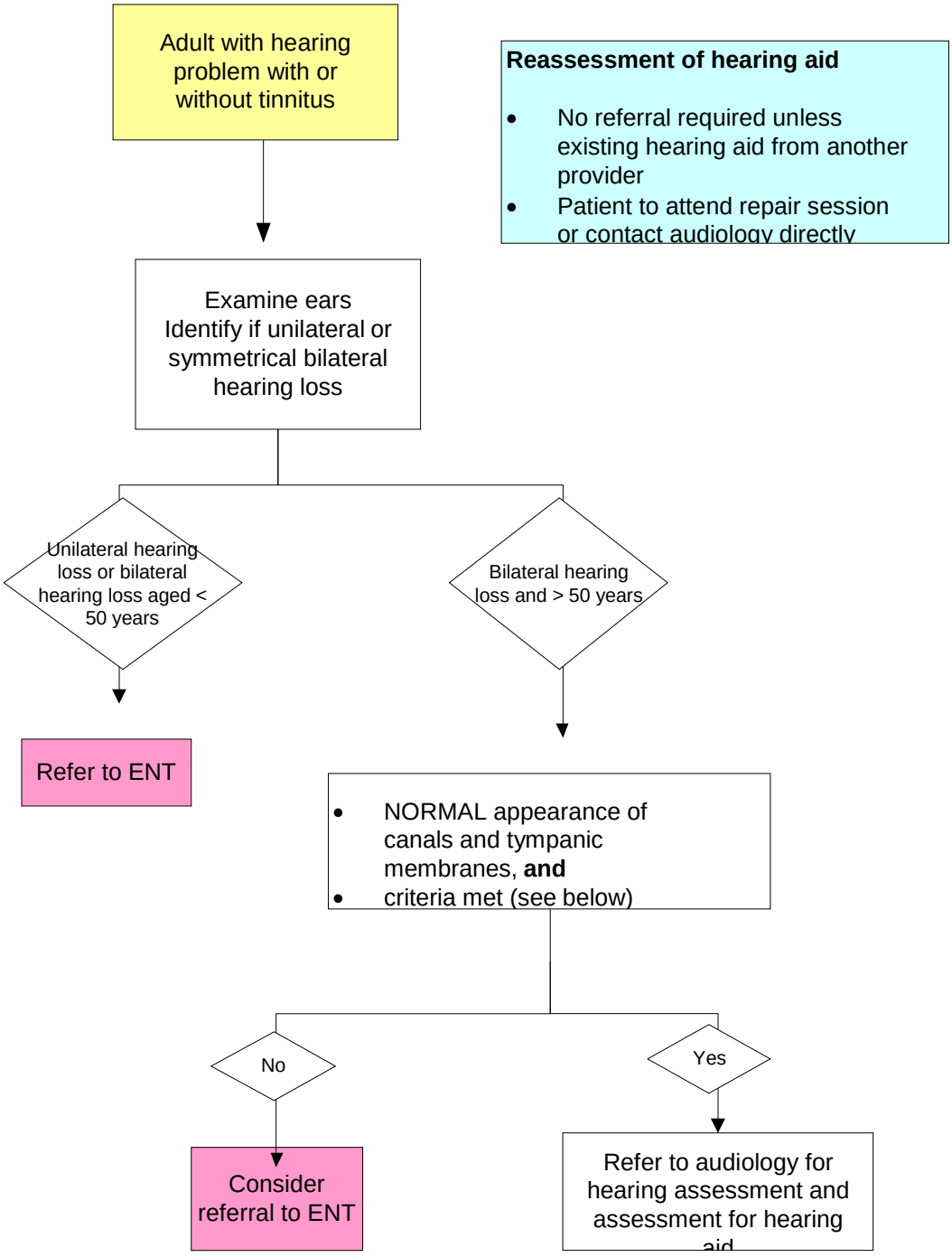
- Electronic Referral System (eRS)
- Complete a request form for children's hearing assessment – see appendix XX

Send referral form by post or email to: Paediatric Audiology Department, Castle Hill Hospital, Cottingham, HU16 5JQ

(Referrals will only be accepted from GPs, HVs, School Nurses, Speech and Language Therapists and Paediatricians)

If you require any further information please contact:
Phil Vokes, Head of Audiology, Audiology Department, Castle Hill Hospital
E-mail: phil.vokes@hey.nhs.uk

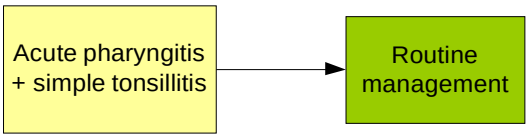
Hearing Problems in Adults



Critieria for direct referral to audiology

- Patients with symmetrical non- fluctuating hearing loss of gradual onset
- Reassessment of hearing aid
- Patient known to the service
- Any ear wax has been removed
- NORMAL appearance of canals and tympanic membranes, **and**
- Any pre-existing ear condition has been investigated by ENT surgeon or audiological physician

Infectious Sore Throat in Adults



Notes
Consider use of Fever Pain Score (https://ctul.phc.ox.ac.uk/feverpain/index.php) or Centor Score (https://www.mdcalc.com/centor-score-modified-mcisaac-strep-pharyngitis)
If antibiotics are indicated: Phenoxymethylpenicillin 500mg qds first line if not penicillin allergic, not amoxycillin. Refer to local antibiotic prescribing guidelines

Recurrent Tonsillitis[1]

Acute pharyngitis + simple tonsillitis → Routine management

Notes
If antibiotics are indicated: Phenoxymethylpenicillin 500mg qds first line if not penicillin allergic, not amoxycillin. Refer to local antibiotic prescribing guidelines

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Recurrent tonsilitis

Does the patient meet the following criteria;
- Recurrent sore throats due to acute tonsilitis with
- 7 or more well documented, clinically significant, adequately treated episodes in the last year, or 5 or more episodes in each of the preceding 2 years, or 3 or more episodes in each of the preceding 3 years
- Minimum of 12 months of symptoms

or
- Two or more episodes of peritonsillar abscess (quinsy)

and
- Had the information leaflet

Yes
- Allow patient time to consider surgery and the risks
- Review patient (by telephone or face to face) after 1 month

Patient wishes to consider tonsillectomy

Yes
Consider IFR/Value Based Commissioning Policy https://ifr.necsu.nhs.uk/referrals/checklist_dry_run/34. If treatment agreed

Refer to ENT

No
Continue conservative management

No
Consider alternative diagnosis (see "Non-infectious sore throat")

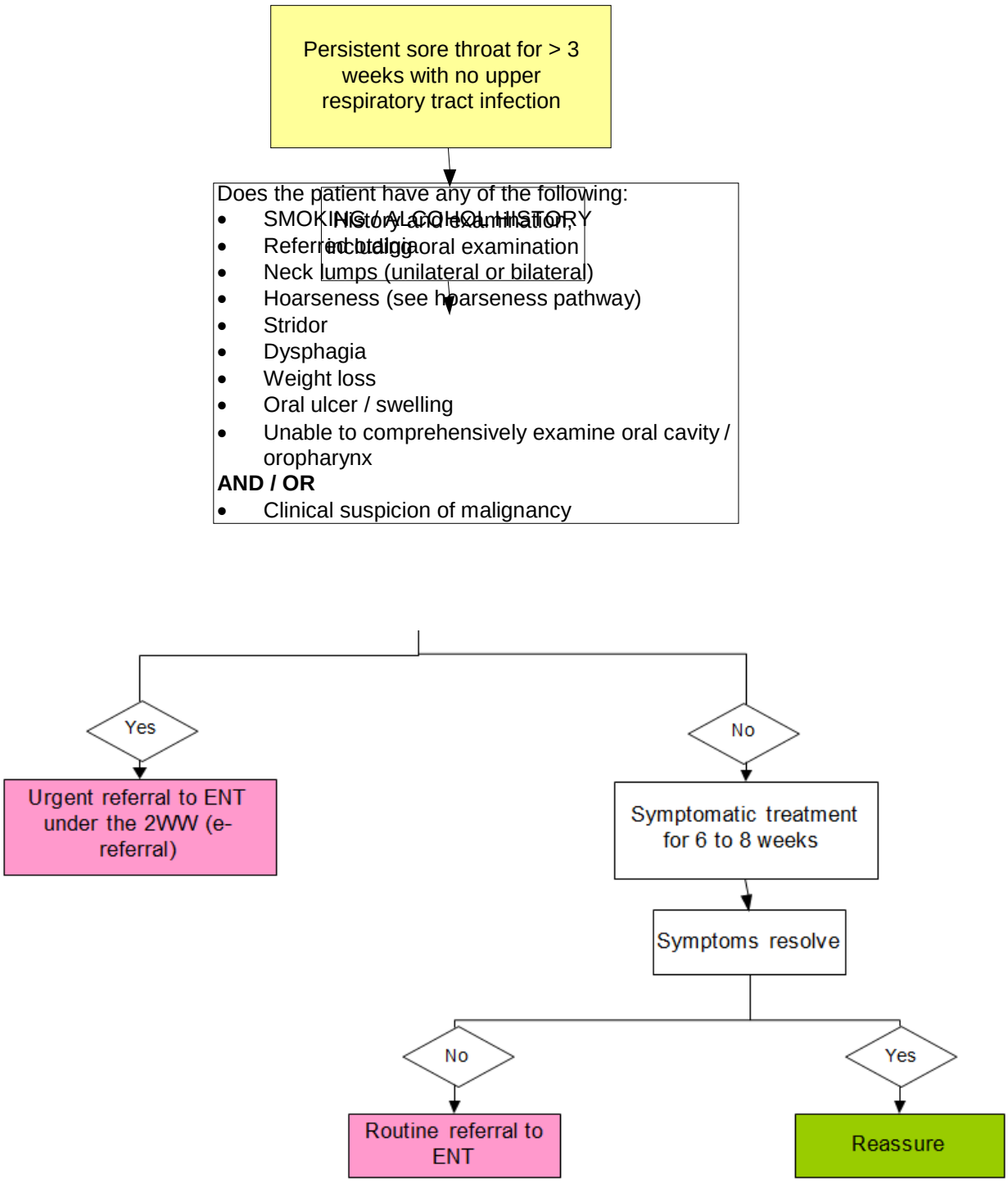
Continue conservative management

If no improvement, refer to ENT

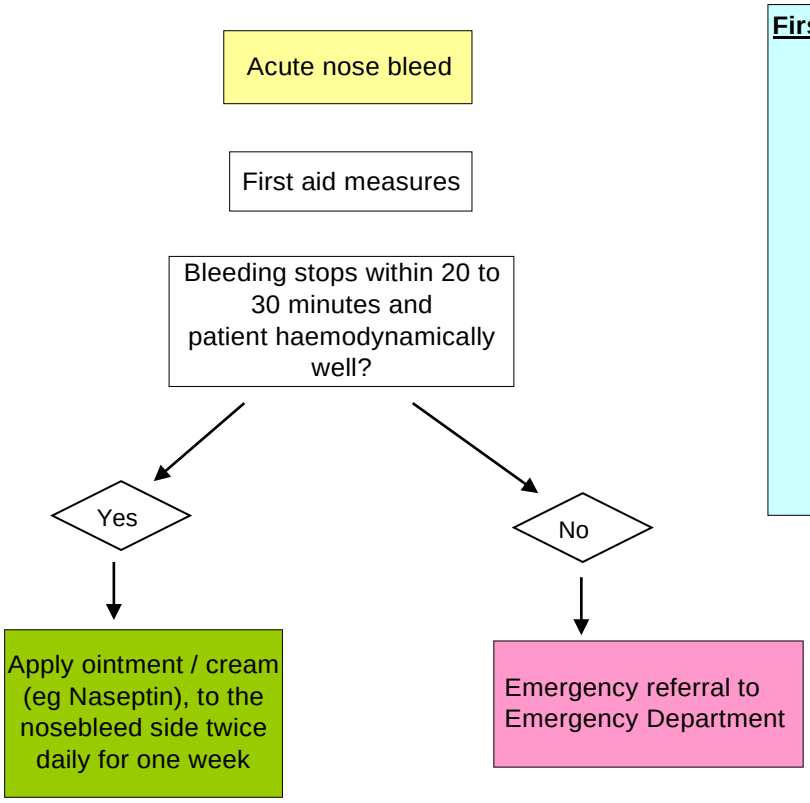
1 The indications for tonsillectomy are for guidance only and some patients, particularly paediatrics, who have recurrent severe infections in a shorter timescale should also be considered. GPs should always refer to the local exceptional treatment policy (IFR)

Peritonsillar abscess (quinsy) +/- airway obstruction / neck abscess / Stridor → Patient likely to require emergency admission → Contact on call ENT SHO

Non-infectious Sore Throat in Adults



Acute Nose Bleed



First aid measures for acute nose bleeds

- Sit patient down
- Lean patient forward (over a sink or bowl)
- Pinch the lower part of the nose
- Pinch nose for 5 minutes. DO NOT release the pressure <5mins. If persists repeat twice.
- Consider inserting nasal tampon if familiar with use
- Spit out any blood
- Check if the patient is taking Aspirin, Clopidogrel, Prasugrel, Ticagrelor, NOAC or Warfarin. If so, bleeding is less likely to stop easy.

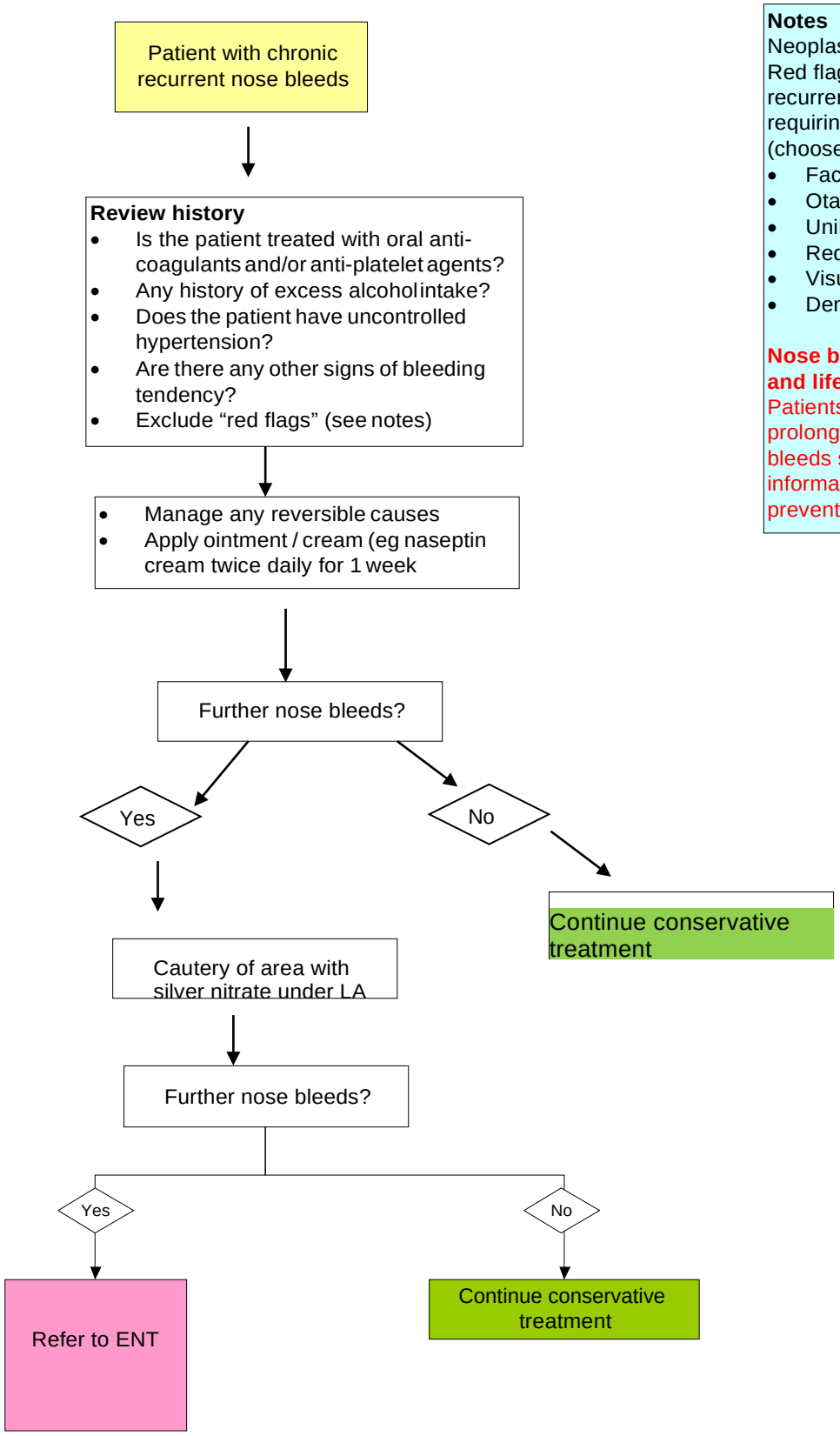
Treatment options for persistent nose bleeds

Nasal cautery if bleeding site can be identified
Nasal packing eg nasal tampons
Admit to hospital

Nose bleeds can be serious and life threatening.

Patients who have had serious, prolonged, recurrent nose bleeds should be given the information leaflet about prevention of nose bleeds

Chronic Recurrent Nose Bleeds

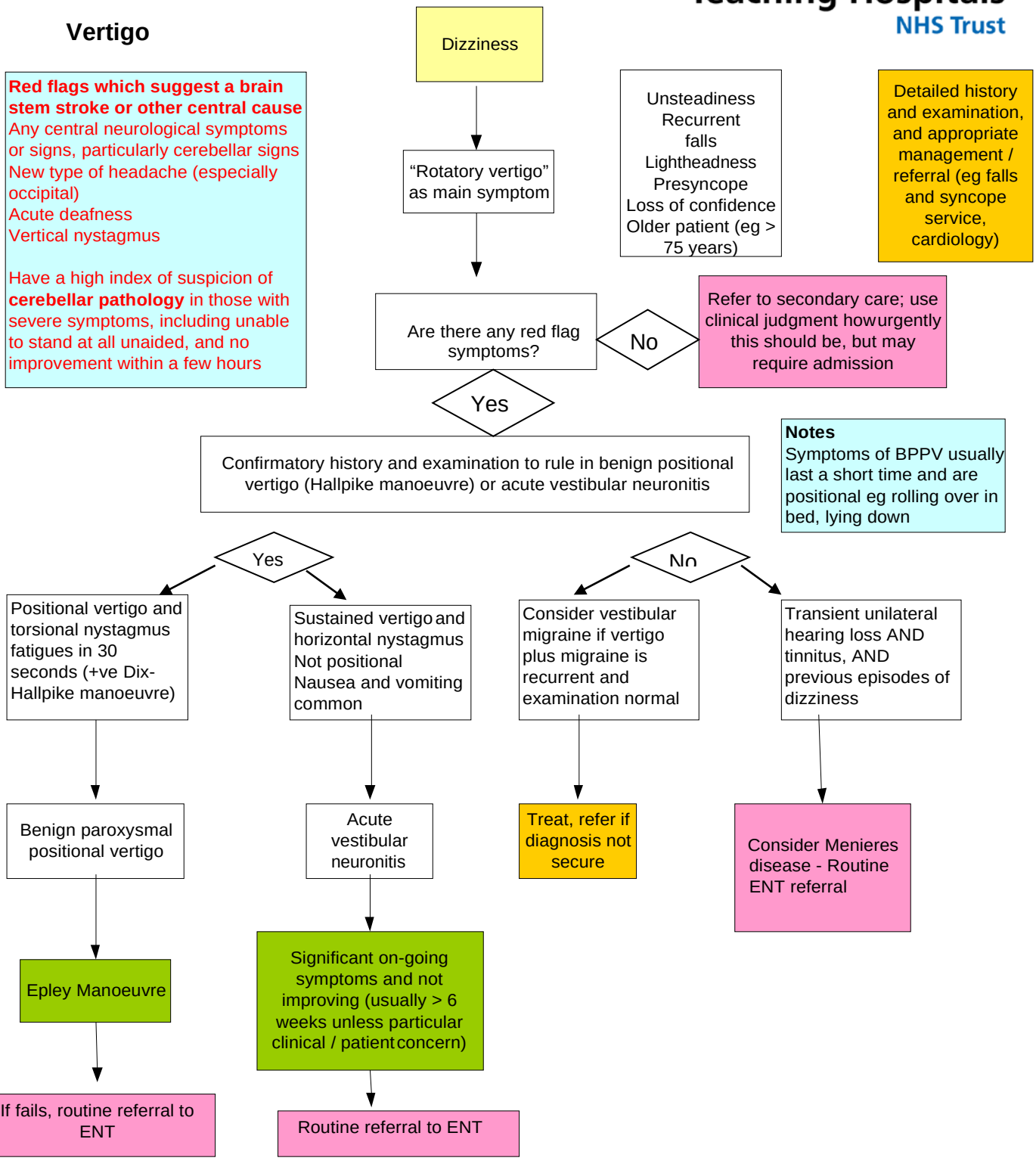


Notes
Neoplasm is very rare.
Red flags in patients with recurrent nose bleeds, requiring urgent referral to ENT (choose and book):

- Facial pain / swelling
- Otalgia
- Unilateral nasal obstruction
- Reduced sense of smell
- Visual symptoms
- Dental symptoms

Nose bleeds can be serious and life threatening.
Patients who have had serious, prolonged, recurrent nose bleeds should be given the information leaflet about prevention of nose bleeds

Vertigo

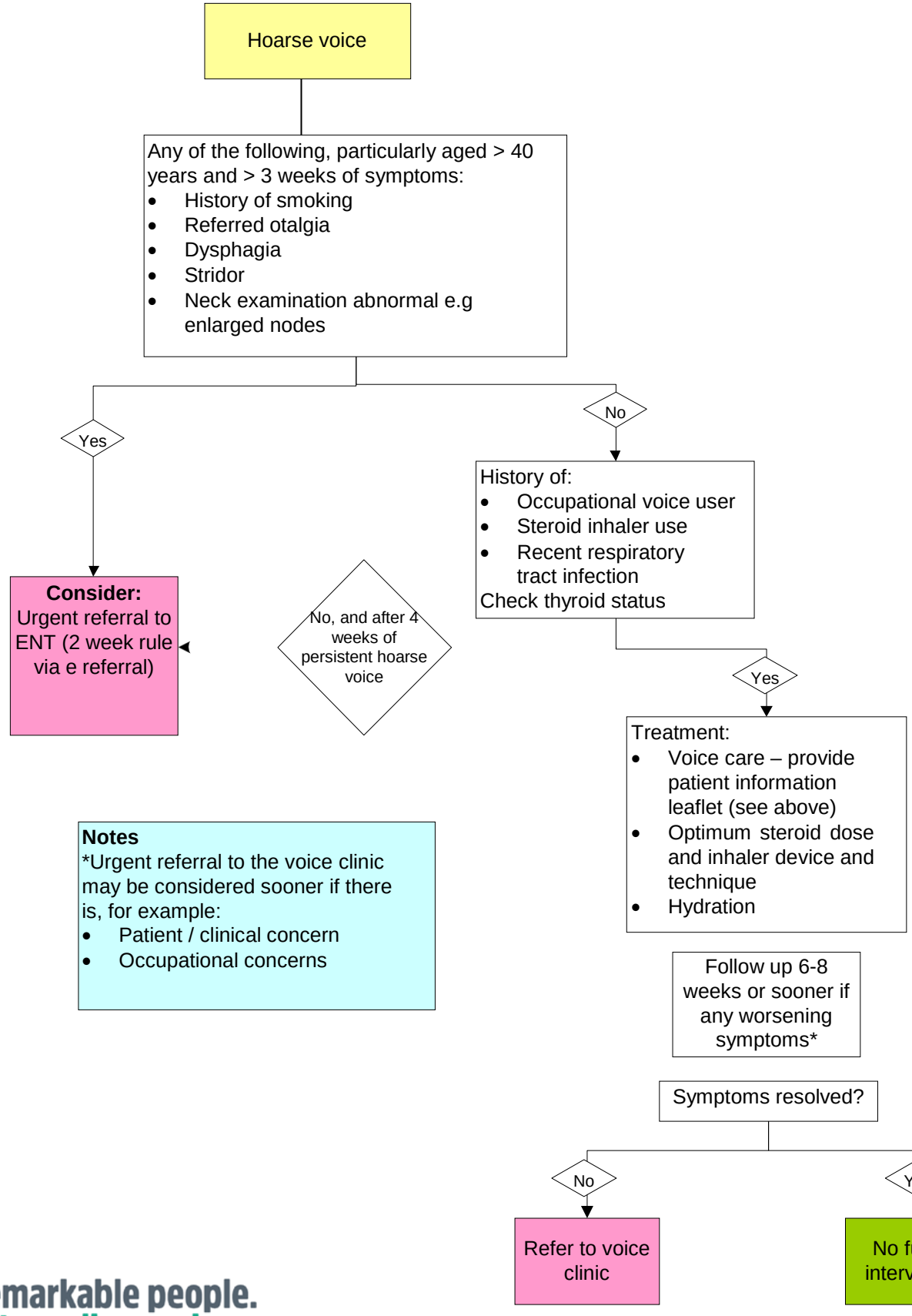


Notes

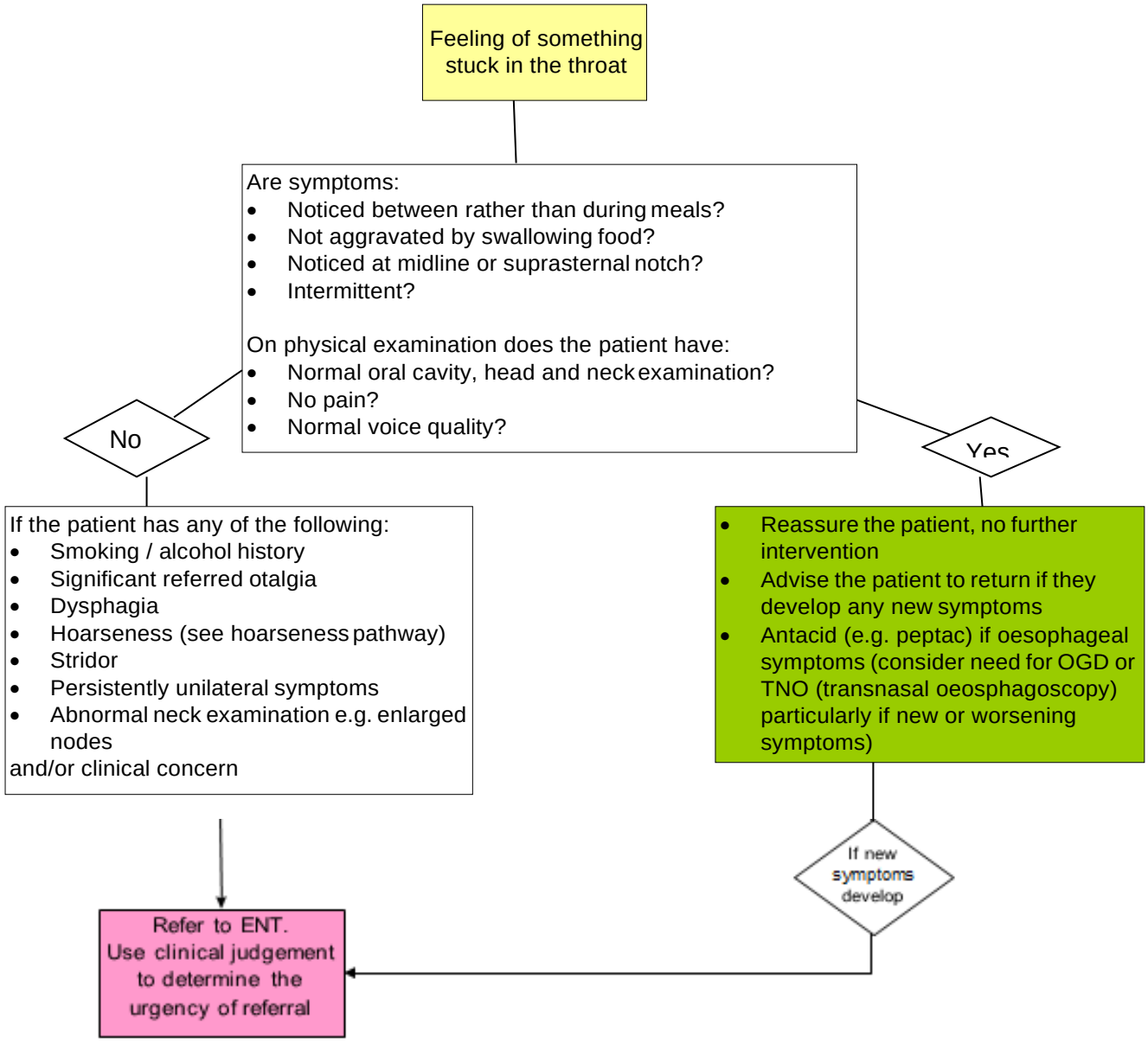
- To distinguish vertigo from non-rotatory dizziness consider asking; "Did you just feel lightheaded or did you see the world spin round as though you had just got off a playground roundabout"
- Patients with 'dizziness' but not vertigo, need history and examination, including cardiovascular and neurological examination. Some may need referral for further investigation eg (falls and syncope service, cardiology, elderly care)

Flow chart adapted from Barraclough K et al. BMJ 2009;339:749

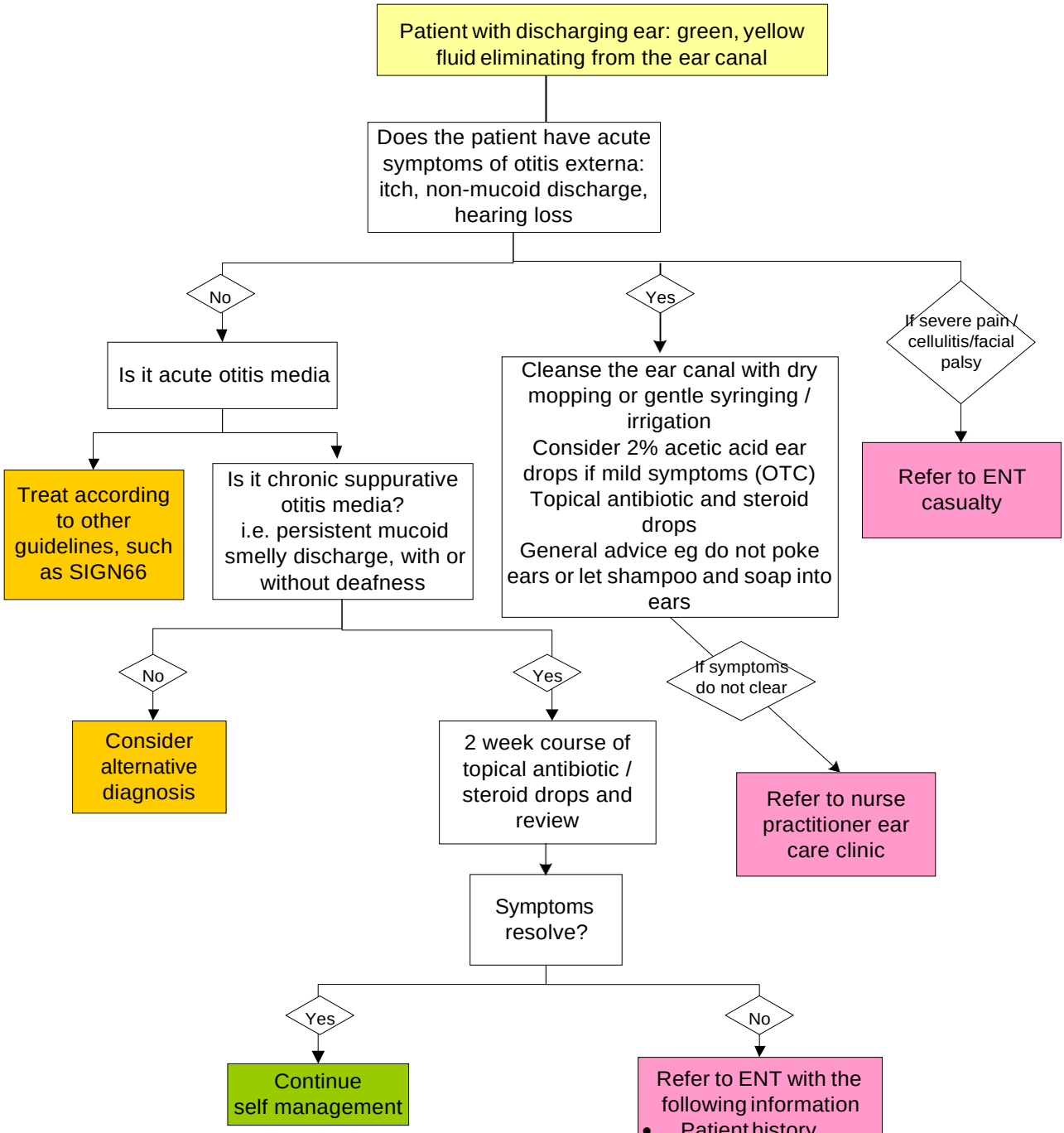
Hoarse voice in Adults



Feeling of something stuck in the throat

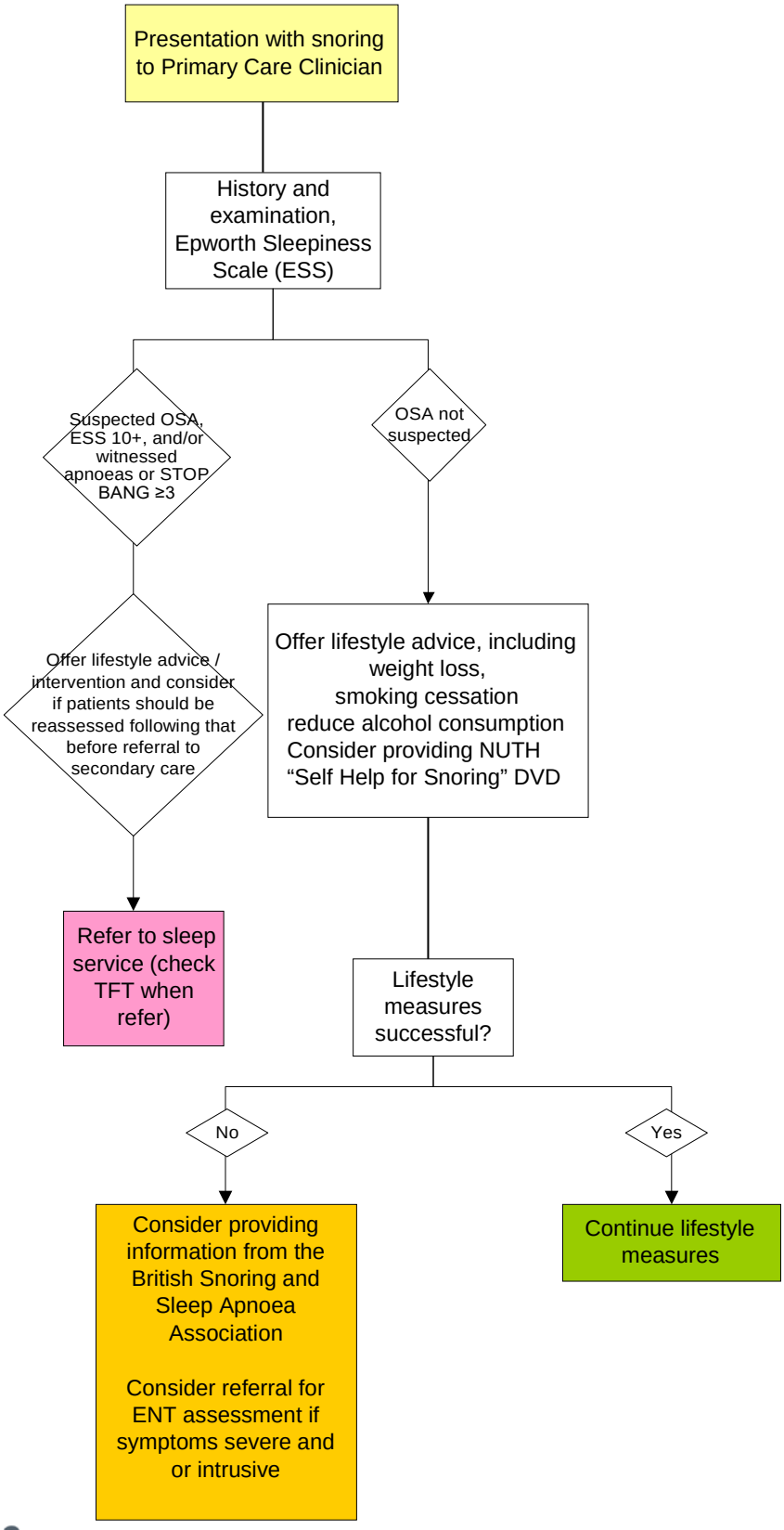


Management of discharging ear

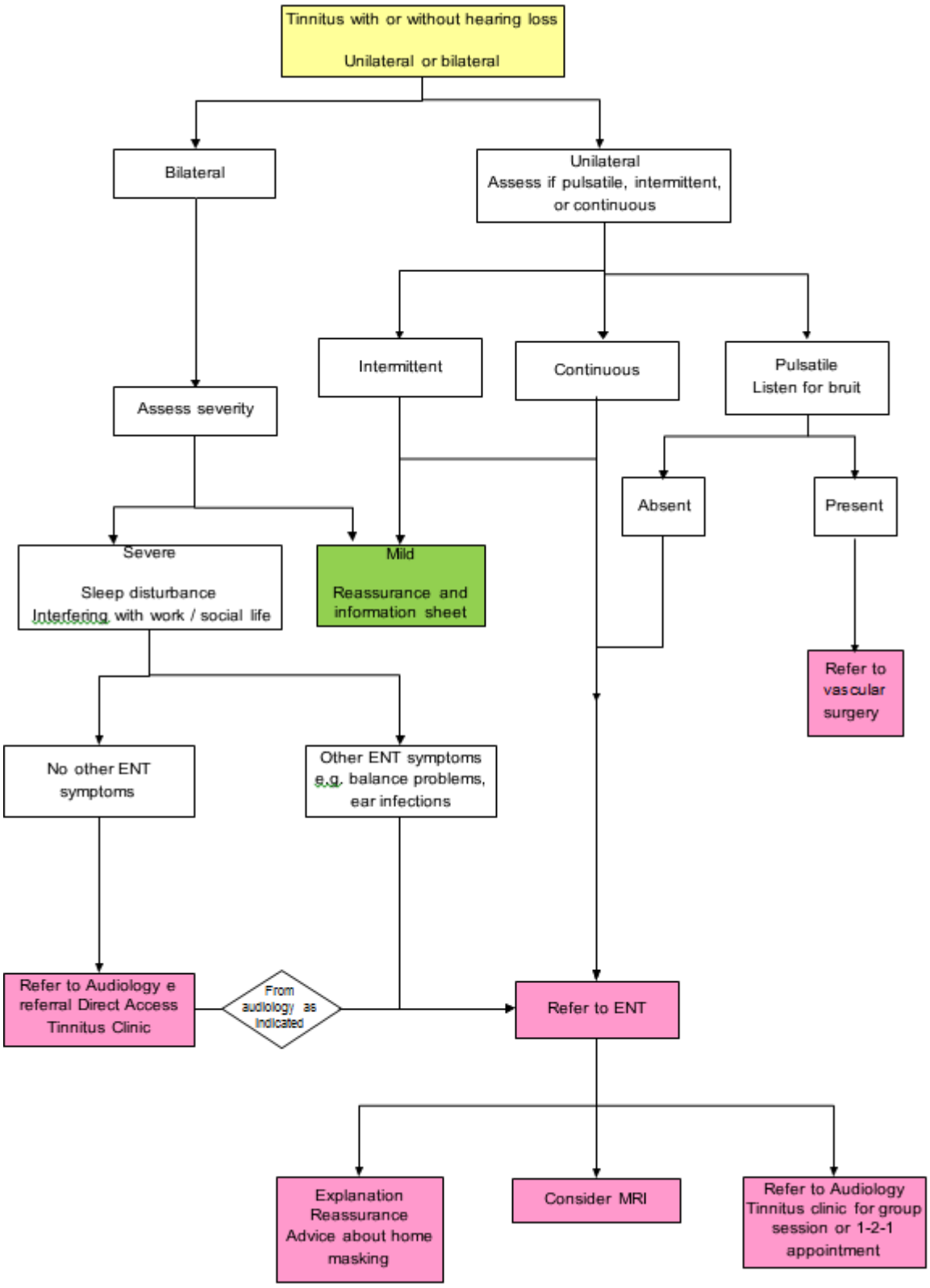


Note:
Aminoglycoside ear drops may in theory be ototoxic in the presence of a non-intact tympanic membrane, but in general are safe to use for up to 2 weeks in the presence of definite infection. However, Aminoglycoside ear drops are not recommended in the better or only hearing ear in patients with pre-existing hearing loss. Consider Ofloxacin eye drops as an alternative (unlicensed indication).

Primary Care Management of Snoring in Adults



Tinnitus


Tinnitus with or without hearing loss
Unilateral or bilateral
Bilateral
Unilateral
Assess if pulsatile, intermittent, or continuous
Intermittent
Continuous
Pulsatile
Listen for bruit
Assess severity
Absent
Present
Severe
Sleep disturbance
Interfering with work / social life
Mild
Reassurance and information sheet
Refer to vascular surgery
No other ENT symptoms
Other ENT symptoms e.g. balance problems, ear infections
Refer to Audiology e referral Direct Access Tinnitus Clinic
From audiology as indicated
Refer to ENT
Explanation
Reassurance
Advice about home masking
Consider MRI
Refer to Audiology Tinnitus clinic for group session or 1-2-1 appointment

APPENDIX

Membership of the guideline development group:
Mr P Jassar, Clinical Lead and Consultant Surgeon ENT, Hull University Teaching Hospitals NHS Trust

In consultation with:
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Date Released: XXXX
Date of Review: XXXX