

ENT Emergency Clinic

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| What? | Acute ENT presentations in systemically well patients (<i>see table below</i>) |
| Who? | The clinic is run by ENT junior doctors with support from ENT middle grades & Consultants |
| When? | Typically, every weekday |
| Where? | ENT/Audiology Outpatient Department, RCHT |
| How? | <ul style="list-style-type: none"> • Contact 1st On-Call for ENT via RCHT Switchboard (01872 250000) • Face to face review or telephone assessment will then be arranged • It is important that an up-to-date telephone number is given for the patient, and they are told to expect a phone call from our team. • Please provide a short referral letter (referrer and patient details, suspected diagnosis, treatment to date, relevant PMHx and medications) to be emailed at time of referral to rch-tr.entacutereferral@nhs.net <p><i>If we are unable to contact a patient following multiple attempts, we will write to the patient and discharge them from our clinic. In this event, and if on-going symptoms, a further referral will be required.</i></p> |

Conditions Suitable for Emergency Clinic Review

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| Otitis Externa | <i>No improvement on first line topical treatment Canal oedema preventing adequate topical treatment</i> |
| Recurrent Epistaxis | <i>For consideration of nasal cautery</i> |
| Foreign bodies | <i>Suitability and timing of review will be triaged depending on composition of foreign body</i> |
| Sudden hearing loss | <i>Screening audiology or formal audiology review will be arranged depending on availability</i> |
| Nasal fracture | <i>For consideration of manipulation within 7-10 days post-injury time frame</i> |
| Superficial neck abscess | <i>In systemically well patients</i> |
| Post-op wound issues | <i>If secondary care review required</i> |

**If referral to Emergency Clinic is deemed unsuitable, the on-call doctor will advise a more appropriate alternative pathway
(Please note: this may require further discussion with middle grade on call)**

Examples of Conditions NOT Suitable for Emergency Clinic Review (this list is not exhaustive – refer to RMS referral guidelines)

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| Earwax | <i>Refer to earwax policy on RMS guidelines</i> |
| Vertigo | <i>Refer to dizziness pathway on RMS guidelines</i> |
| Tinnitus | <i>Refer to tinnitus pathway on RMS guidelines</i> |
| Non-acute throat pain | <i>Refer to throat & neck guidelines on RMS guidelines</i> |
| Suspected cancer incl. neck lumps | <i>Refer to 2WR referral guidelines</i> |

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