

# RCHT TINNITUS PATHWAY updated 30/06/2022

## Indications for immediate referral:

- Sudden hearing loss: Refer to ENT SHO on call
- Significant neurological symptoms and signs, e.g posterior circulation symptoms, impaired consciousness, headache, visual symptoms, optic disc swelling: Refer to acute medicine
- Suicidal ideas: refer/self-refer mental health

## Non-ENT causes - GP to address or refer accordingly:

- Medication: salicylates, recent chemotherapy or methotrexate, diuretics, quinine, aminoglycosides
- Psychiatric
- Systemic symptoms e.g. metabolic, endocrine, CVS
- Neurological/neurosurgical cause
- Head Injury

## GP treatable causes:

- Impacted ear wax
- Otitis media
- Otitis externa
- Hypertension
- Anaemia
- Thyrotoxicosis

## ENT factors:

- Related Vertigo
- Hx of ear disease, surgery or trauma
- Persisting ear pain and/or discharge despite treatment

## PATIENT INFO FOR ALL NON-PULSATILE TINNITUS:

- British Tinnitus Association: [tinnitus.org.uk](http://tinnitus.org.uk), Tel: 0800 018 0527, Email: [helpline@tinnitus.org.uk](mailto:helpline@tinnitus.org.uk)
- Tinnitus leaflet: <https://mid.org.uk/wp-content/uploads/2020/05/Understanding-tinnitus-leaflet.pdf>
- RNID tinnitus info: [mid.org.uk](http://mid.org.uk)
- If low mood/anxiety/severe: patients self-refer to Outlook South West counselling at <https://www.cornwallft.nhs.uk/outlook-south-west/>

