## RCHT TINNITUS PATHWAY updated 30/06/2022 Non-ENT causes - GP to address or refer accordingly: Indications for immediate referral: **ENT factors:** GP treatable causes: Sudden hearing loss: Refer to ENT SHO on call Medication: salicylates, recent chemotherapy or Impacted ear wax Related Vertigo methotrexate, diuretics, quinine, aminoglycosides Significant neurological symptoms and signs, Otitis media Hx of ear disease, surgery or e.g posterior circulation symptoms, impaired Otitis externa Psvchiatric trauma Systemic symptoms e.g. metabolic, endocrine, CVS consciousness, headache, visual symptoms, Hypertension Persisting ear pain and/or optic disc swelling: Refer to acute medicine Neurological/neurosurgical cause Anaemia discharge despite treatment Suicidal ideas: refer/self-refer mental health Head Injury **Thyrotoxicosis** NO PATIENT INFO FOR ALL NON-PULSATILE TINNITUS: NO Non-pulsatile tinnitus Pulsatile tinnitus British Tinnitus Association: tinnitus.org.uk, Tel: 0800 018 0527, Email: helpline@tinnitus.org.uk Tinnitus leaflet: https://rnid.org.uk/wp-content/uploads/2020/05/Understanding-tinnitus-leaflet.pdf RNID tinnitus info: rnid.org.uk. Examine ear with otoscope, auscultate for bruit over carotid & cranium (above If low mood/anxiety/severe: patients self-refer to Outlook South West counselling at Examination of ear https://www.cornwallft.nhs.uk/outlook-south-west/ & behind ear), Tuning fork tests, hearing tests (if available) with an otoscope Patient advice leaflet (LINK HERE) and reassure Normal otoscopy If persists after 3 months, refer to ENT Specialist Ear Unilateral Bilateral Normal Abnormal non-pulsatile tinnitus non-pulsatile tinnitus Abnormal tuning fork or otoscopy ENT Advice & Guidance with permission to convert otoscopy hearing tests Reassure, patient information as above. Consider a period of watchful waiting for 3 to 6 months Abnormal otoscopy ENT Advice & Guidance with permission to convert ENT Advice & Guidance with permission to convert Age ≥55yrs: Refer to Cranial bruit (Likely for CT angio, +/- referral to neurovascular team) AQP Audiology With or without Hearing loss hearing loss ENT Advice & Guidance with permission to convert Carotid bruit, (subjective/objective) (subjective/objective) asymptomatic (For ENT examination, +/- CTA, +/- vascular team advice) Age <50 Carotid bruit. Refer to TIA clinic NO symptomatic Refer to ENT Specialist Ear Service ENT face to face appointment with hearing test likely CONDUCTIVE LOSS Bone conduction better ≥ 3 months unilateral non-pulsatile tinnitus, No new hearing loss, No new vertigo & Ensure ears clear of wax and include: Tuning fork tests: Ear examination, Tuning fork tests, No red flags/symptoms of new intracranial pathology Rinne's and Weber's Blood pressure, Hearing test (if available), GP request MRI IAM to rule out vestibular schwannoma. Don't refer to ENT now NO CONDUCTIVE LOSS MRI result (if applicable) Air conduction better Refer to ENT Hearing/Tinnitus Service Normal scan: GP to reassure patient Patients should expect non-F2F virtual review of symptom If further input required Incidental pathology: Seek advice and guidance from/or refer to appropriate specialty questionnaire (will be issued by ENT) and screening hearing for tinnitus after other test if not already available. Likely outcomes: advice, Vestibular Schwannoma: GP inform pt, refer to: Mr James Palmer, Cons. Neurosurgeon, steps completed diagnostics, audiology, hearing therapy input. Cases may be Derriford Hospital, Pt info:https://www.bana-uk.com/resources/about-acoustic-neuroma/ appropriate for referral direct to hearing therapy