

ENT & Audiology referral Pathway: **TINNITUS**

URGENT REFERRAL:

- * Sudden hearing loss: Refer to ENT SHO on call (same day)
- * 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 service

Patient information sources:

British Tinnitus Association (BTA)
www.tinnitus.org.uk
www.actiononhearingloss.co.uk

GP treatable

Impacted ear wax
Otitis media
Otitis externa
Hypertension
Anaemia
Thyrotoxicosis

Non-ENT

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

Primary care or relevant specialty Management

Other otological symptoms?

Yes

Refer as per those guidelines

No

Is it bothersome, distressing or progressive?

No

Primary care Mx with BTA advice

Yes

Is it Pulsatile?

Yes

REFER ENT (routine)
"Pulsatile Tinnitus":
O-1

No

Is it Unilateral?

Yes

REFER AUDIOLOGY (routine)

No

Is there subjective hearing loss?

Yes

No

Distressing tinnitus implies significant impact on concentration, sleep, relaxation or mood. If symptoms of anxiety/depression present, consider CBT/Talking change/Medications

REFER (COMMUNITY AUDIOLOGY)
bilateral non-sinister tinnitus