

<b>ENT TOP TIPS</b>		
<b>Conditions:</b>	<b>Treatment Options:</b>	<b>REFER IF:</b>
<b>ALLERGIC RHINITIS</b>	Intranasal steroid spray for 3 months If no response – 1 <sup>st</sup> line Betnesol drops 2 <sup>nd</sup> line >Fluticasone nasules (Adults) Avoidance house dust mite* Add topical antihistamine	Severe with medical Rx failure, Obstruction associated with large polyps
<b>OTITIS EXTERNA</b>	Clear debris (repeated if needed) Topical antibiotic /steroid combination No better swab (consider fungal) If canal closed consider wick. Undertake this if familiar, if not then refer.	No response to medical Rx Persistent discharge/pain Suspicious TM appearance Immuno-compromised IDDM
<b>OTITIS MEDIA (Glue Ear)</b>	Please refer to Clinical Threshold Policy T7a Grommets for Otitis Media with Effusion in Children <a href="#">T7a Policy and Checklist</a>	Please refer to Clinical Threshold Policy T7a for Checklist
<b>TONSILLECTOMY</b>	Please refer to Clinical Threshold Policy T13 Tonsillectomy <a href="#">T13 Policy and Checklist</a>	Please refer to Clinical Threshold Policy T13 for Checklist
<b>ACUTE SINUSITIS</b>	Acute Rx OTC pain relief+decongestants and nasal steroids If needed 1 <sup>st</sup> line Co-Amoxiclave or Doxycycline 2 <sup>nd</sup> line Clarithromycin (Do not X-ray!)	Recurrent episodes not responding to medical treatment Complications e.g. periorbital cellulitis Systemically unwell+++
<b>TINNITUS</b>	Reassure if symmetrical and bilateral British Tinnitus Association have helpful leaflets Hearing aid frequently helps	Deafness refer to Audiology Unilateral for >3 months – see Direct Access MRI Pathway
<b>EPISTAXIS</b>	Ice+ pressure (soft part of nose) Sit upright Cautery + AgNo3 Topical vasoconstrictor Petroleum jelly or Mupirocin ointment	Only if very persistent Severe bleeding Suspected clotting disorder
<b>SNORING (adults)</b>	There is NO NHS Snoring Service Patients with snoring as their sole problem should be given lifestyle advice. These include: Weight loss, stop smoking/alcohol, taking regular exercise Avoid sleeping on back Rx nasal obstruction and/or nasal dilator strips	Refer to Chest if Obstructive Sleep Apnoea is suspected (Epworth Scale)
<b>HEARING LOSS</b>	Presbycusis= gradual onset symmetrical, high frequency loss in old age Sudden-Onset Unilateral Sensorineural Hearing Loss Rx with Prednisolone 60mg	See Direct Access MRI Pathway for more information Refer to Audiology using Direct Access Audiology Referral Form
<b>FACIAL PALSY</b>	Rx EARLY with Prednisolone 1mg / kg/ day for 10 days	REFER if: Parotid mass, middle ear disease or? Ramsay Hunt Syndrome
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