**PROPOSED NEW DIRECT REFERRAL TO AUDIOLOGY TINNITUS PATHWAY**

**FOR BNSSG ICB**

**E-REFERRAL by GP TO ADULT AUDIOLOGY CLINIC**

NB. Red flags, Active Discharging ears, Pulsatile Tinnitus and Otalgia should follow current ENT pathway.

For all other patients slots will be available for booking through the partial booking system on the Non AQP Adult Audiology Specialist clinic lists.

1st triage by Audiology Admin team:

* If referral meets all relevant criteria (ie age, no significant medical history), confirm appointment.
* Any contra indications to referral should be triaged by a specialist audiologist.

2nd triage by Special Audiologist or above. If the referral indicates any of the following the patient should be referred directly to ENT by Audiology and the patient notified that their booked appointment has been forwarded to ENT. Exclusions as follows:

* Sudden Hearing loss – Refer directly to HOT clinic.
* A history of discharge (other than wax) from either ear that has not resolved, has not responded to prescribed treatment, or recurs. – refer to ENT
* Pain affecting either ear (including in and around the ear) that has lasted for 1 week or more and has not responded to first-line treatment. – refer to ENT
* All other patients can be seen by Audiology for a Non AQP appointment.

**1ST APPOINTMENT ASSESSMENT**

All patients will be seen by a specialist Audiologist B6 or above.

Appointment will include:

* Otoscopy
* A full medical history using the current Audiology ICP one assessment form.
* Pure Tone Audiometry and Tympanometry if indicated.
* Provision of appropriate information i.e., Hearing aid, Tinnitus
* Advice re next steps

**OUTCOME’S**

**Referral to MRI**

**Please note any patients meeting the MRI referral criteria should be referred to ENT until pathway is confirmed**

* Unilateral Tinnitus – Audiologist to refer for MRI IAM on ICE and provide patient with relevant information on why the scan is required. Normal reports Audiology send standard letter informing patient. Abnormal reports referred to nominated ENT consultant to review and action.
* Unilateral or Asymmetrical sensorineural hearing loss and no localising signs if there is an asymmetry on pure tone audiometry of 15dB or more at any 2 adjacent test frequencies, using test frequencies of 500, 1000, 2000, 4000 and 8000 Hz – Audiologist to refer for MRI IAM on ICE and provide patient with relevant information on why the scan is required. Normal reports Audiology send standard letter informing patients. Abnormal reports referred to nominated ENT consultant to review and action.

For all patients who are referred for a scan:

* The patient should be provided with the relevant information prior before leaving the department.
* The results will be returned to the referrer:
  + Normal result – the audiologist will send a letter informing the patient.
  + Abnormal results – the audiologist will refer to a nominated Otologist.

**Referral to ENT**

Any patient if indicated from the Otoscopy, history, or Audiogram with the exception of MRI referrals. This would include:

* Pulsatile Tinnitus
* Hearing loss that fluctuates and is not associated with an upper respiratory tract infection.
* Vertigo or dizziness that has not fully resolved or is recurrent.
* A remaining partial or complete obstruction of the external auditory meatus that prevents full examination of the tympanic membrane or taking an aural impression.
* Pain affecting either ear (including in and around the ear) that has lasted for 1 week or more and has not responded to first line treatment
* A history of discharge (other than wax) from either ear that has not resolved, has not responded to prescribed treatment, or recurs.
* Any abnormal appearance of the outer ear or the tympanic membrane, such as:
  + Inflammation
  + polyp formation
  + perforated tympanic membrane.
  + abnormal bony or skin growths
  + swelling of the outer ear
  + blood in the ear canal
* A middle ear effusion in the absence of, or that persists after, an acute upper respiratory tract infection.
* Conductive hearing loss, defined as 20dB or greater average air-bone gap over three of the following frequencies: 500, 1000, 2000, 3000 or 4000 Hz. – testing of bone conduction thresholds at 3000 and 4000Hz would only be necessary if one of other frequency shows a conductive loss of 20dB or greater air bone gap. A lesser conductive hearing loss in the presence of bilateral middle ear effusion may be referred at the discretion of the audiologist.
* in any case where the audiologist isn't sure whether to refer, or whether to scan, the ENT team can be contacted for advice - or the patient can be referred to ENT.

NB:

* ENT may refer back into the specialist Tinnitus rehabilitation clinic following their consultation.
* If the patient requires a hearing aid the patient can be referred to the specialist hearing aid clinic while waiting for their ENT appointment

**Referral to Specialist Hearing Aid Clinic**

Any patient where a hearing aid is indicated as the first line of treatment for tinnitus.

The appointment will include:

* Fitting of unilateral/bilateral hearing aid
* 8-week 1st follow up (specialist Audiologist).
* It is possible following this appointment that an appointment will need to be made in the Tinnitus Rehabilitation Clinic for specialist tinnitus counselling.

**Referral to Specialist Tinnitus Rehabilitation Clinic**

Any patient where either referral to ENT or hearing aids are not appropriate. For example, troublesome tinnitus with normal hearing. The clinic will provide Tinnitus therapy and/or white noise generation where appropriate.

**Discharge**

This will be the outcome for any patient not included in the above. For example, patients who attend with normal hearing and/or tinnitus that is not bothersome or that has resolved, where further treatment is not appropriate. All patients should be provided with appropriate information.

Pat Smith

Head of Audiology 09/01/23

Updated 17/10/23

**GP referral Pathway**

GP Referral for Tinnitus

Tinnitus + Discharging Ear/Ear Pain or Pulsatile Tinnitus

Refer to ENT

All other Tinnitus +

Refer to Adult Audiology

Non AQP ERS

Tinnitus + Red Flag

Refer to ENT HOT Clinic

**Audiology Pathway**

GP referral to Audiology Tinnitus Clinic

1st Triage by Audiology Admin

2nd Triage by Audiology Specialist Audiologist

2

Tinnitus + SSNHL or Discharge

No Contraindications

Refer to ENT/Hot Clinic

Audiology Assessment

No hearing loss or bothersome tinnitus with Information

Contraindications

Tinnitus/ Hearing Loss

Tinnitus

ENT Appointment/s

Asymmetric SNHL

Refer for MRI

Abnormal results to ENT

Normal results letter from Audiology

+

Appropriate Tinnitus Pathway

Discharge

Tinnitus Rehabilitation

Discharge

Hearing aid Fitting

Follow up

Hearing Aid Pathway