University of Vermont Health

UVM Health Ear, Nose, Throat (ENT) Referrals/Consult

All referrals must include the most recent visit note and imaging reports. Be sure imaging done outside UVMH is sent to UVMMC Film Library with reports.

Referrals for Audiology Services:

Add guidance information regarding limited acceptance of referrals for audiology services

Chronic/Recurrent Tonsillitis:

Diagnosis of tonsillitis (per Paradise Criteria)

Primary symptoms of sore throat, fever, and cervical lymphadenopathy, with or without a positive strep culture AND one of the following:

- 7 episodes of tonsillitis in one year
- 5 episodes per year x 2 years
- 3 episodes per year x 3 years
- 2 peritonsillar abscesses

If one of the above, place referral; otherwise, referral criteria are not met.

Pediatric Recurrent Acute Otitis Media:

Referral criteria are met if:

- Child has had three episodes of acute otitis media in the past 6 months OR four infections in the past 12 months, with one infection being in the past 6 months.
- Child has chronic serous otitis media (persistent fluid in one ear for 6 months or both ears for 3 months), speech delay, parental hearing concerns, or personal or family history of hearing loss.

Pediatric Chronic Serous Otitis Media:

Referral criteria are met if:

- Child has persistent middle ear effusions in both ears for 3 months OR in one ear for 6 months.
- Child has recurrent acute otitis media (3 ear infections in 6 months or 4 in 12 months with one within the past 6 months), speech delay, parental hearing concerns, or personal or family history of hearing loss.

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Vertigo

1. Is there acute onset of unilateral hearing loss within 6 weeks?
   - If “YES” - Is effusion present AND a tuning fork lateralizes to the side of unilateral hearing loss?
     - If “YES” - Continue to question #2
     - If “NO” - Start Prednisone 1mg/kg/day (up to 60mg/day) for 1 week. URGENT referral for labyrinthitis (place referral and call 802-847-4535)
   - If “NO” - Continue to question #2

2. Are symptoms of BPPV present, such as brief (<2min) rotary vertigo with head position change, improved if sitting still; no new auditory symptoms?
   - If “YES” - Refer to Physical Therapy for BPPV; ENT referral not indicated.
   - If “NO” - Continue to question #3

3. Is there a presence of headache, head pressure, photo/phonophobia, visual aura (scotoma), history of migraines?
   - If “YES” - Treat for migraines and reassess. Consider neurology referral.
   - If “NO” - Continue to question #4

4. Is there new gradual unilateral hearing loss, tinnitus, vertigo with loud sounds, change in hearing with vertigo, otorrhea?
   - If “YES” - Non-urgent ENT referral.
   - If “NO” - Continue to question #5

5. Any symptoms of diplopia, movement disorder, speech and swallowing abnormality, confusion, memory loss?
   - If “YES” - Consider Neurology referral; ENT referral not indicated.
   - If “NO” - Non-urgent ENT referral.

Adult Hearing Loss:

Is hearing loss unilateral or bilateral, which occurred over the course of three days or less, and within the past 6 weeks?”
- If “YES” – Is effusion present AND a tuning fork lateralizes to the side of hearing loss if unilateral?”
  - If “YES” – Treat for eustachian tube dysfunction (ETD) (start nasal steroid spray, Valsalva maneuvers, antihistamines x 4 weeks). If symptoms persist, place new referral to ENT for ETD.
  - If “NO” – Start Prednisone 1mg/kg/day (up to 60mg/day) for 1 week and place URGENT referral for sudden sensorineural hearing loss (place referral and call 802-847-4535)
  - If “UNSURE” – Place URGENT referral (place referral and call 802-847-4535)
- If “NO” – Is hearing loss longstanding, symmetric, not fluctuating and not associated with otalgia, otorrhea, facial weakness, or dizziness?”
  - If “YES” – Place referral to Audiology only
  - If “NO” – Place referral to ENT

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Adult Tinnitus:

Is tinnitus onset greater than 2 months, bilateral, non-pulsatile, subjective (audible to patient only), with a normal otoscopic exam and not associated with otalgia, otorrhea, dizziness, new sudden/rapid onset hearing loss?"

- If "YES" – Referral to Audiology only
- If "NO" – Place referral order to ENT

Paradise Criteria for Tonsillectomy:

Minimum frequency of sore throat episodes

- Seven or more episodes in the preceding year, OR
- Five or more episodes in each of the preceding 2 years, OR
- Three or more episodes in each of the preceding 3 years.

Clinical Features (Sore throat plus the presence of ≥1 qualifies as a counting episode)

- Temperature >38.3°C (>101°F), OR
- Cervical lymphadenopathy (tender lymph nodes or >2 cm), OR
- Tonsular exudate, OR
- Positive culture for group A beta-hemolytic streptococcus

Treatment

- Antibiotics had been administered in conventional dosage for proved or suspected streptococcal episodes

Documentation

- Each episode and its qualifying features had been substantiated by contemporaneous notation in a clinical record, OR
- *If not fully documented*, subsequent observance by the clinician of 2 episodes of throat infection with patterns of frequency and clinical features consistent with the initial history.
    - This last statement allows children who meet all other criteria for tonsillectomy except documentation to nonetheless qualify for surgery if the same pattern of reported illness is observed and documented by the clinician in 2 subsequent episodes. Because of this tendency to improve with time, a 12-month period of observation is usually recommended prior to consideration of tonsillectomy as an intervention.