



**NORTH OF TYNE/GATESHEAD GUIDELINES FOR  
MANAGEMENT OF COMMON ENT CONDITIONS IN  
PRIMARY CARE**

**Updated February 2017**

## CONTENTS

	Page
Introduction	<a href="#"><u>3</u></a>
Patient information	<a href="#"><u>3</u></a>
How to use this guideline	<a href="#"><u>3</u></a>
Pathways	
Nasal blockage / discharge +/-facial pain in adults	<a href="#"><u>4</u></a>
Nasal trauma (adults)	<a href="#"><u>5</u></a>
Hearing problems in children	<a href="#"><u>6</u></a>
Referral information for requesting hearing assessment in children	<a href="#"><u>7</u></a>
Hearing problems in adults	<a href="#"><u>8</u></a>
Infectious sore throat in adults	<a href="#"><u>9</u></a>
Recurrent tonsillitis / quinsy	<a href="#"><u>10</u></a>
Non-infectious sore throat in adults	<a href="#"><u>11</u></a>
Acute nose bleeds	<a href="#"><u>12</u></a>
Chronic recurrent nose bleeds	<a href="#"><u>13</u></a>
Vertigo	<a href="#"><u>14</u></a>
Hoarse voice in adults	<a href="#"><u>15</u></a>
Feeling of something stuck in the throat	<a href="#"><u>16</u></a>
Management of discharging ear	<a href="#"><u>17</u></a>
Primary care management of snoring in adults	<a href="#"><u>18</u></a>
Tinnitus	<a href="#"><u>19</u></a>
Appendix	<a href="#"><u>20</u></a>
Membership of the guideline development group	
Date of guideline and date of review	
Referral form for requesting hearing testing in children $\leq$ 4 years	<a href="#"><u>21</u></a>
Copy of NHS Screening Programmes Newborn hearing check lists	<a href="#"><u>22</u></a>

## **INTRODUCTION**

This guidance is intended to inform initial management of common ENT conditions and has been developed as a consensus between representatives from primary and secondary care, with reference to national guidelines, including from NICE and SIGN.

It is intended to guide clinical management, but every patient should be assessed and managed individually.

This guideline is intended for all clinicians in the Newcastle, North Tyneside, Northumberland and Gateshead areas involved in managing patients with ENT conditions.

## **PATIENT INFORMATION**

There are various sources of patient information. None are specifically endorsed. Some relevant website links are included with the flow charts.

### **How to use the guideline**

The guideline is a set of flow charts covering a variety of ENT conditions. Each of these can be printed and laminated for easy reference if preferred.

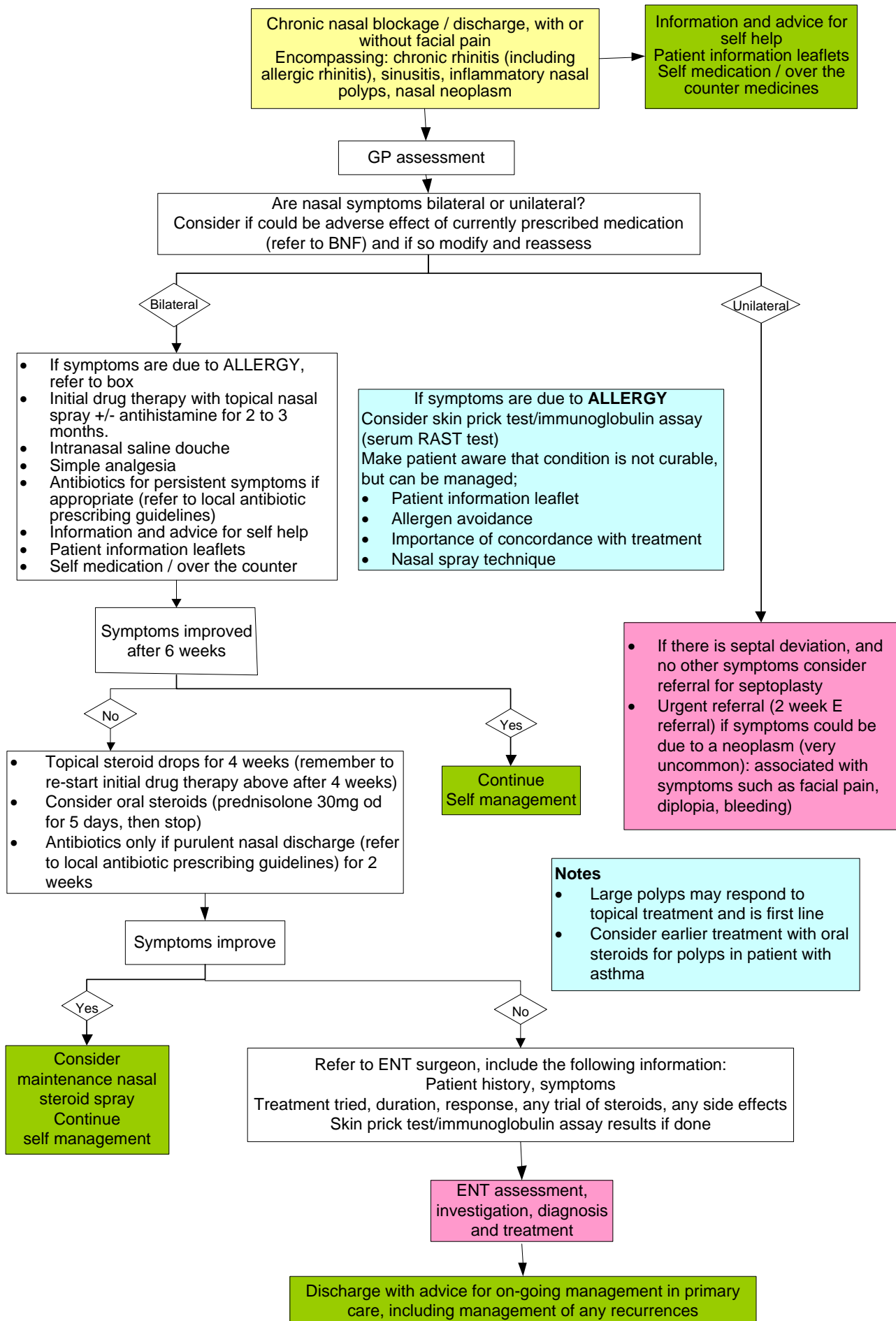
The BNF and the Local Formularies should be referred to as appropriate.

### ***Referrals***

When referral to ENT is recommended in the guideline, referral for patients to be seen at a local outreach clinic may be preferred. It is anticipated that clinicians in localities where such clinics are available will be aware of them, but further information can be obtained from the ENT department at Freeman Hospital.

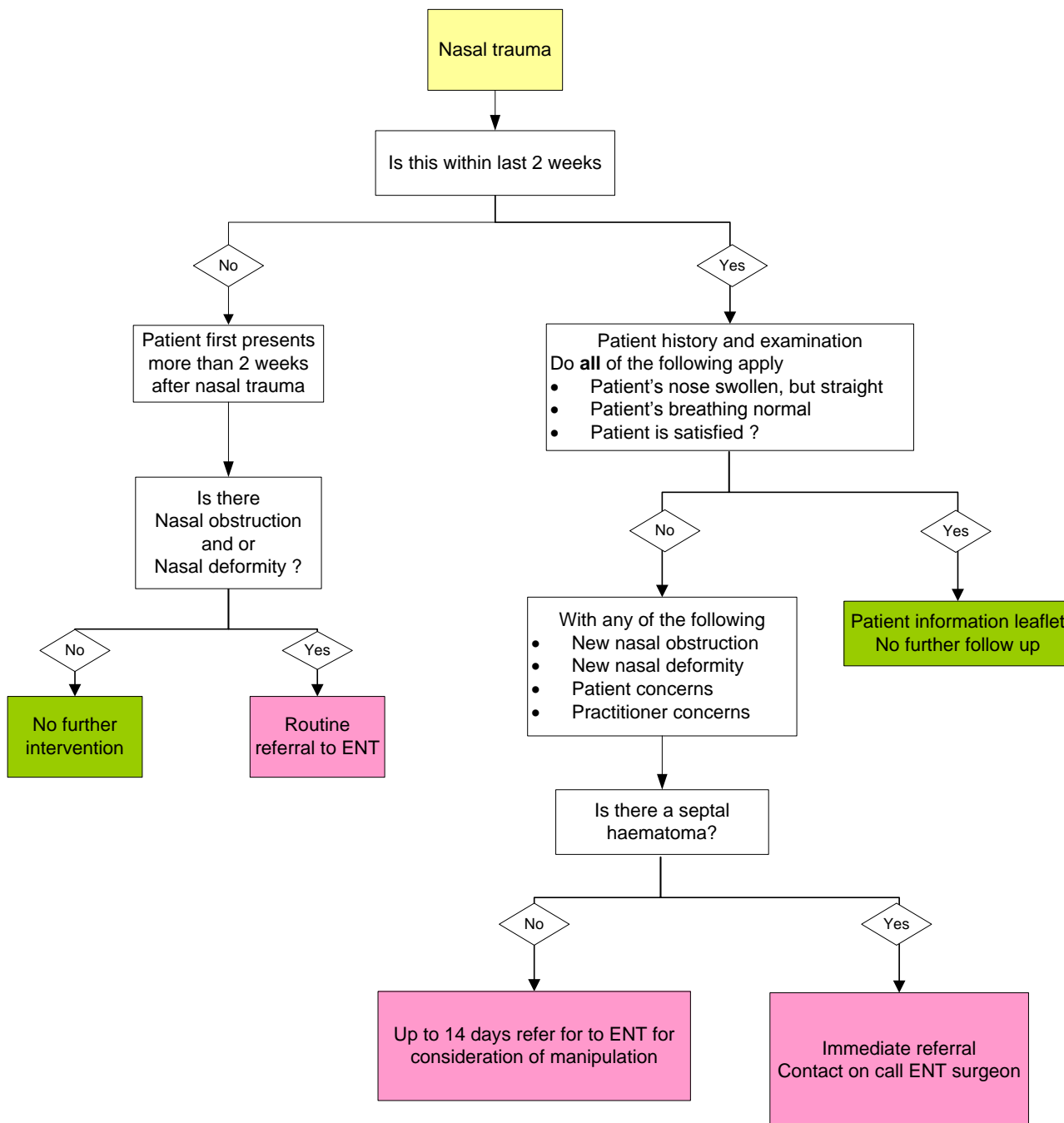
# Nasal Blockage / Discharge +/- Facial Pain in Adults

Patient information at: <https://www.entuk.org/patient-information-leaflets-1>

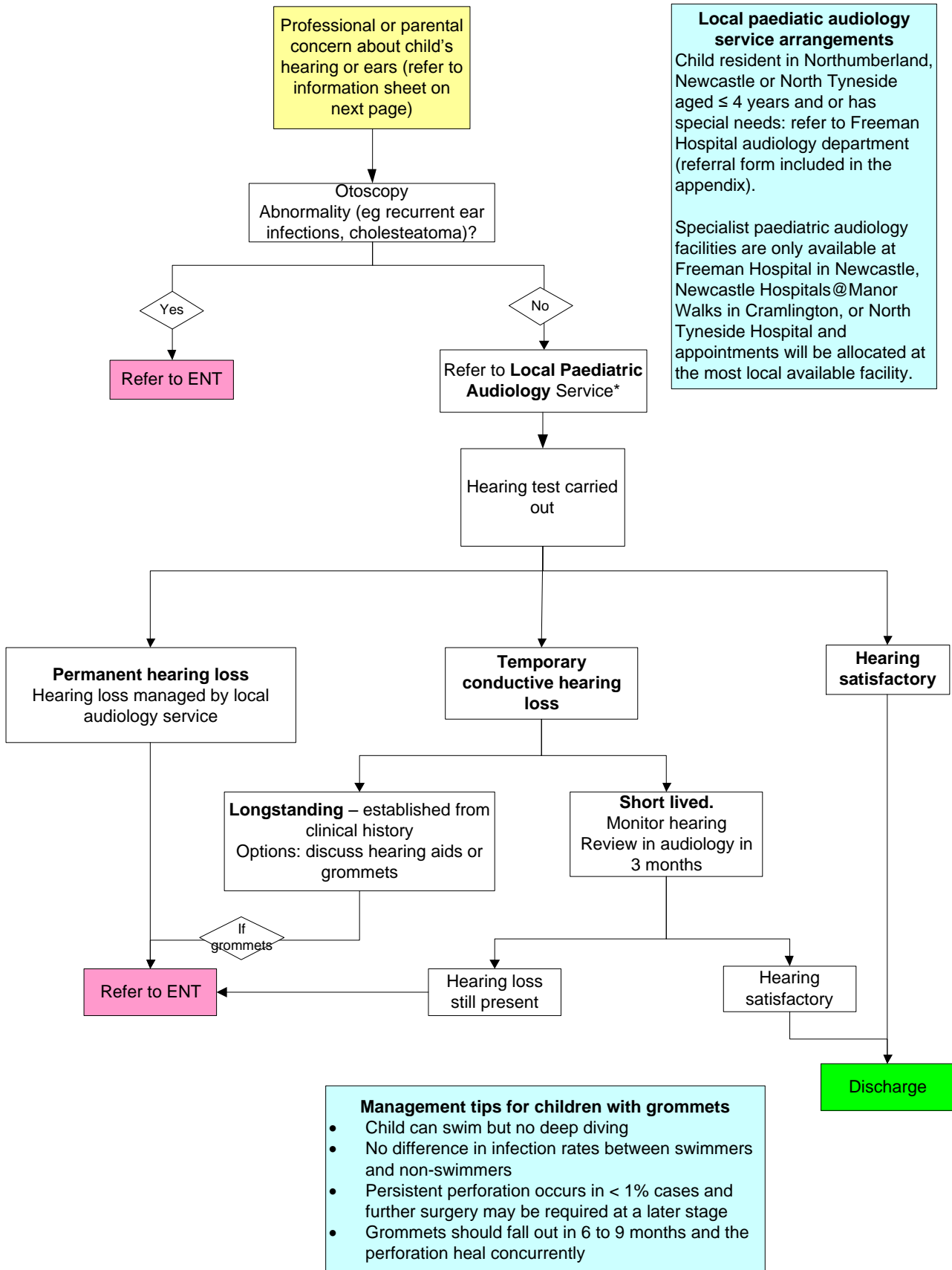


# Nasal Trauma (Adults)

Patient information at: <https://www.entuk.org/patient-information-leaflets-1>



# Hearing Problems in Children



## **Guidelines for Paediatric Referrals to Audiology**

**Please use these guidelines for making a referral for a hearing assessment.**

- **Parental or professional concern about an infant's hearing, or development of auditory or vocal behaviour, should always be taken seriously.**
- Genuine concern can be determined by asking the following questions.
  - 1) Is the child able to follow age appropriate instructions when spoken to, in a normal voice, from behind or out of sight. See appendix for checklist for reaction to sounds for a baby <1 year old.
  - 2) Is the child's babbling or speech and language age appropriate? Refer to checklist on page 37 of parent child health record (PCHR) to establish if there is speech and language delay. See appendix for checklist for making sounds.

If there is concern after ascertaining the above information then consider immediate referral to Audiology.

### General Information

- Children are routinely offered a newborn hearing screen at <3 months old. Results can be found in the PCHR and on the child health information system.
- School hearing screening is no longer being offered in some local areas. Therefore do not delay and refer immediately if there is genuine concern about the hearing.
- If a recent fluctuating hearing loss is reported consider monitoring the hearing for  $\leq 3$  months prior to referral.
- If the child has repeated ear infections refer to ENT, not audiology.

Other criteria used for referral to Audiology are:

- Confirmed or strongly suspected bacterial meningitis, or meningococcal septicaemia
- Temporal bone fracture
- Severe unconjugated hyperbilirubinaemia

Although the clinician in charge is responsible for referring the above, it is important to be aware when a hearing assessment is required.

Referral Procedure:

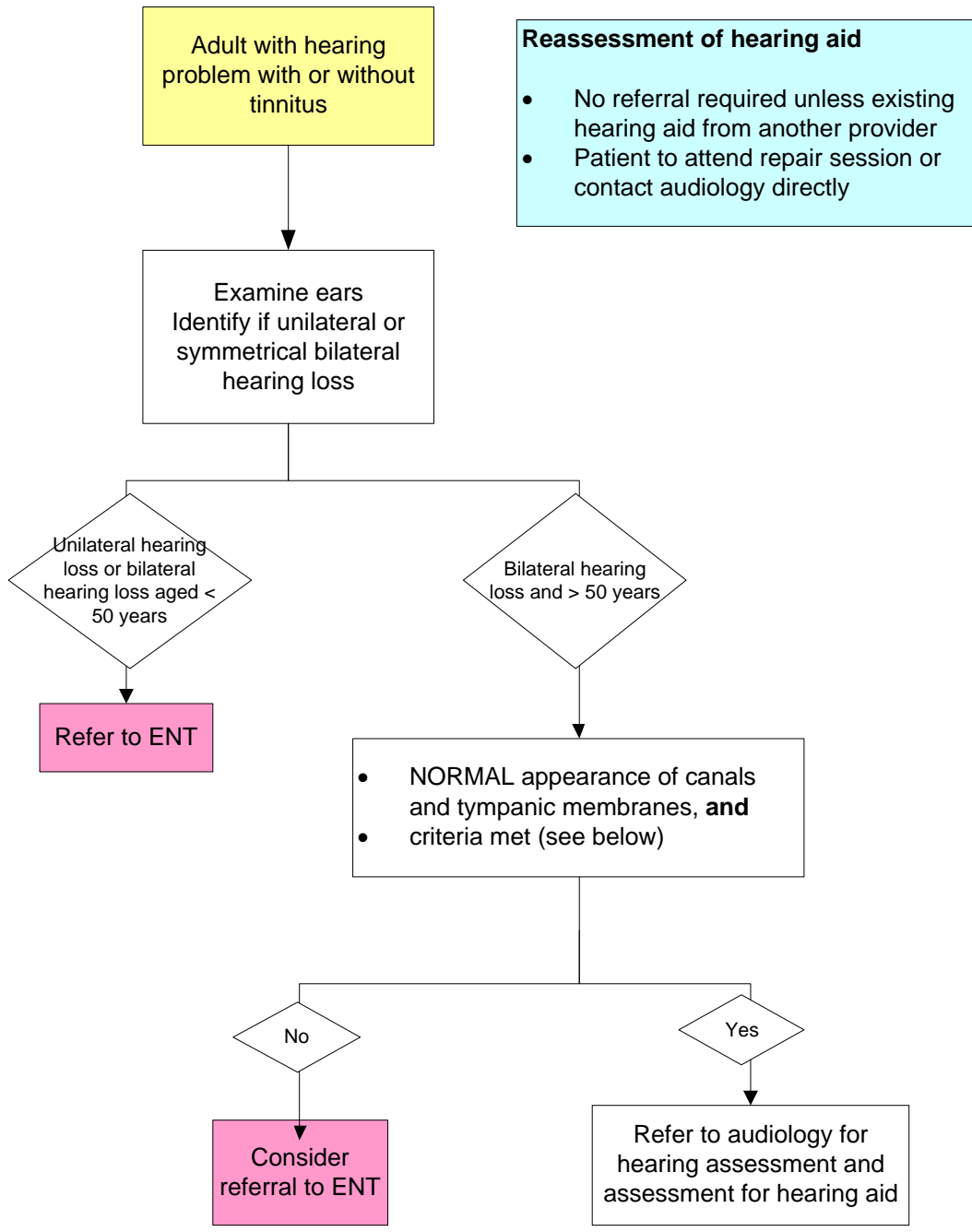
- Choose and book system
- Complete a request form for children's hearing assessment – see appendix
- Send referral form by post or email to: Audiology Dept, Freeman Hospital, Newcastle upon Tyne, NE7 7DN or [tnu-tr.childrensaudiologynorthoftyne@nhs.net](mailto:tnu-tr.childrensaudiologynorthoftyne@nhs.net)

**Referrals will only be accepted from GPs, HVs, School Nurses, Speech and Language Therapists and Paediatricians.**

If you require any further information please contact:

Kate Johnston, Head of Paediatric Audiology, Audiology Department, Freeman Hospital  
E-mail: [Kate.Johnston@nuth.nhs.uk](mailto:Kate.Johnston@nuth.nhs.uk)

# Hearing Problems in Adults



- Criteria for direct referral to audiology**
- Patients with symmetrical non- fluctuating hearing loss of gradual onset
  - Reassessment of hearing aid
  - Patient known to the service
  - Any ear wax has been removed
  - NORMAL appearance of canals and tympanic membranes, **and**
  - Any pre-existing ear condition has been investigated by ENT surgeon or audiological physician



## Infectious Sore Throat in Adults

Patient information at: <https://www.entuk.org/patient-information-leaflets-1>

Acute pharyngitis  
+ simple tonsillitis



Routine  
management

### Notes

Consider use of Fever Pain Score (<https://ctul.phc.ox.ac.uk/feverpain/index.php>) or Centor Score (<https://www.mdcalc.com/centor-score-modified-mcisaac-strep-pharyngitis>)

If antibiotics are indicated: Phenoxymethylpenicillin 500mg qds first line if not penicillin allergic, not amoxicillin. Refer to local antibiotic prescribing guidelines

# Recurrent Tonsillitis<sup>1</sup>

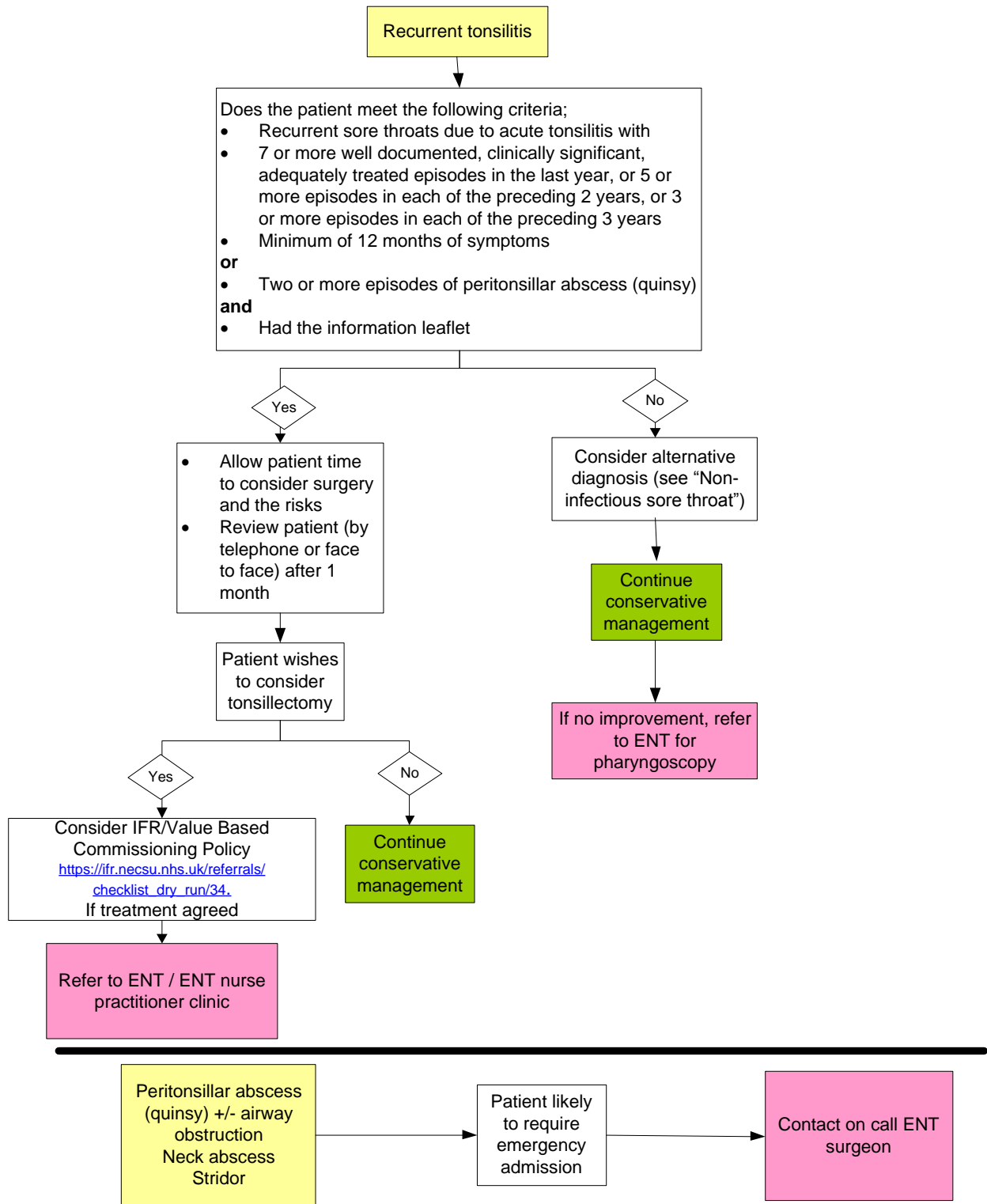
Patient information at: <https://www.entuk.org/patient-information-leaflets-1>

Patient decision aid at: <http://sdm.rightcare.nhs.uk/pda/recurrent-sore-throat/>

Acute pharyngitis + simple tonsillitis

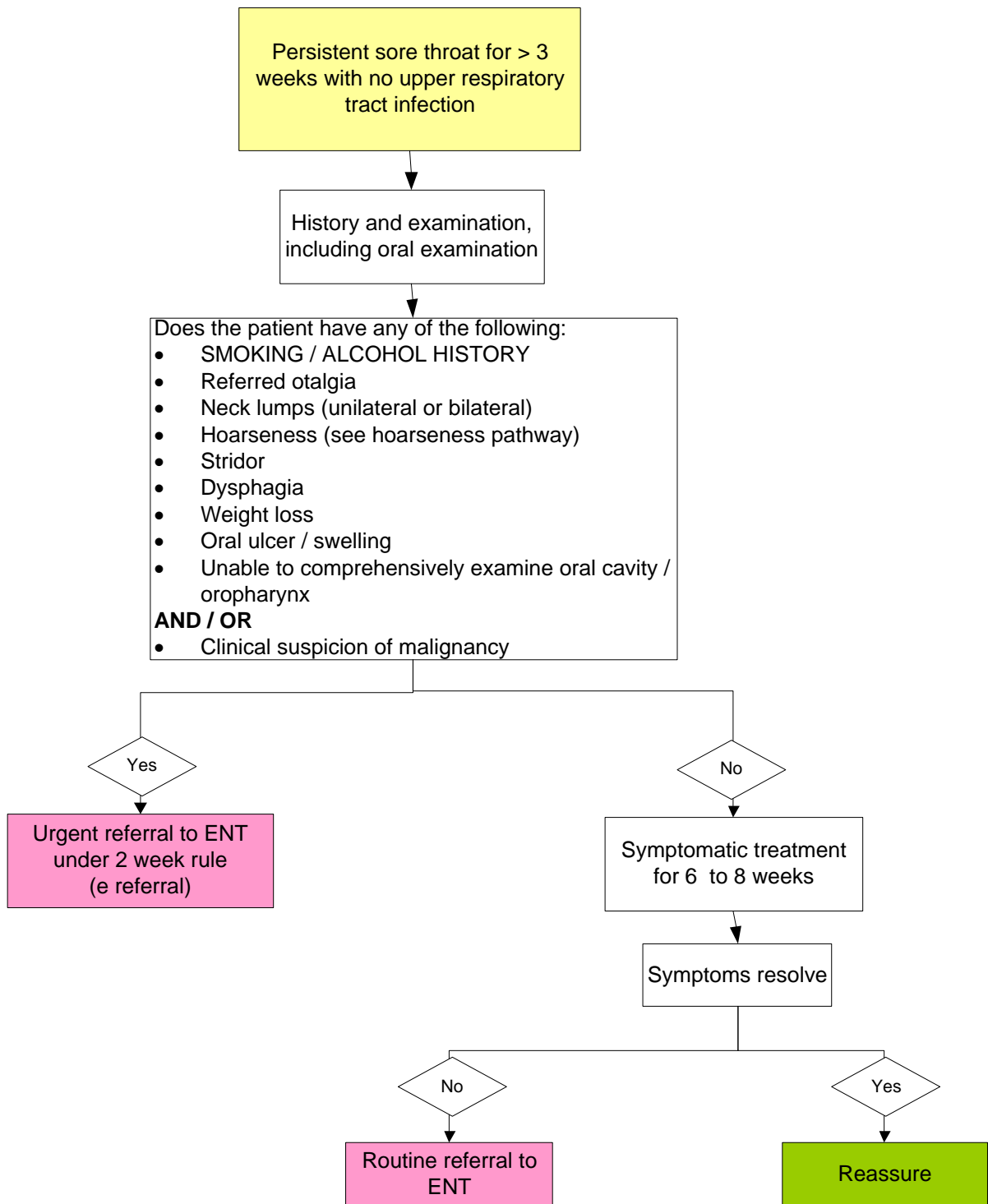
Routine management

**Notes**  
If antibiotics are indicated:  
Phenoxymethylpenicillin 500mg qds first line if not penicillin allergic, not amoxicillin. Refer to local antibiotic prescribing guidelines



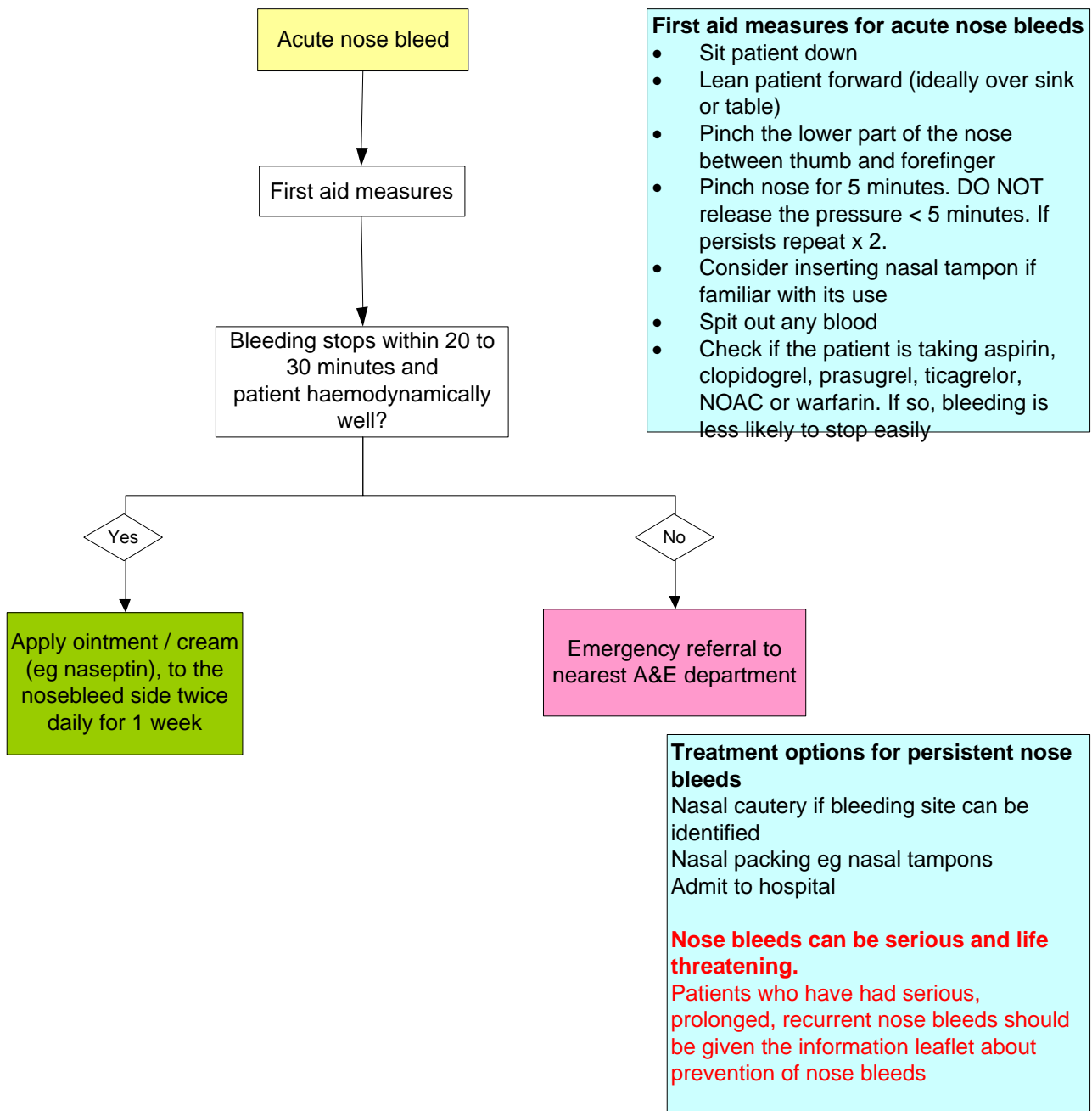
<sup>1</sup> The indications for tonsillectomy are for guidance and some patients, particularly children, who have recurrent severe infections in a shorter timescale should also be considered. GPs should also refer to the local exception treatment policy.

# Non-infectious Sore Throat in Adults

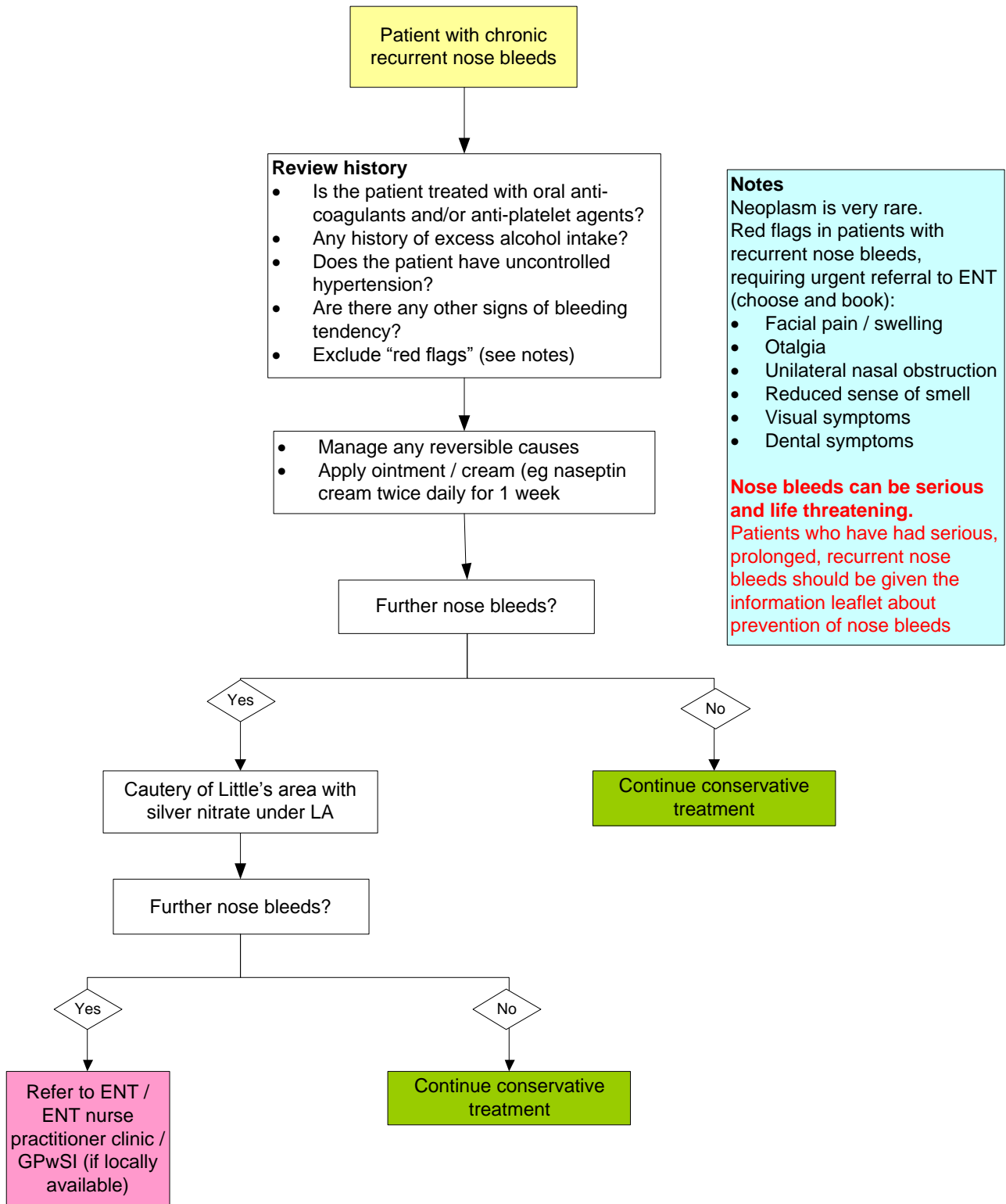


# Acute Nose Bleed

Patient information about epistaxis at: [http://www.entuk.org/patient\\_information\\_leaflets\\_1](http://www.entuk.org/patient_information_leaflets_1)

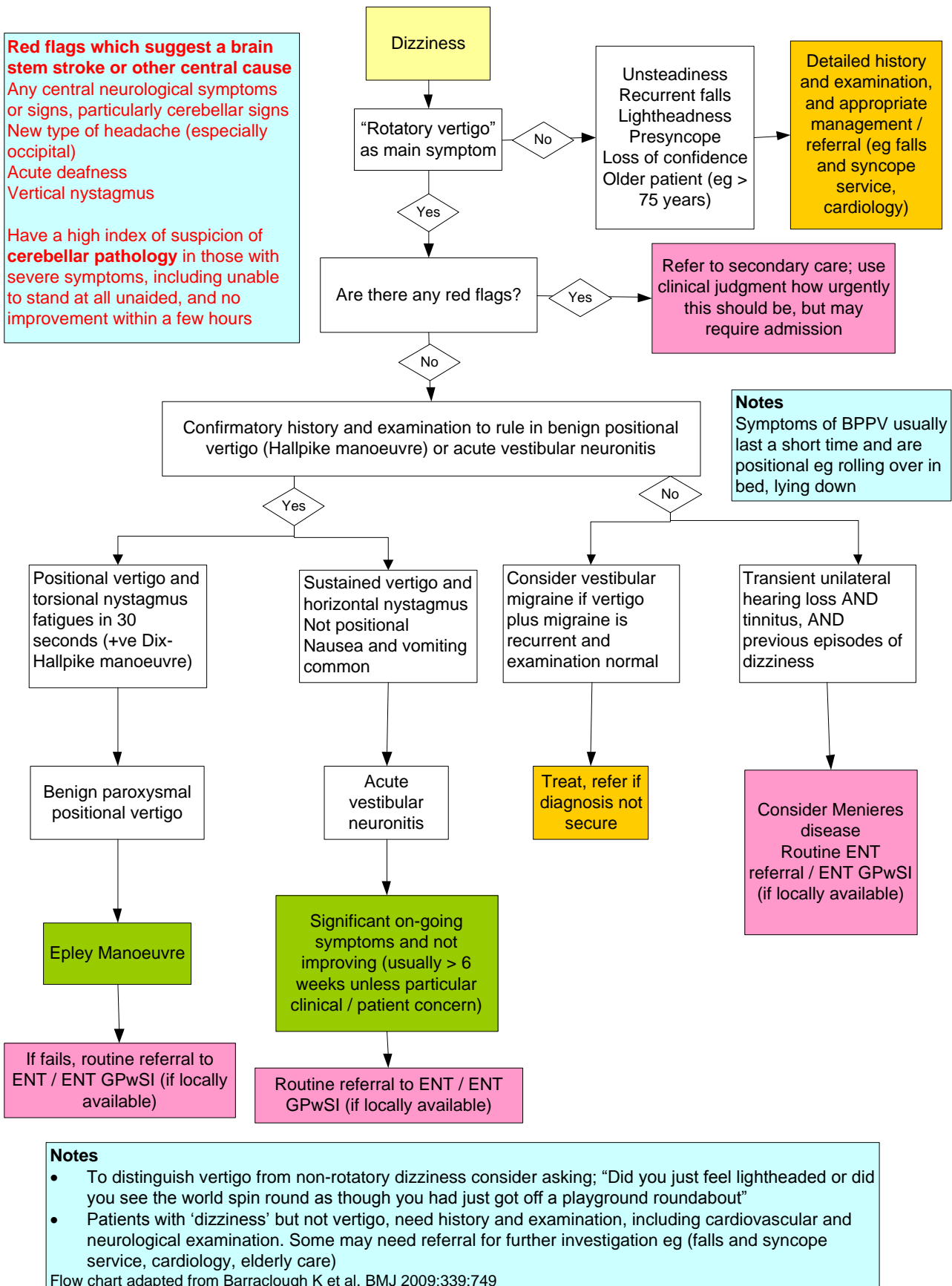


# Chronic Recurrent Nose Bleeds



# Vertigo

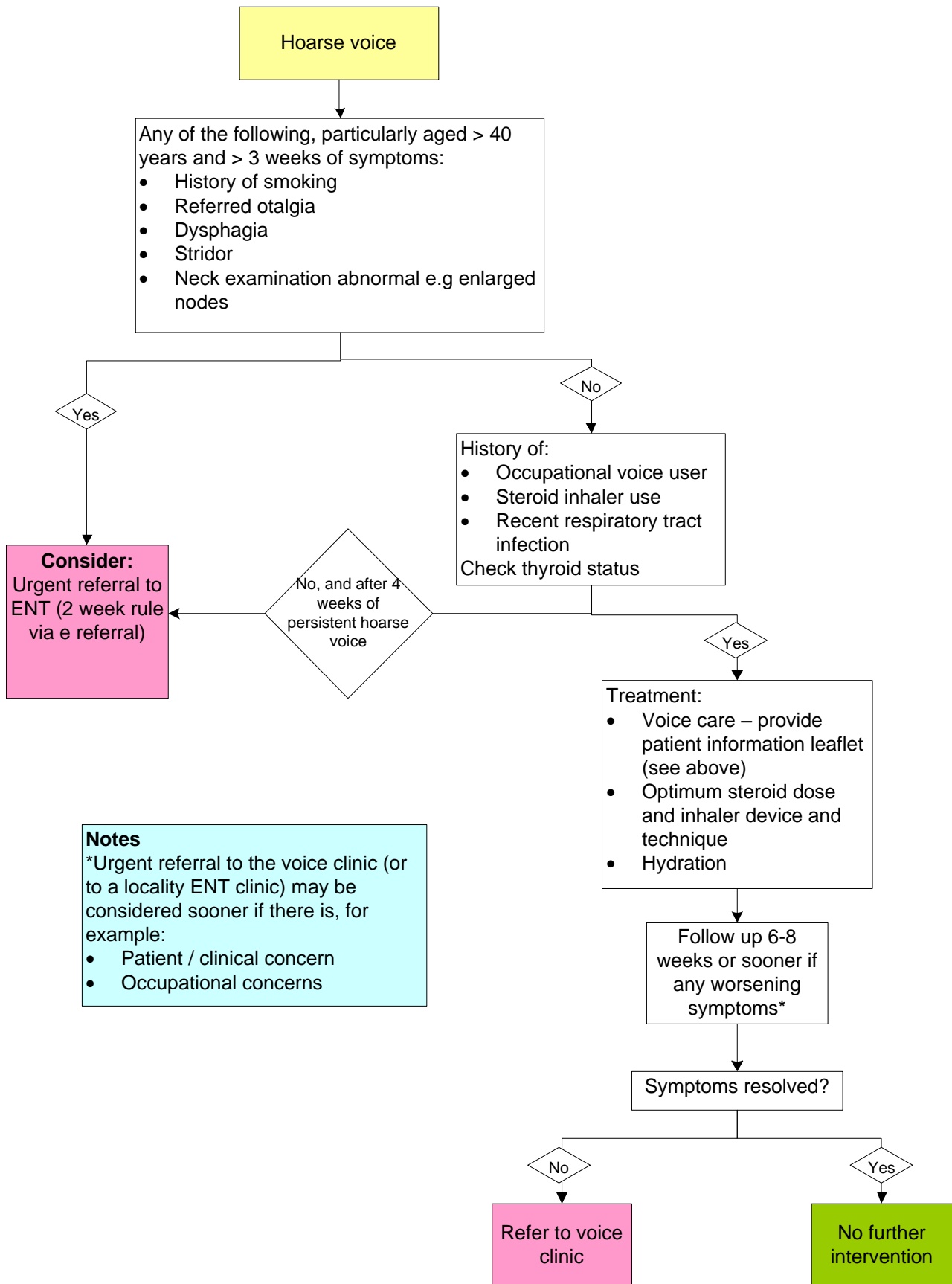
Patient information at: <https://www.entuk.org/patient-information-leaflets-1>



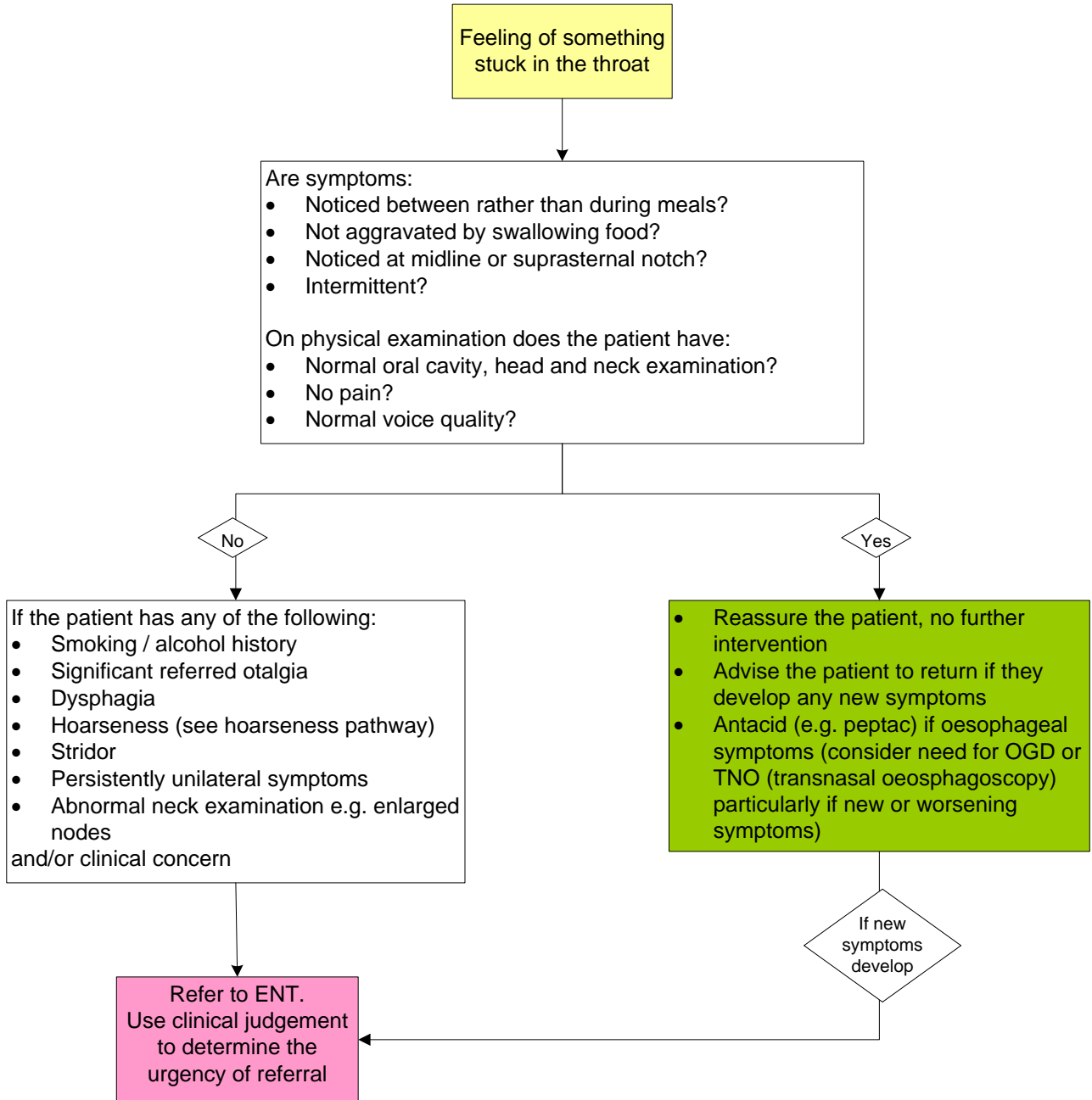
For more information about determining the cause of vertigo, refer to the CKS website (<http://www.cks.nhs.uk/vertigo/management#-407680>)

# Hoarse voice in Adults

Patient information at: <https://www.entuk.org/patient-information-leaflets-1>



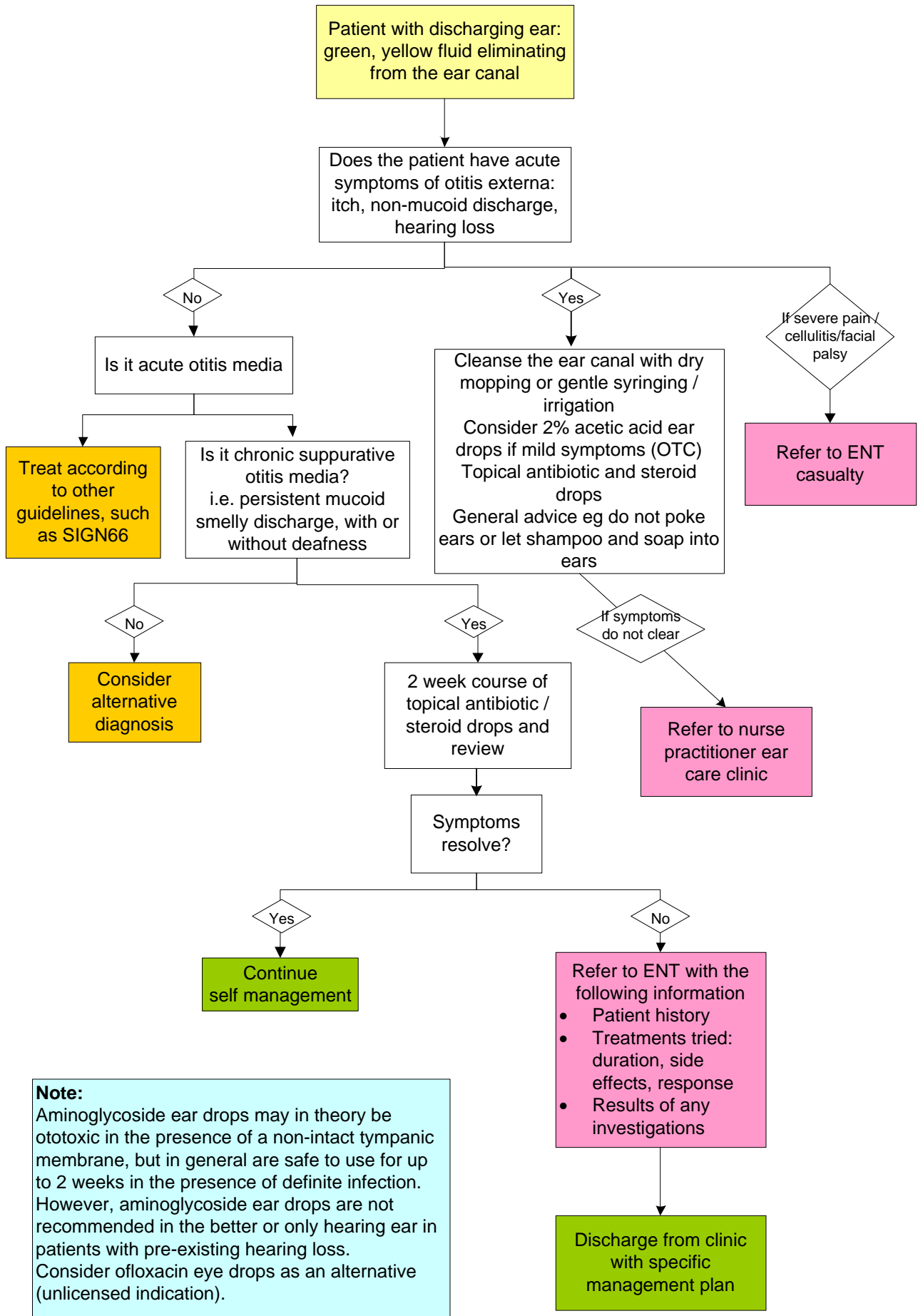
# Feeling of something stuck in the throat





# Management of discharging ear

Patient information at: <https://www.entuk.org/patient-information-leaflets-1>



**Note:**  
Aminoglycoside ear drops may in theory be ototoxic in the presence of a non-intact tympanic membrane, but in general are safe to use for up to 2 weeks in the presence of definite infection. However, aminoglycoside ear drops are not recommended in the better or only hearing ear in patients with pre-existing hearing loss. Consider ofloxacin eye drops as an alternative (unlicensed indication).

# Primary Care Management of Snoring in Adults

## Patient information:

- From the Newcastle upon Tyne Hospitals NHS Foundation Trust website at [http://www.newcastle-hospitals.org.uk/services/ent\\_treatment-and-medication\\_snoring-and-sleep-apnoea.aspx](http://www.newcastle-hospitals.org.uk/services/ent_treatment-and-medication_snoring-and-sleep-apnoea.aspx)
- <https://www.entuk.org/patient-information-leaflets-1>
- The British Snoring and Sleep Apnoea Association website at: [www.britishsnoring.co.uk](http://www.britishsnoring.co.uk)
- Information on Newcastle Hospitals DVD available at: [http://www.britishsnoring.co.uk/shop/snoring\\_self\\_help\\_dvd.php](http://www.britishsnoring.co.uk/shop/snoring_self_help_dvd.php)

**History, include:**  
 Loudness of snoring  
 Excessive / intrusive daytime sleepiness  
 Witnessed apnoeas  
 Impaired alertness  
 Nocturnal choking episodes  
 Waking unrefreshed

Co-morbidity  
 eg hypothyroidism, ischaemic heart disease, cerebrovascular disease, diabetes, hypertension

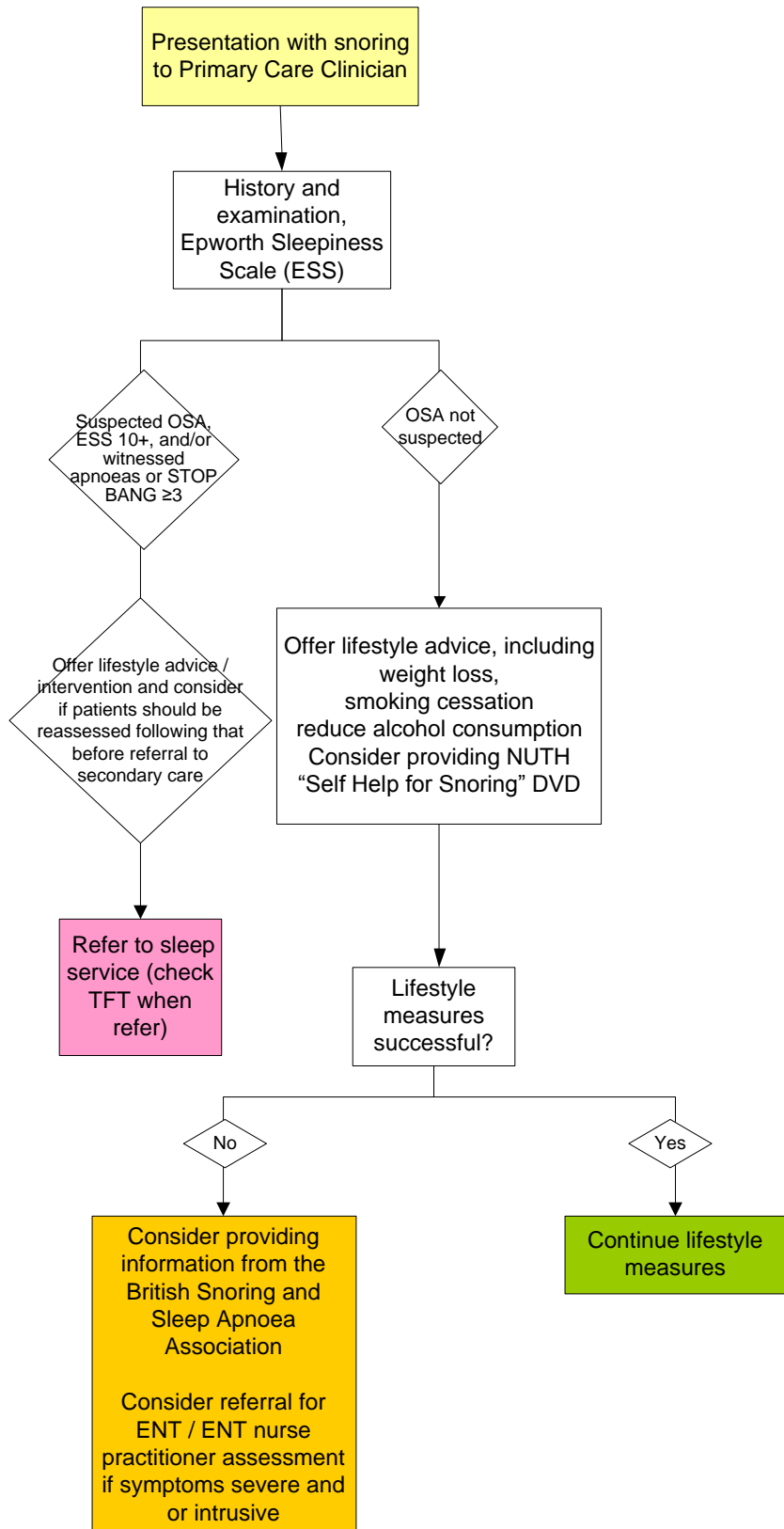
Smoking history  
 Alcohol consumption

Medication history

Consider psycho-social impact

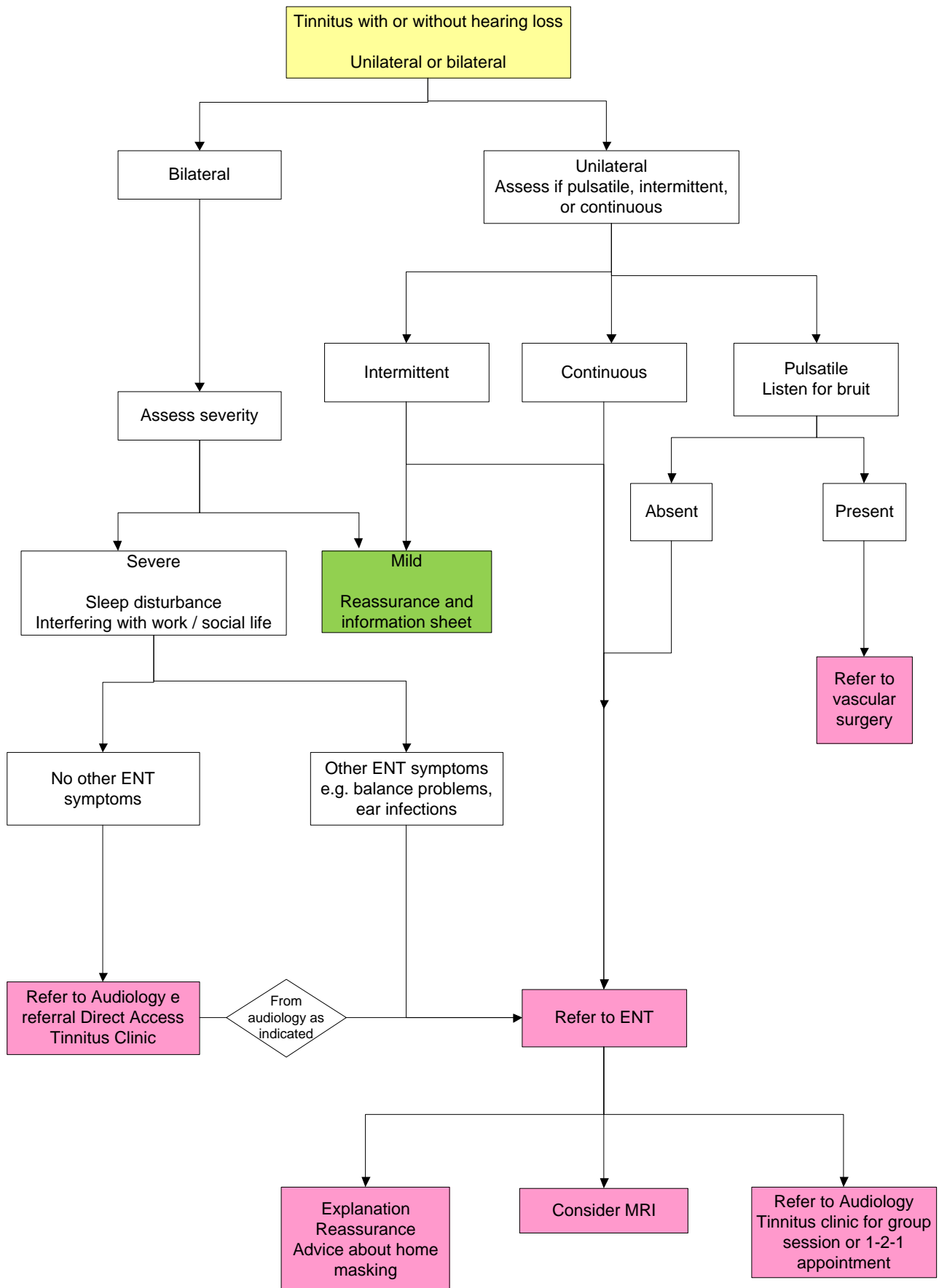
**Examination, include:**  
 BMI  
 Collar size

**STOP BANG questionnaire is available at:**  
[https://www.blf.org.uk/sites/default/files/BLF\\_OSA-Top-Tips-for-GPs\\_DOWNLOAD.pdf](https://www.blf.org.uk/sites/default/files/BLF_OSA-Top-Tips-for-GPs_DOWNLOAD.pdf)



# Tinnitus

Patient information at: <https://www.entuk.org/patient-information-leaflets-1>



## **APPENDIX**

### **Membership of the guideline development group**

Dr J Skinner, Consultant Community Cardiologist (guideline co-ordinator), Newcastle upon Tyne Hospitals NHS Foundation Trust

Mr S Carrie, Consultant in ENT, Newcastle upon Tyne Hospitals NHS Foundation Trust

Dr J Davison, Consultant in Elderly Care, FASS, Newcastle upon Tyne Hospitals NHS Foundation Trust

Dr D Grainger, Director of Planned Care, Newcastle Gateshead CCG

Kate Johnston, Head of Paediatric Audiology, Newcastle upon Tyne Hospitals NHS Foundation Trust

Dr S Kirk, GP, Whickham Surgery, Gateshead

Dr J Lawson, Associate Specialist, FASS, Newcastle upon Tyne Hospitals NHS Foundation Trust

Dr N Iqbal, GP, Swarland Avenue Surgery, North Tyneside

Mr V Paleri, Consultant in ENT, Newcastle upon Tyne Hospitals NHS Foundation Trust

Dr M Scott, GP, Newburn Surgery, Newcastle upon Tyne

Mr G Siou, Consultant in ENT, Newcastle upon Tyne Hospitals NHS Foundation Trust

Ms C Robson, Matron in ENT, Newcastle upon Tyne Hospitals NHS Foundation Trust

Dr J Viswanath, GP, The Grove Medical Group, Newcastle upon Tyne

Dr B Warner, GP, Well Close Square Surgery, Berwick upon Tweed, Northumberland

Prof J Wilson, Consultant in ENT, Newcastle upon Tyne Hospitals NHS Foundation Trust

Mr P Yates, Consultant in ENT, Newcastle upon Tyne Hospitals NHS Foundation Trust

and in consultation with

Dr DA Richardson, Consultant Physician / Geriatrician, Northumbria Healthcare NHS Foundation Trust

Dr S West, Consultant in Respiratory Medicine and Sleep Studies, Newcastle upon Tyne Hospitals NHS Foundation Trust

Dr J Hill, Consultant in ENT, Newcastle upon Tyne Hospitals NHS Foundation Trust

### **Date and date of review**

Updated February 2017, review February 2020

# The Newcastle upon Tyne Hospitals

NHS Foundation Trust

## REQUEST FOR HEARING TESTING FOR ALL CHILDREN

**Only to be used for children resident in Newcastle, North Tyneside and Northumberland**

PLEASE COMPLETE ALL SECTIONS BELOW AND SEND TO: AUDIOLOGY DEPARTMENT, FREEMAN HOSPITAL, NE7 7DN

☎ 223 1043 FAX: 213 7039 or

e-mail to: [tnu-tr.childrensaudiologynorthoftyne@nhs.net](mailto:tnu-tr.childrensaudiologynorthoftyne@nhs.net) (confidential information MUST be sent from another nhs.net account)

**WE WILL ONLY ACCEPT REFERRALS FROM SPEECH AND LANGUAGE THERAPISTS, GPs, HEALTH VISITORS AND SCHOOL NURSES. THERE MUST BE A GENUINE PARENTAL OR PROFESSIONAL CONCERN ABOUT THE CHILD'S HEARING; THIS IS NOT A SCREENING SERVICE.**

### REFERRER INFORMATION

### PATIENT INFORMATION

<p><b>Referrer Name:</b> _____</p> <p><b>Referrer Title:</b> GP <input type="checkbox"/> HV <input type="checkbox"/> School Nurse <input type="checkbox"/> S&amp;L Therapist <input type="checkbox"/></p> <p><b>Address:</b> _____ _____ _____ _____</p> <p><b>Tel:</b> _____ <b>Fax:</b> _____</p>	<p><b>Patient Name:</b> _____</p> <p><b>D.O.B:</b> _____</p> <p><b>Patient Age:</b> _____</p> <p><b>Address:</b> _____ _____ _____ _____</p> <p><b>NHS NO:</b> _____</p> <p><b>Sex:</b> _____</p> <p><b>Home:</b> _____</p> <p><b>Mobile:</b> _____</p>
---	---

GP Name and Address if <u>not</u> referrer:	_____ _____ _____
---	-------------------------

School/Nursery Name and Address if <u>not</u> referrer:	_____ _____ _____
---	-------------------------

<b>REASON FOR REFERRAL</b>
_____ _____ _____ _____

<b>PATIENT HISTORY</b>	
<p><u>Previous hearing test results (if known)</u></p> <p>Newborn hearing screen:</p> <p>School entry hearing test:</p> <p>Birth History:</p> <p>Developmental History</p>	_____ _____ _____ _____ _____

Verbal/written consent obtained from parents    Yes     No  \_\_\_\_\_

Interpreter required    Yes     No  Language \_\_\_\_\_

**Signature of referrer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please use this form for the referral of patients aged 16 years or under for hearing assessment.

Please be aware that any patient describing symptoms consistent with tinnitus should be referred directly to the ENT consultant.

**Patient Details**

Name:

Male / Female

Previous Surname (s):

Address:

Telephone Number:

Mobile Number:

Date of Birth:

NHS Number:

GP Name:

GP Practice:

**Referring Professional**

Name (please print):

Signature:

Designation:

Address:

Date of Referral:

**Referral Details**

**Symptoms / reason for referral:**

**Please specify any investigations carried out prior to referral:**

**Additional information:**

**Please return your completed referral to:**

**Call Centre (Appointment Office)  
Queen Elizabeth Hospital  
Sheriff Hill  
Gateshead  
NE9 6SX**

**Or fax to: 0191 445 2914**

## Screening Programmes

### Newborn Hearing

#### Reaction to sounds checklist

This list and the Making Sounds Checklist give pointers about what to look for as your baby grows to check if he/she can hear. Babies differ widely in what they can do at any given age. The ages presented here are an approximate guide only.

##### Shortly after birth - a baby:

Is startled by a sudden loud noise such as a hand clap or a door slamming. Blinks or opens eyes widely to such sounds or stops sucking or starts to cry.

##### 1 month - a baby:

Starts to notice sudden prolonged sounds like the noise of a vacuum cleaner and may turn towards the noise. Pauses and listens to the noises when they begin.

##### 4 months - a baby:

Quietens or smiles to the sounds of familiar voice even when unable to see speaker and turns eyes or head towards voice. Shows excitement at sounds (e.g. voices, footsteps etc).

##### 7 months - a baby:

Turns immediately to familiar voice across the room or to very quiet noises made on each side (if not too occupied with other things).

##### 9 months - a baby:

Listens attentively to familiar everyday sounds and searches for very quiet sounds made out of sight.

##### 12 months - a baby:

Shows some response to own name. May also respond to expressions like 'no' and 'bye bye' even when any accompanying gesture cannot be seen.

**If at any stage in the baby or child's development you think he/she may have difficulties hearing, contact your health visitor or family doctor.**

.....  
Adapted from: The 'Can Your Baby Hear You' form, B. McCormick, 1982, Children's Hearing Assessment Centre, Nottingham, UK.



# Screening Programmes

## Newborn Hearing

### Making sounds checklist

#### Introduction

This list and the Reaction to Sounds Checklist give pointers about what to look for as your baby grows to check if he/she can hear. Babies do differ in what they can do at any given age. The ages presented here are approximate only.

#### Checklist

##### 4 months - a baby:

Makes soft sounds when awake. Gurgles and coos.

##### 6 months - a baby:

Makes laughter-like sounds. Starts to make sing-song vowel sounds (eg: a-a, muh, goo, der, aroo, adah).

##### 9 months - a baby:

Makes sounds to communicate in friendliness or annoyance. Babbles (e.g. 'dada da', 'ma ma ma', 'ba ba ba'). Shows pleasure in babbling loudly and tunefully. Starts to imitate other sounds like coughing or smacking lips.

##### 12 months - a baby:

Babbles loudly, often in a conversational-type rhythm. May start to use one or two recognisable words.

##### 15 months - a baby:

Makes lots of speech-like sounds. Uses 2-6 recognisable words meaningfully (eg: 'teddy' when seeing or wanting the teddy bear).

##### 18 months - a baby:

Makes speech-like sounds with conversational-type rhythm when playing. Uses 6-20 recognisable words. Tries to join in nursery rhymes and songs.

##### 24 months - a child:

Uses 50 or more recognisable words appropriately. Puts 2 or more words together to make simple sentences (for example: more milk). Joins in nursery rhymes and songs. Talks to self during play (may be incomprehensible to others).

##### 30 months - a child:

Uses 200 or more recognisable words. Uses pronouns (e.g. I, me, you). Uses sentences but many will lack adult structure. Talks intelligibly to self during play. Asks questions. Says a few nursery rhymes.

##### 36 months - a child:

Has a large vocabulary intelligible to everyone.

.....  
Adapted from: M. D. Sheridan (Revised by M. Frost and A. Sharma), 1997,  
Routledge, London, New York.