

Otolaryngology Referral Prioritisation Criteria 2015

| Priority Description | Timeframe | Criteria | Examples |
|---|-----------------------------|--|---|
| Immediate | Same Day | Referral accompanied by phone call | Sudden sensory neural hearing loss, acute onset stridor, peri-tonsillar abscess, acute tonsillitis and unable to orally hydrate, severe epistaxis Discuss with acute call registrar at Capital and Coast DHB if HVDHB registrar/consultant not available |
| Urgent | Within 1 week (next clinic) | Condition likely to deteriorate if left for an extended time without treatment | Airway problems/stridor (mild) Facial nerve palsy Otitis externa (severe) |
| | 3 – 4 weeks | | Cervical lymphadenopathy with no other red flag head and neck symptoms |
| | within 8 weeks | | Hoarse voice (in smoker) Increasing dysphagia |
| Semi urgent | Within 2 – 4 months | Condition requiring surgical assessment as soon as possible but condition will not deteriorate if not seen at short notice | Intermittent epistaxis Paediatric obstructive sleep apnoea OME with hearing loss/speech delay |
| | Within 4 months | | Asymptomatic paediatric OME Recurrent tonsillitis in children (> 6 bouts per year) Adult obstructive sleep apnoea |
| Below access criteria – not accepted and referral return to GP | | Patient at no physical or systemic risk if not assessed in any designated time | Post nasal discharge Unilateral/bilateral tinnitus with no other ORL symptoms Chronic cough Balance problems with no other ORL symptoms Noise induced hearing loss (ACC referral appropriate) Sinusitis without CT evidence Uncomplicated wax impaction |

Sub regional referral prioritisation for Wairarapa, Hutt Valley and Capital & Coast DHBs is now available on the referral website for all clinicians. These have pathways for GPs and give practical management advice to assist the GP on whom to refer and when.

Communication to GPs has been provided but on the health pathways which can be accessed by going onto the DHB website on the intranet, clicking on the resources which will take you to health pathways and then in the search box you type in otolaryngology which will bring up a number of headings including referral to ENT/Otolaryngology/Head and Neck and then all pathways listed will be available.

- Acute otitis media and otitis media with effusion
- Otitis media with effusion (glue ear)
- Acute rhinosinusitis
- Chronic rhinosinusitis
- Chronic throat irritation/globus pharyngeus
- Dysphagia
- Ear anomalies
- Ear discharge
- Ear wax
- Nasal fracture
- Neck lumps in adults
- Obstructive sleep apnoea in children
- Recurrent epistaxis in children
- Salivary gland disorders
- Sensorineural hearing loss in adults
- Tinnitus
- Tonsillectomy and sore throat
- Vertigo

Document Management

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|--------------------|------------------------|--|
| March 2007 | March 2008 | Clinical Head of Department, Mr Graham Morrissey |
| | | Service Manager, Carolyn Braddock |
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| | | Service Manager, Carolyn Braddock |
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