

GUIDELINES ON ENT EMERGENCY REFERRALS

DIAGNOSIS	MANAGEMENT
NOSE	
Fractured nose	<ul style="list-style-type: none"> • Secondary survey to exclude other injuries (eg facial, orbital or intracranial) • Refer immediately to ENT emergency clinic if septal haematoma • If nasal bones are deviated at 1 week, refer to ENT for MUA nose (there is a 2 week window to manipulate nose)
Periorbital cellulitis	<ul style="list-style-type: none"> • Many causes including sinonasal • Can lead to blindness and intracranial complications • Refer immediately for iv antibiotics (may require CT to exclude underlying abscess)
THROAT	
Tonsillitis	<ul style="list-style-type: none"> • Usually viral • If persistent, refer to SIGN guidelines • Penicillin V 1st line (provided no contraindication)
Quinsy	<ul style="list-style-type: none"> • Symptoms: hot potato voice, odynophagia, cannot open jaw • Signs: trismus • Refer to emergency clinic for incision and drainage
Deep neck space infection	<ul style="list-style-type: none"> • Signs: Trismus, neck lump, change in voice (dysphonia), pain (dysphagia) and difficulty swallowing (odynophagia), stridor • Refer immediately
EARS	
Acute otitis Externa	Refer immediately if refractory to medical treatment or complications have arisen (malignant otitis externa, cellulitis) <ul style="list-style-type: none"> • Treat with ear drops (gentisone HC or ciprofloxacin drops in cases of ear perforation) • If ear canal is stenosed, refer to ENT for assessment
Chronic otitis externa	Treat underlying aggravating factors eg skin condition (eczema, psoriasis), swimming (ear moulds), hearing aids. Acetic acid (Earcalm spray)
Sudden sensorineural hearing loss	Mostly idiopathic High dose prednisolone 7-10 days Acyclovir if vesicles indicate Zoster) Refer immediately to ENT for assessment and baseline audiogram
MISCELLANEOUS	
Facial palsy	Exclude ear infection (middle ear disease eg acute otitis media, cholesteatoma, malignant otitis externa), parotid mass, evidence of vesicles in mouth (Ramsay Hunt). If the above findings are normal, treat as Bell's palsy (refer to BNF) <ul style="list-style-type: none"> • Prednisolone • Eye protection – artificial tears/eye patch night • Acyclovir if vesicles indicate herpes zoster If facial palsy has not resolved after 6 weeks, refer to ENT
Foreign body in ear	book in to emergency clinic for next day – unless something EROSIIVE eg battery which has to be referred immediately

Foreign body in
nose

Remove immediately to prevent aspiration, particularly with something
EROSIVE eg battery