



GUIDELINES FOR MANAGEMENT OF COMMON ENT CONDITIONS IN PRIMARY CARE

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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 Nottinghamshire area involved in managing patients with ENT conditions.

HOW TO USE THE GUIDELINES

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 Formulary should be referred to as appropriate.

USEFUL TELEPHONE NUMBERS

ENT CONSULTANTS

Mr S Ali's secretary	01623 672328
Mrs M Morgan's secretary	01623 672329
Mr N Fergie's secretary	01623 622515 ext 3922
Audiology Department	01623 622515 ext 6171/3036
Community Microsuction Service	01623 664821

On Call Arrangements

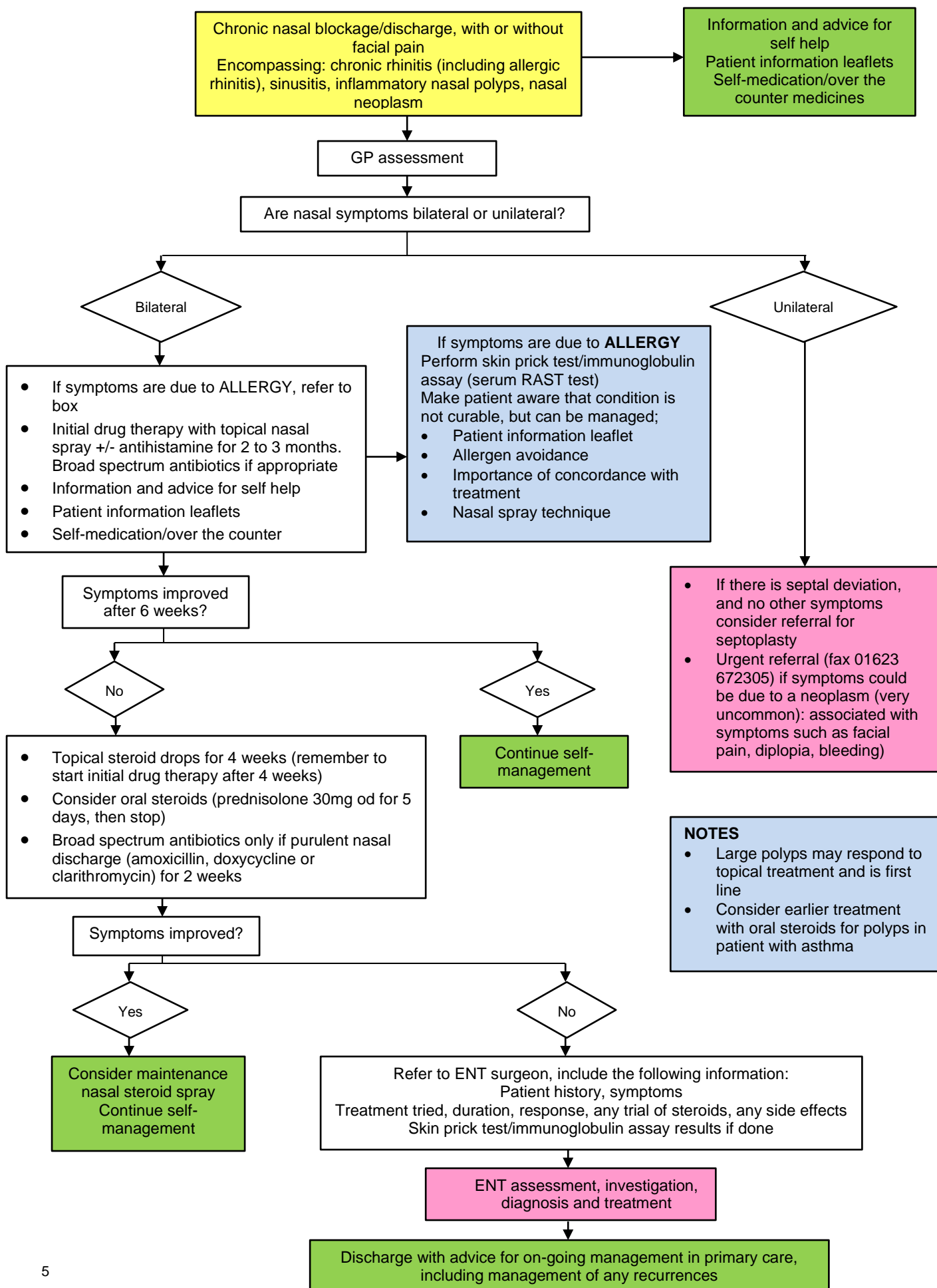
ENT Department, Kings Mill Hospital

(Sherwood Forest Foundation Trust)

Day	Time	Arrangements
Monday to Thursday	8.00 am – 12.00 pm (midnight)	ENT Department Kings Mill Hospital Contact via switchboard – 01623 622515
Monday to Thursday	12.00 pm (midnight) to 8.00 am	ENT Department Queens Medical Centre (Nottingham University Hospitals) Contact via switchboard 0115 924 9924
Friday	8.00 am – 6.00 pm	ENT Department Kings Mill Hospital Contact via switchboard – 01623 622515
Weekends	Friday 6.00 pm – Monday 8.00 am	ENT Department Queens Medical Centre (Nottingham University Hospitals) Contact via switchboard 0115 924 9924
Bank Holidays		ENT Department Queens Medical Centre (Nottingham University Hospitals) Contact via switchboard 0115 924 9924

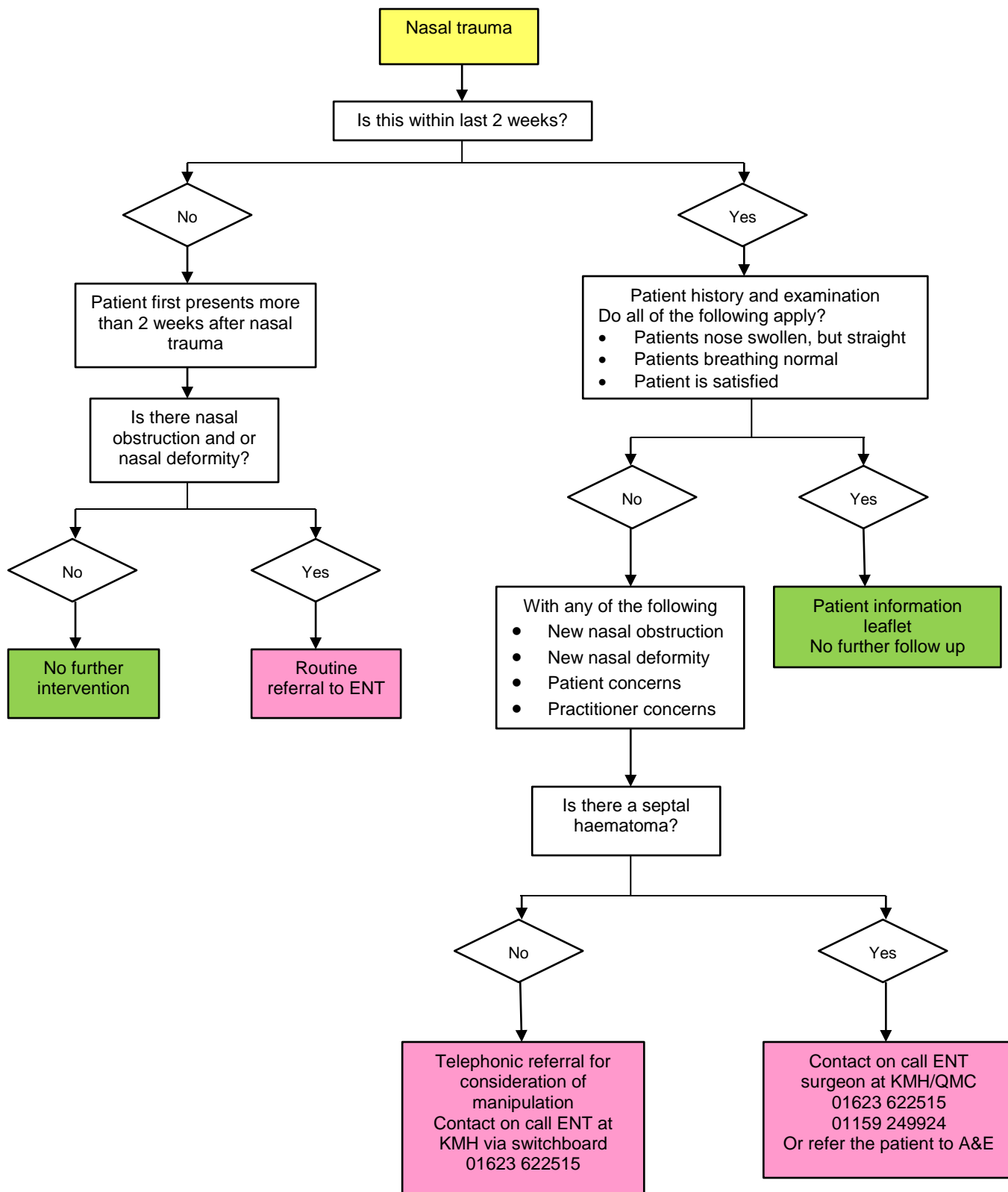
Nasal Blockage / Discharge +/- Facial Pain in Adults

Patient information at: http://www.entuk.org/patient_info/

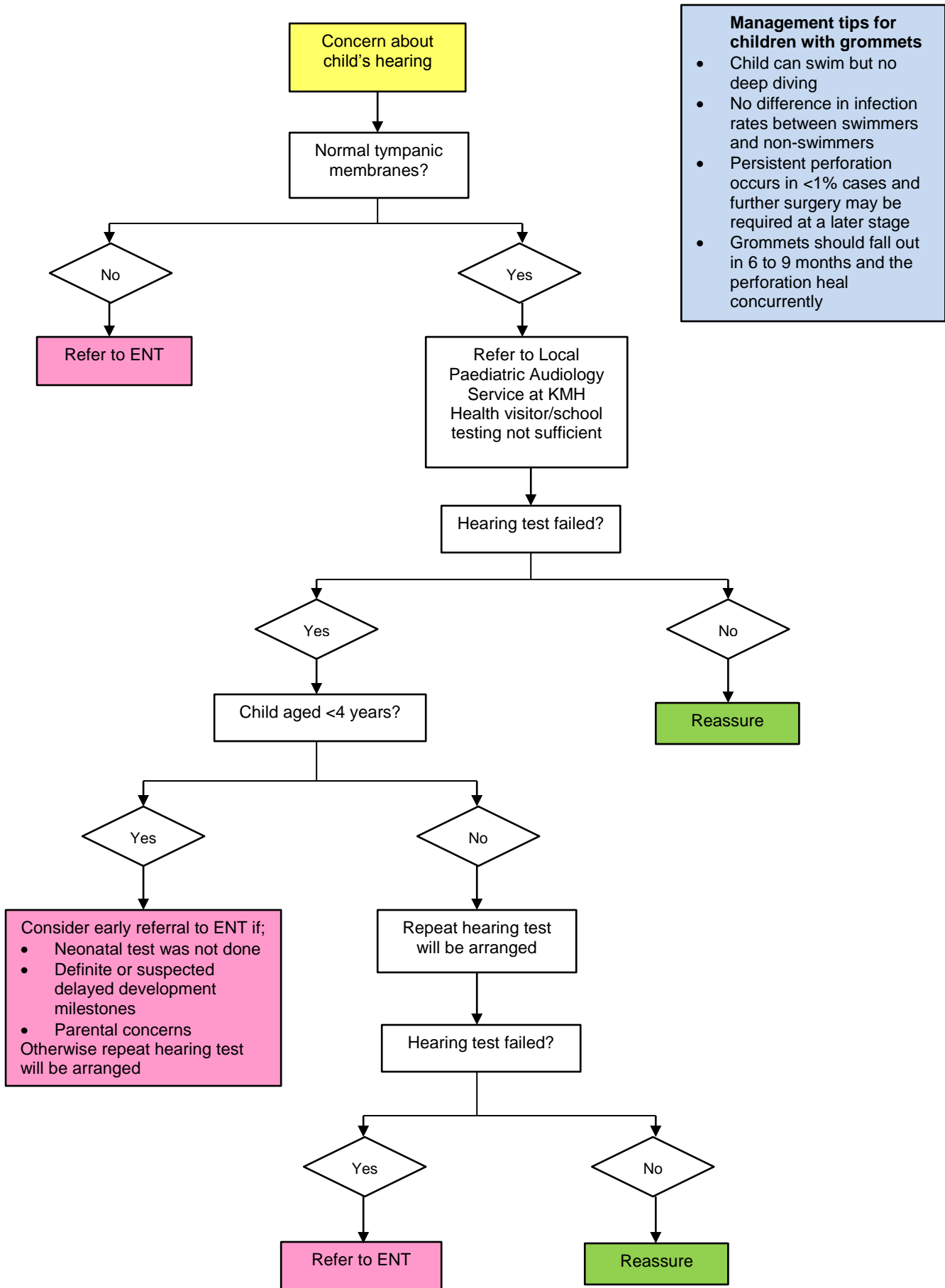


Nasal Trauma (Adults)

Patient information at: http://www.entuk.org/patient_info/nose/injuries.html



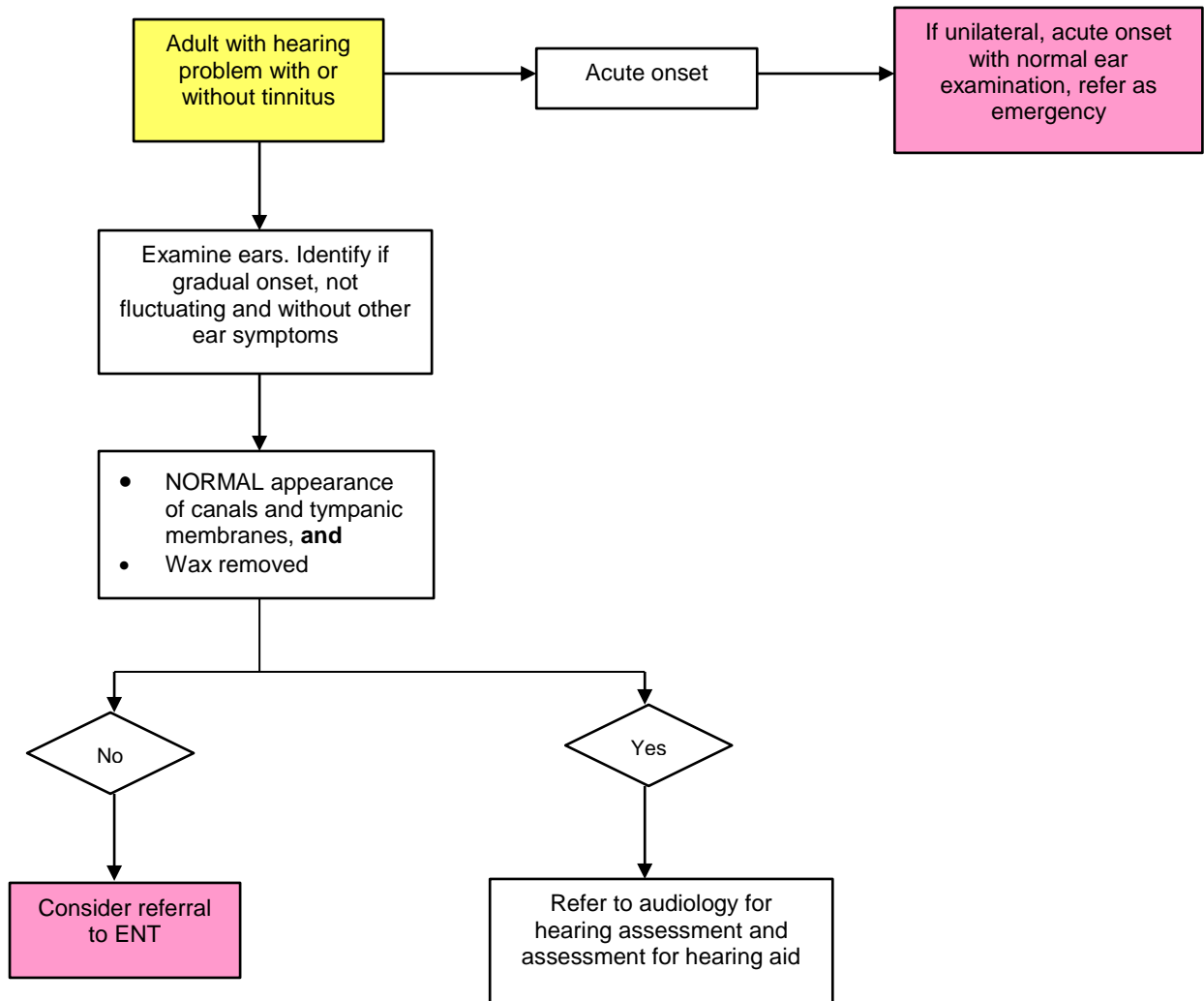
Hearing Problems in Children



Management tips for children with grommets

- Child can swim but no deep diving
- No difference in infection rates between swimmers and non-swimmers
- Persistent perforation occurs in <1% cases and further surgery may be required at a later stage
- Grommets should fall out in 6 to 9 months and the perforation heal concurrently

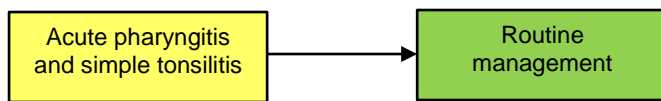
Hearing Problems in Adults



- Criteria for direct referral to audiology**
- Patients with 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 audiology physician

Infectious Sore Throat in Adults

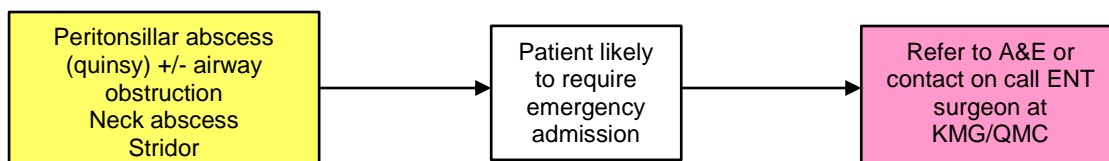
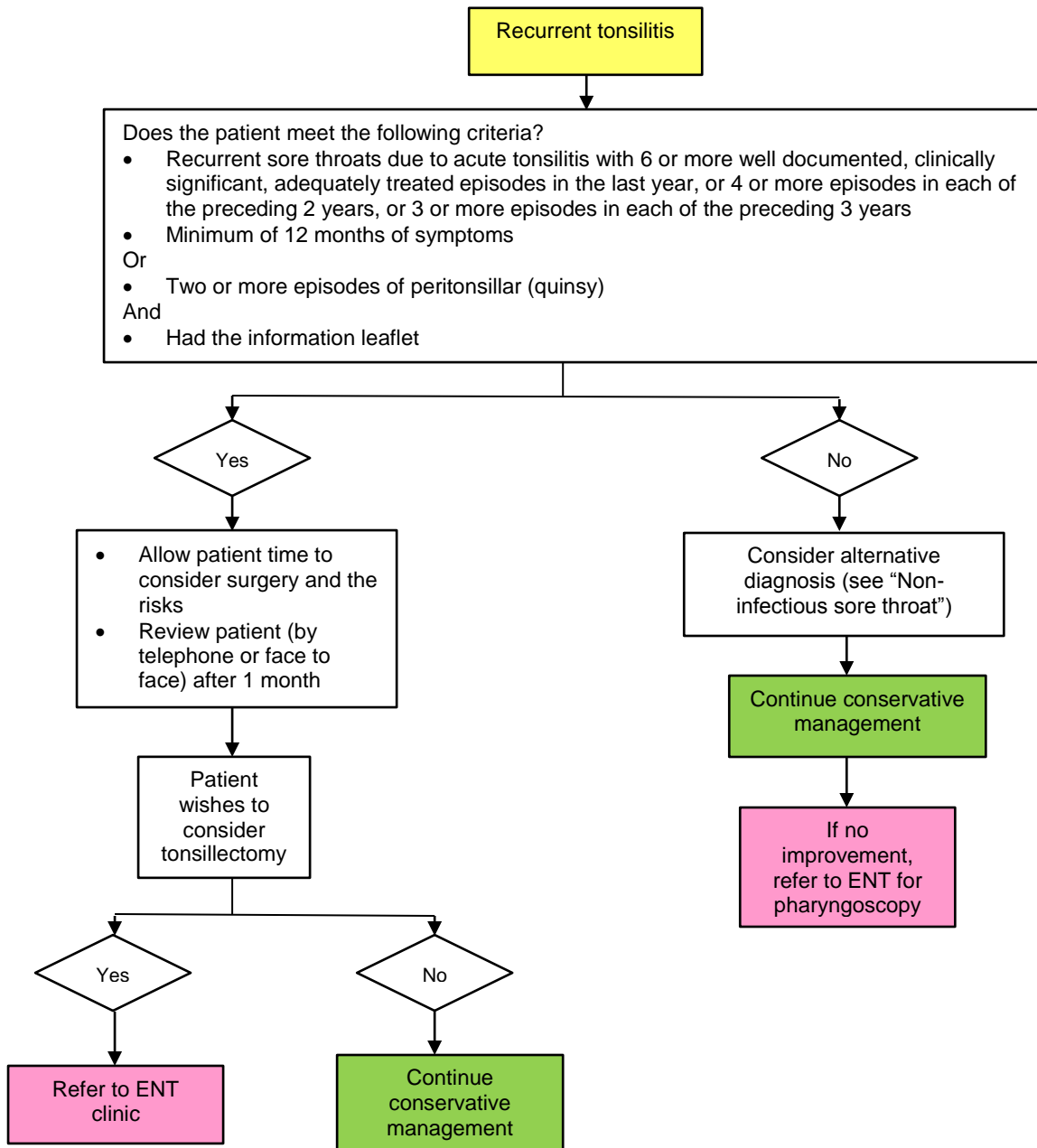
Patient information at: http://www.entuk.org/patient_info/throat/sorethroat_html



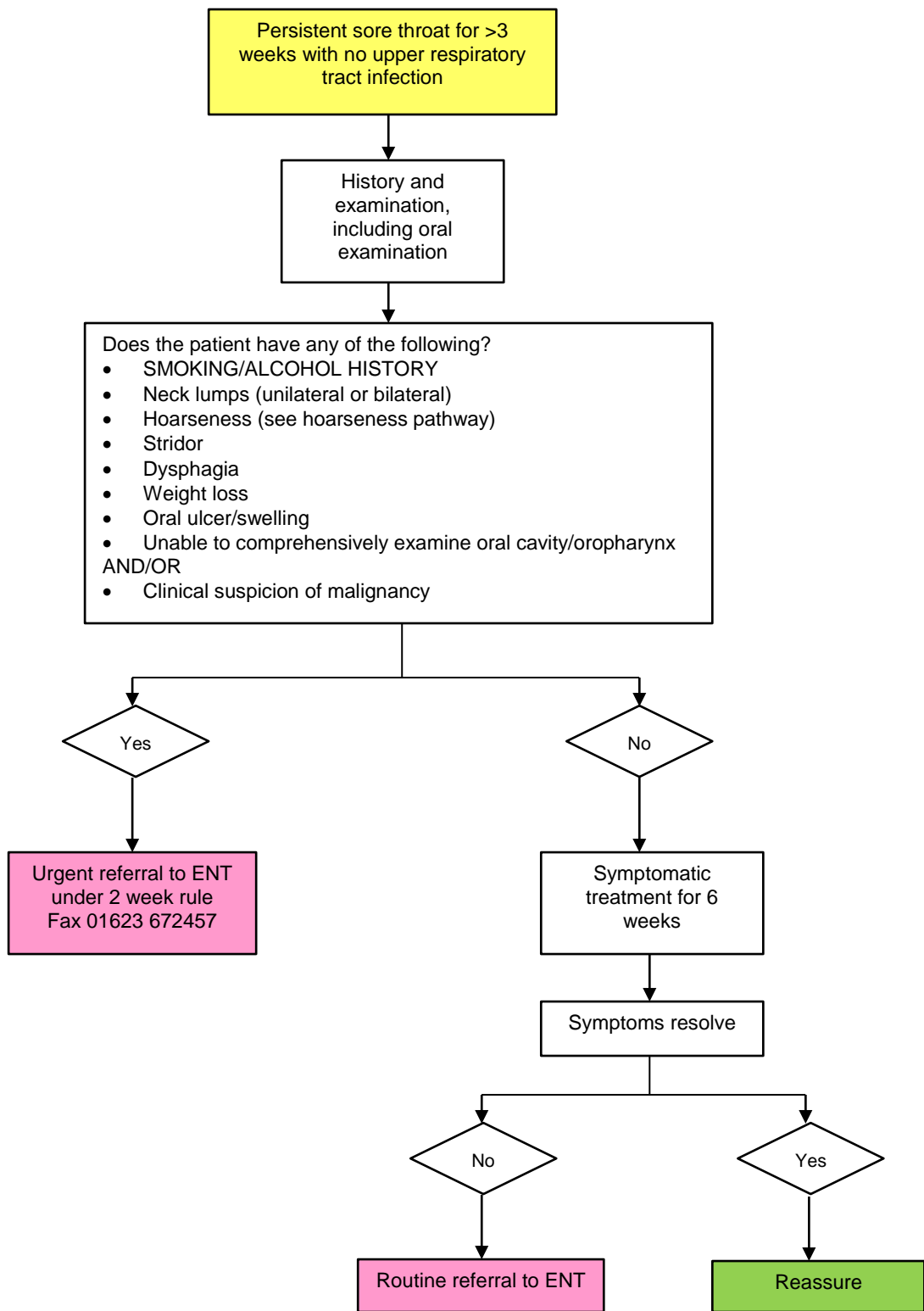
Notes
 If antibiotics are indicated:
 Phenoxymethylpenicillin 500mg qds first line if not penicillin allergic, not amoxycillin

Recurrent Tonsillitis

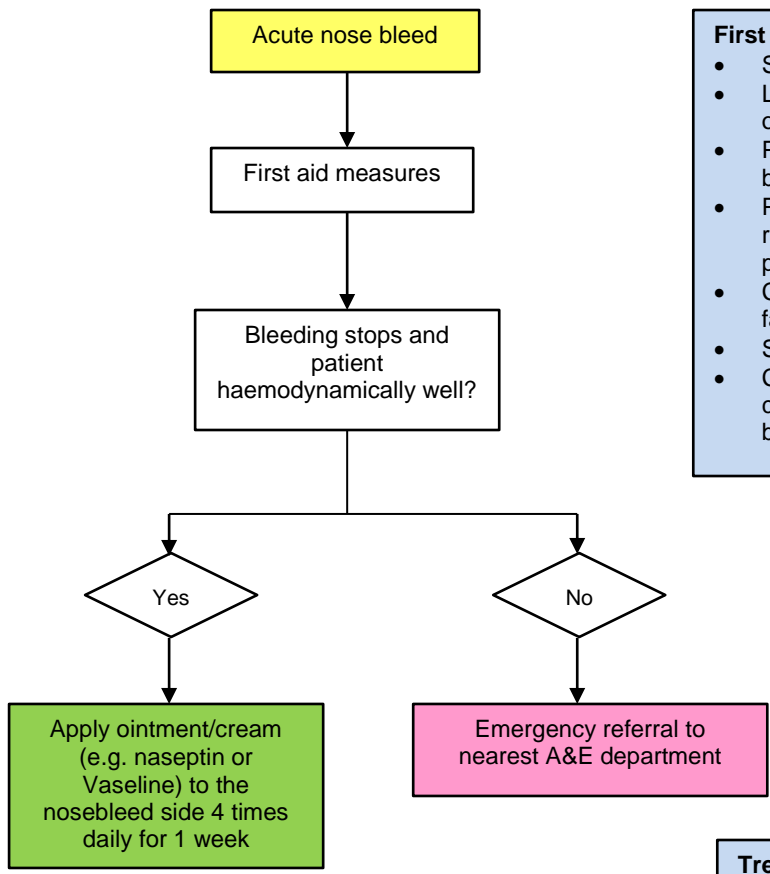
Patient information about tonsillectomy at: http://www.entuk.org/patient_info/throat/tonsil_html



Non-Infectious Sore Throat in Adults



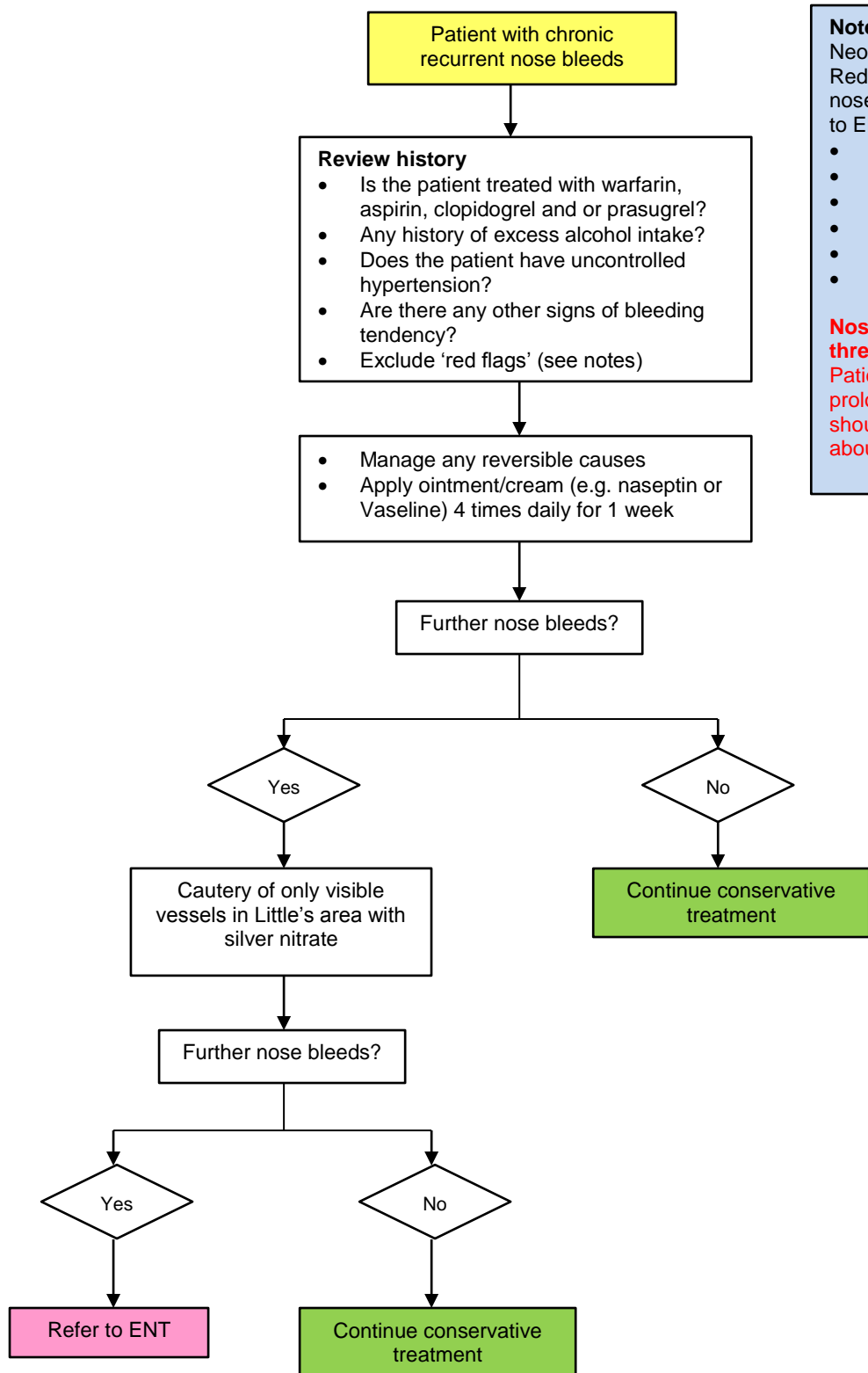
Acute Nose Bleed



- First aid measures for acute nose bleeds**
- Sit patient down
 - Lean patient forward (ideally over sink or table)
 - Pinch the lower part of the nose between thumb and forefinger
 - Pinch nose for 5 minutes. DO NOT release the pressure <5 minutes. If persists repeat x2.
 - Consider inserting nasal tampon if familiar with its use
 - Spit out any blood
 - Check if the patient is taking aspirin, clopidogrel, prasugrel or warfarin. If so, bleeding is less likely to stop easily

- Treatment options for persistent nose bleeds**
- Nasal cautery if bleeding site can be identified
 - Nasal packing e.g. nasal tampons
 - Admit to hospital
- Nose bleeds can be serious and life threatening.**
- Patients who have had serious, prolonged recurrent nose bleeds should be given the information leaflet about prevention of nose bleeds

Chronic Recurrent Nose Bleeds



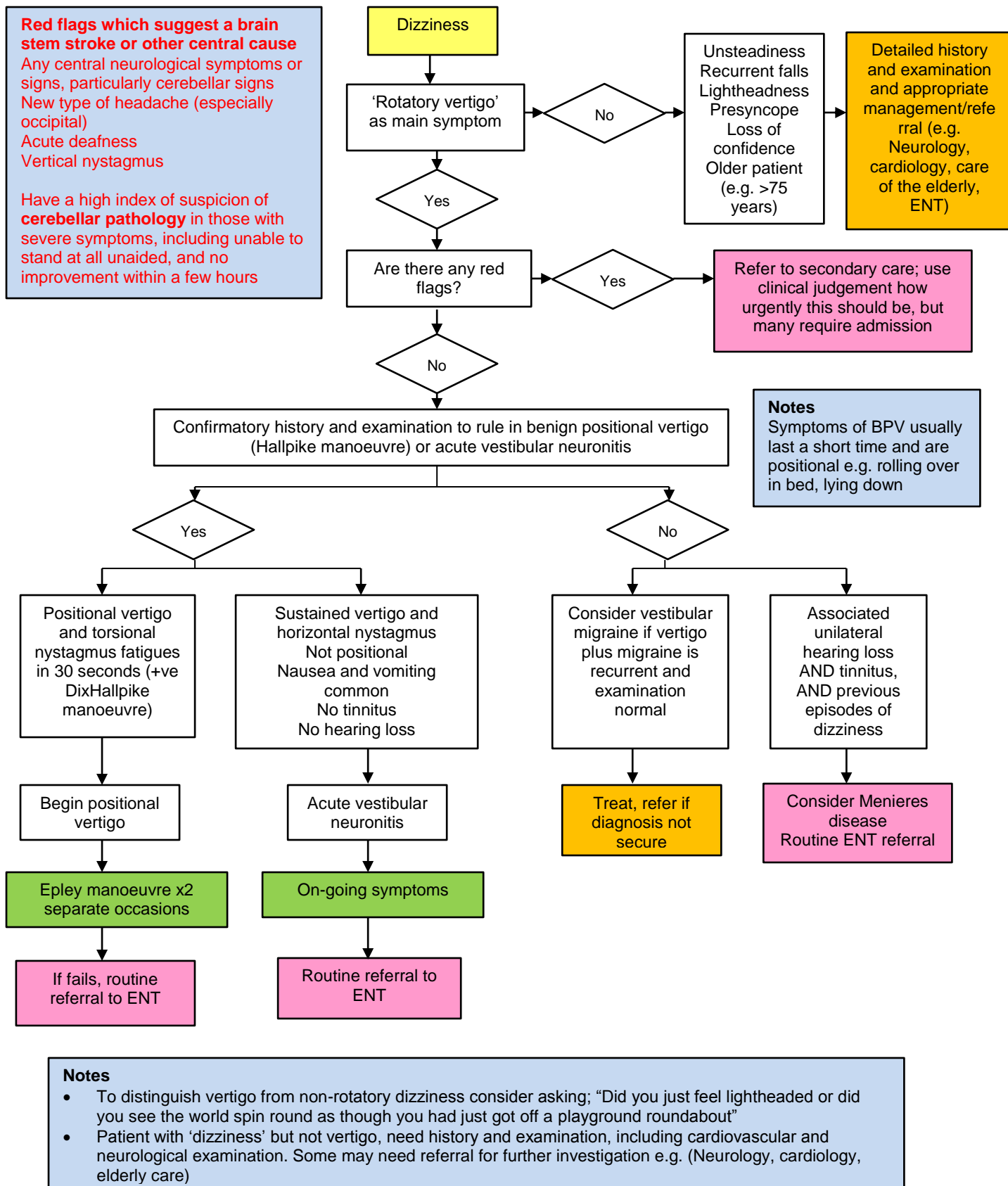
Notes
 Neoplasm is very rare.
 Red flags in patients with recurrent nose bleeds, requiring urgent referral to ENT (fax 01623 672457):

- Facial pain/swelling
- Otagia
- Unilateral nasal obstruction
- Reduced sense of smell
- Visual symptoms
- Dental symptoms

Nose bleeds can be serious and life threatening.
 Patient who have had serious prolonged, recurrent nose bleeds should be given the information leaflet about prevention of nose bleeds

Vertigo

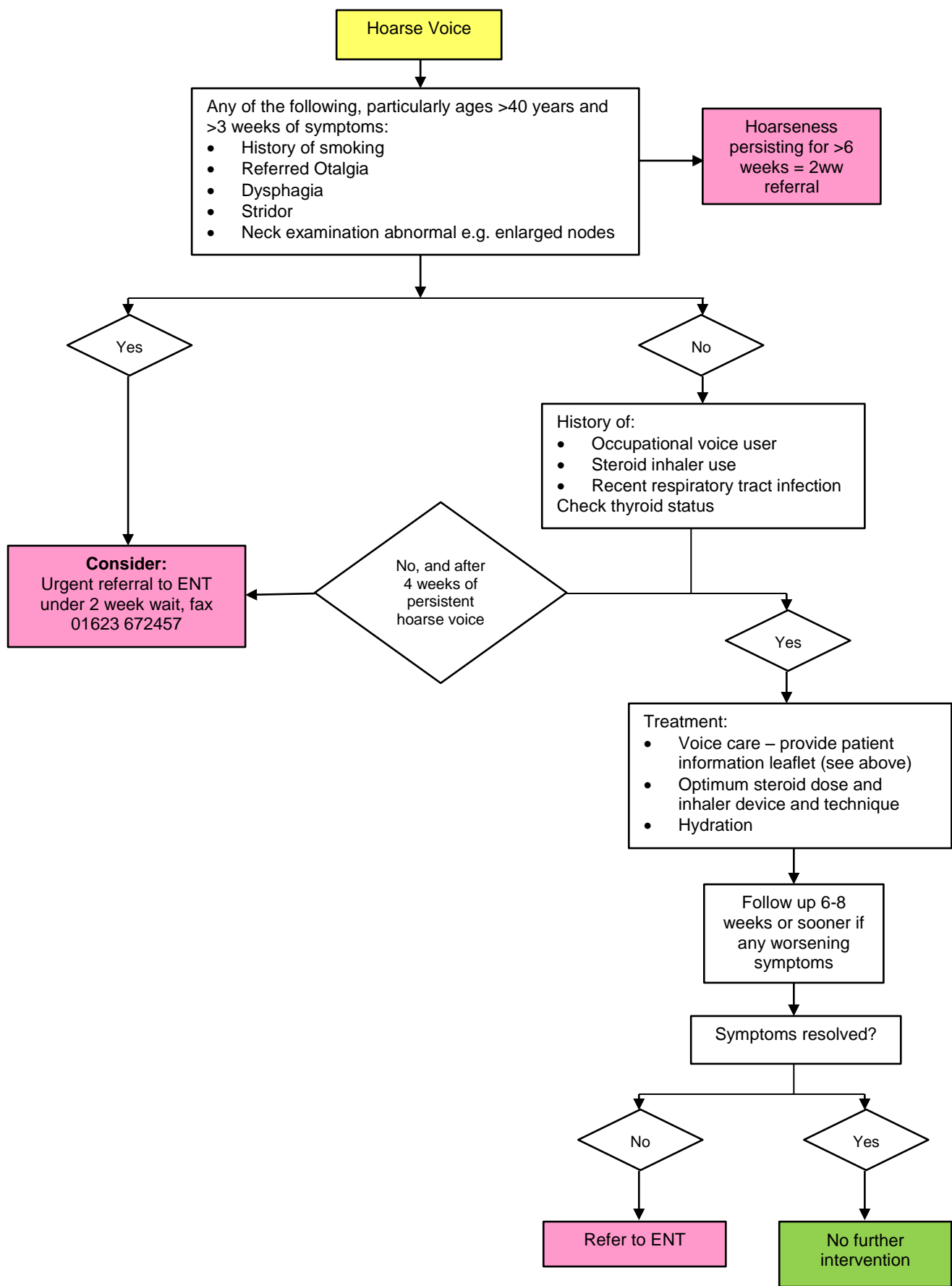
Patient information at: http://www.entuk.org/patient_info/ear/dizziness.html



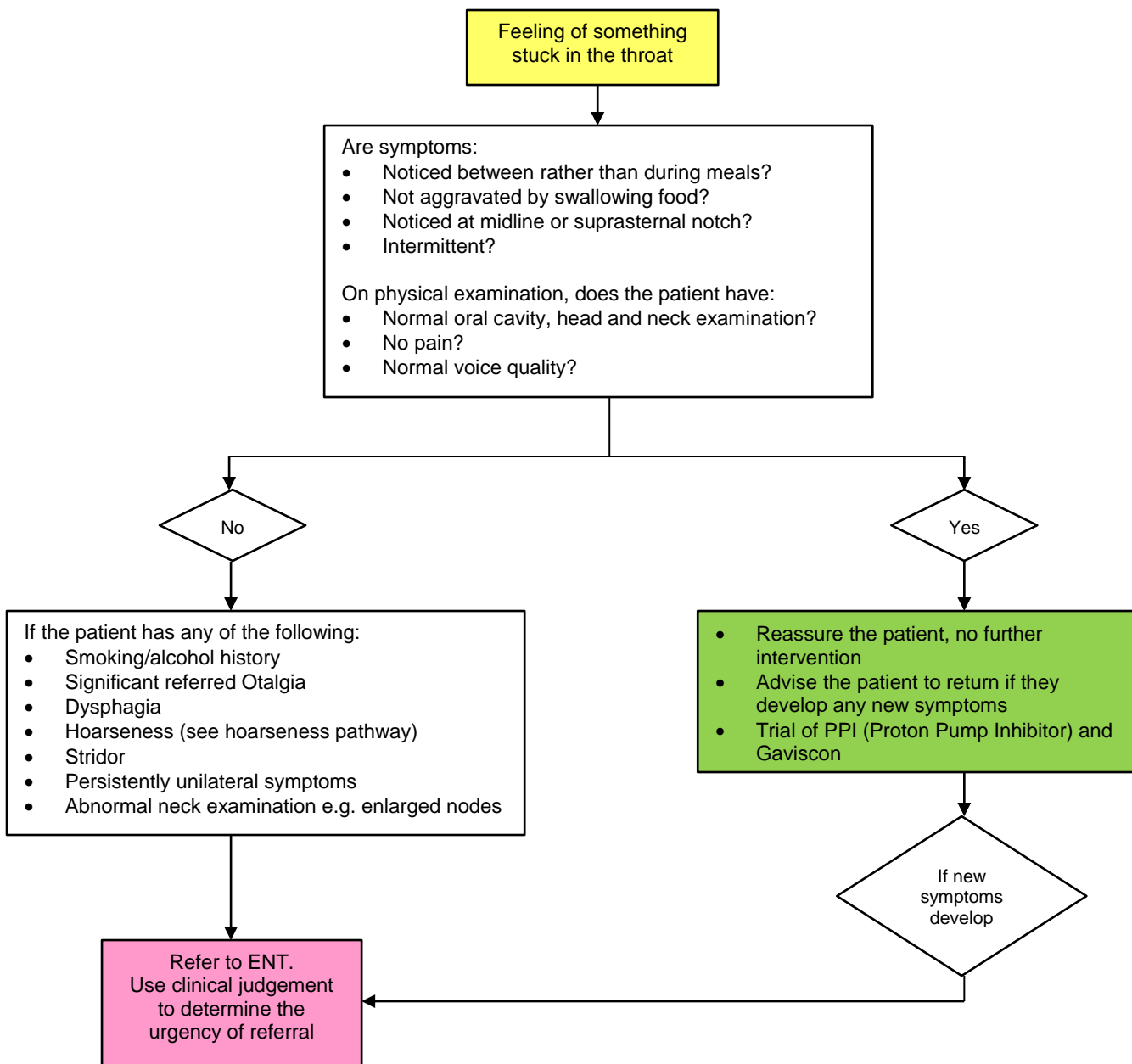
For more information about determining the cause of vertigo, refer to the CKS website (<http://www.cks.nhs.uk/vertigo/management#-407680>)

Hoarse Voice in Adults

Patient information at: http://www.entuk.org/patient_info/throat/hoarseness.html

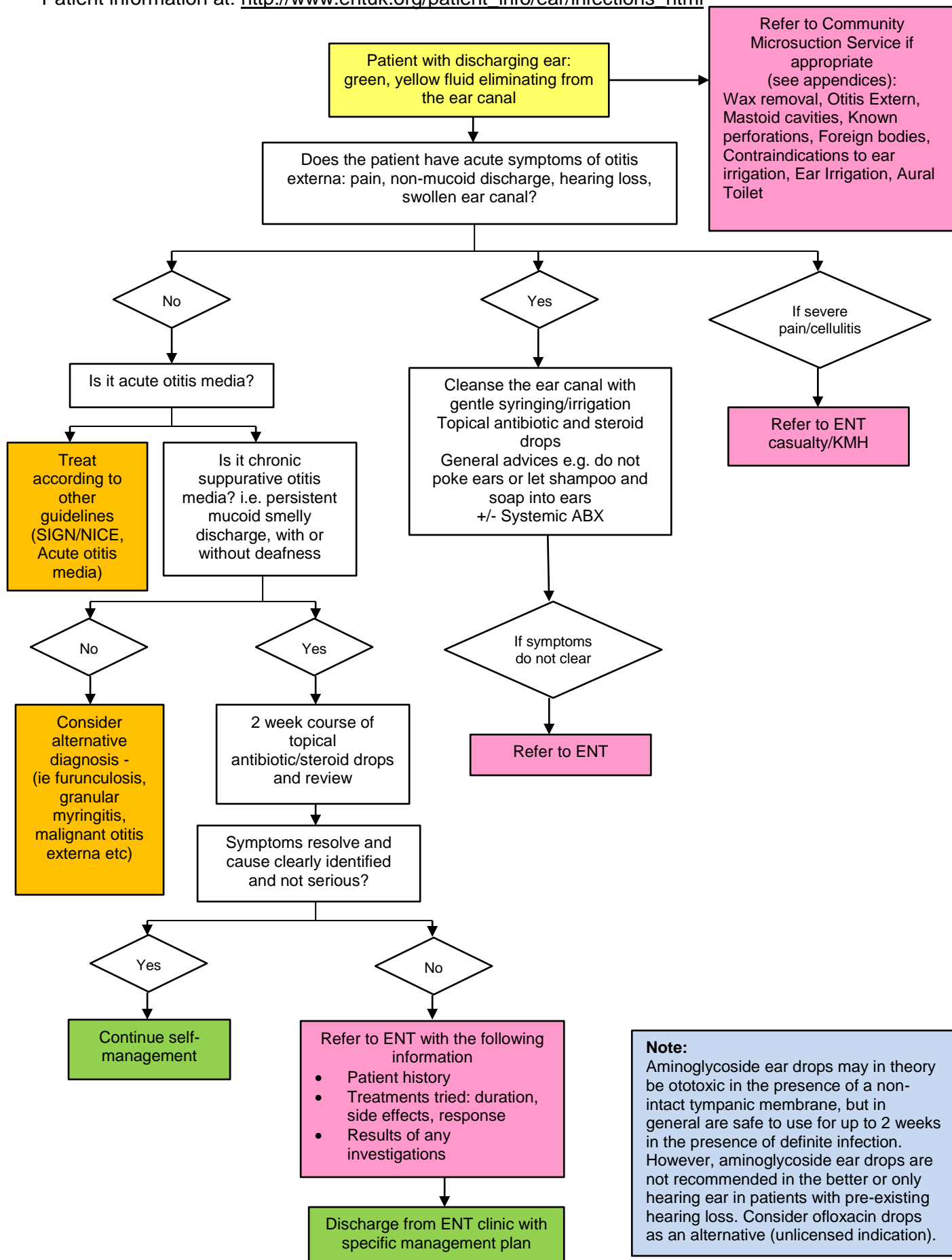


Feeling of Something Stuck in the Throat



Management of Discharging Ear

Patient information at: http://www.entuk.org/patient_info/ear/infections.html



Primary Care Management of Snoring in Adults/ Sleep Apnoea

Patient information:

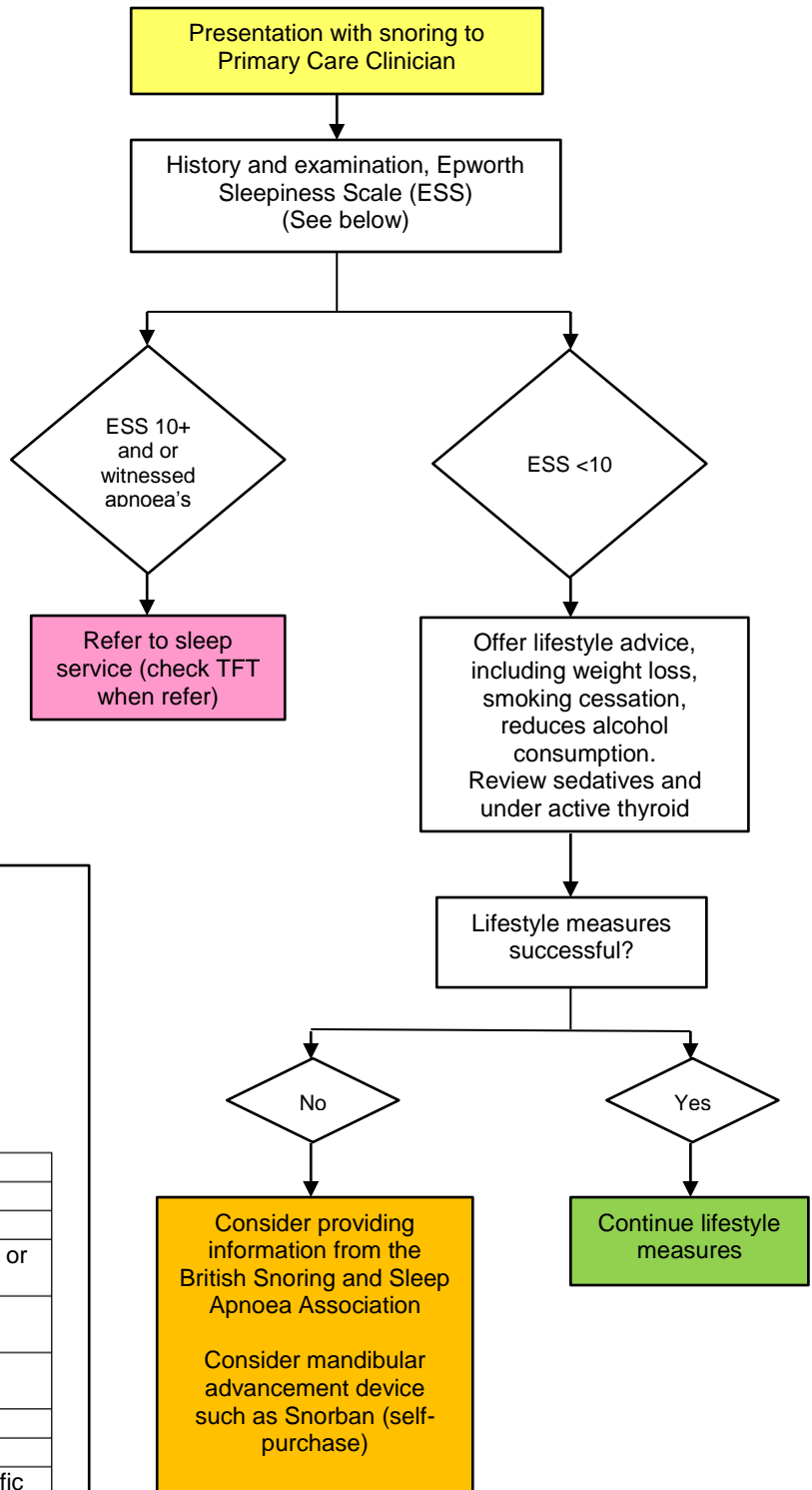
- http://www.entuk.org/patient_info/throat/snoring_html
- The British Snoring and Sleep Apnoea Association website at: www.britishsnoring.co.uk

History, include:

- Loudness of snoring
- Excessive/intrusive daytime sleepiness
- Witnessed apnoea's
- Impaired alertness
- Nocturnal choking episodes
- Waking unrefreshed
- Co-morbidity e.g. hypothyroidism, ischaemic heart disease, cerebrovascular disease, diabetes, hypertension
- Smoking history
- Alcohol consumption
- Medication history
- Consider psycho-social impact

Examination, include:

- BMI
- Collar size
- Tonsil grade (refer to diagram)
- Pharynx (refer to diagram)
- Bite? Recessed mandible, under-projected maxilla (refer to diagram)



Epworth Sleepiness Scale

Use the following scale to choose the most appropriate number for each situation:

0 = No chance of dozing
 1 = Slight chance of dozing
 2 = Moderate chance of dozing
 3 = High chance of dozing

SITUATION
Sitting and reading
Watching TV
Sitting, inactive in a public place (e.g. a theater or a meeting)
As a passenger in a car for an hour without a break
Lying down to rest in the afternoon when circumstances permit
Sitting and talking to someone
Sitting quietly after lunch without alcohol
In a car, while stopped for a few minutes in traffic

To check your sleepiness score, total the points:

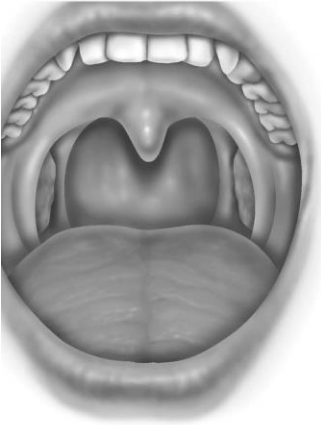
1-6 = Congratulations, you are getting enough sleep!
 7-8 = Your score is average
 9+ = Seek the advice of a sleep specialist without delay

Clinical Examination of Snoring

Tonsil Size: Graded 1 to 4

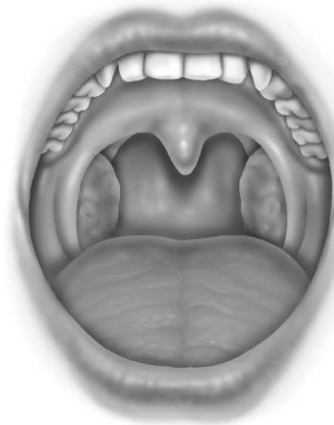
Grade 1

Tonsils hidden within pillars



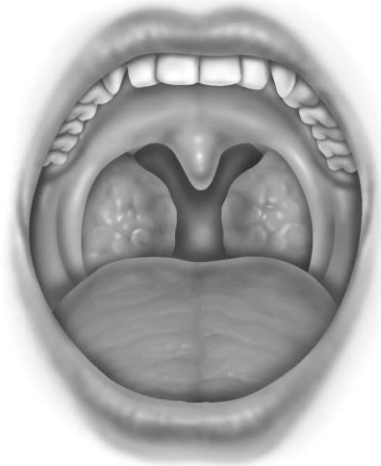
Grade 2

Tonsils extend to edge of pillars



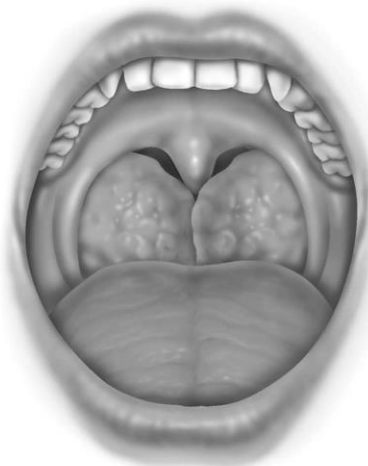
Grade 3

Tonsils beyond pillars
but not to midline



Grade 4

Tonsils meet in midline



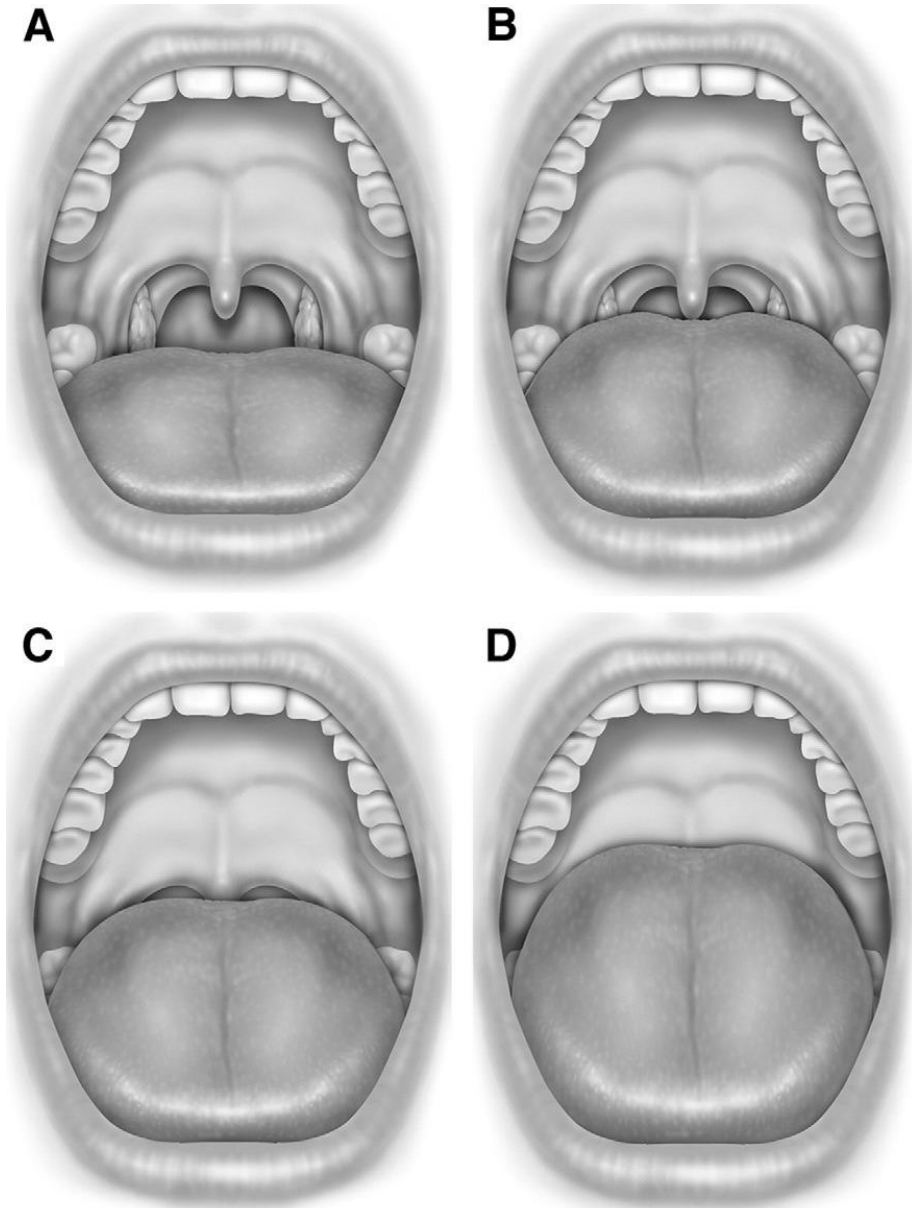
Snoring in Primary Care: Examination of the Pharynx (Malampatti)

A = Grade I: full view of oropharynx

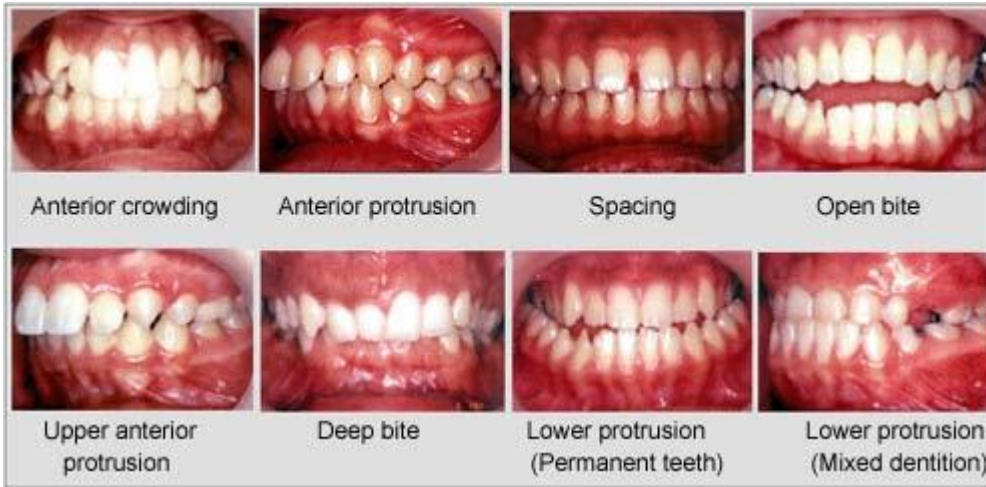
B = Grade II: pillars still visible

C = Grade III: only base of uvula seen

D = Grade IV: tongue obscures whole oropharynx



Examples of Malocclusion:



PATIENT INFORMATION

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

APPENDICIES

Direct Access Audiology leaflet



GP Flyer.pdf

Community Microsuction Service



Microsuction Plus
Aural Flyer v4.doc

Case Studies



Case studies.docx

Development of the ENT Referral Guidelines

The following people were involved in the development of these guidelines:

Mr N Fergie	ENT Consultant, Sherwood Forest Foundation Trust
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Dr M Tadpatrikar	GP, Mansfield & Ashfield Clinical Commissioning Group
Dr H Field	GP, Mansfield & Ashfield Clinical Commissioning Group
Mr S Ali	ENT Consultant, Sherwood Forest Foundation Trust

Thanks go to NHS North of Tyne for use of their original referral guidelines