St Joseph Health Medical Group ENT – Eureka – Dr Paulson, Alison Dunn NP-C

- **Please ask your patient to contact us within 5-10 business days AFTER sending the referral, to schedule their appointment.**
- **If this is an urgent referral, and the patient needs to be seen in less than one week, please have the referring provider call our on-call physician directly as well as sending the referral by fax.**
- **Referrals received without the appropriate documentation/testing will returned with a request for additional information.**

Reason for Referral (Clinical Question)	REQUIRED Clinical & Documentation	REQUIRED Additional Clinical Testing & Documentation
EAR		
Tinnitus	This is usually due to an underlying hearing loss. Request an audiogram and tympanogram prior to referral. Referral to ENT is not indicated for tinnitus UNLESS documented asymmetric or conductive hearing loss on complete audiogram, demonstrating need for surgical referral or workup.	Comprehensive/Complete Audiogram AND Tympanogram from an **Audiologist** with results demonstrating need for surgical referral/workup. Please note, Incomplete audiogram/tympanogram results may result in denial.
Sudden Sensorineural Hearing Loss	**THIS IS CONSIDERED AN OTOLOGIC EMERGENCY. If not contraindicated, please start immediate oral steroid therapy with 60mg of prednisone P.O. for 1 week followed by 2nd week taper.** **Send URGENT referral directly to our clinic & specify "Sudden Sensorineural Hearing Loss." Please be sure to mark referral as urgent.**	**PLEASE ORDER STAT Audiogram & tympanogram – Ideally this should be performed within 24-48 hours.** OK TO CO-REFER TO AUDIOLOGY AND ENT TO EXPEDITE CARE WITHIN 48 HOURS.
Hearing Loss (longstanding)	Referral to ENT is not indicated for hearing loss/tinnitus UNLESS documented asymmetry or conductive hearing loss on complete audiogram, demonstrating need for surgical referral or workup. Must document ear exam and clinical history; please remove ear wax if applicable prior to audiology referral to facilitate care.	Comprehensive Audiogram AND Tympanogram from an **Audiologist** with results demonstrating need for surgical referral/workup. Please note, Incomplete audiogram/tympanogram results may result in denial.
Cerumen Impaction	You may refer the following patients: 1. Failure of two separate attempts at removal with in-office lavage or	Please document applicable reason referring provider is unable to complete cerumen removal.

	curettage 2. Those who cannot have lavage such as those with prior tympanic membrane surgery OR a KNOWN tympanic membrane perforation.	
Otitis Externa	If patients fail topical therapy, please perform a culture, at least 48 hours after completion of topical therapy screening for bacteria, fungus. Based on results, please use culture directed therapy. May refer for failure despite culture directed ear drops, with significant persistent drainage, pain, hearing loss, or inability of topical therapy to penetrate the ear canal (i.e. need for debridement)	None required (if pt has active ear drainage).
Otitis Media, Recurrent	1. 3+ ear infections requiring antibiotics/six months, 2. 6+ infections requiring antibiotics in 12 months, 3. OR persistent middle ear fluid lasting 3 months after infection. **Will consider sooner referral (i.e. 2 months fluid) if significant speech delay and/or documented hearing loss.**	Audiogram AND tympanogram from an **Audiologist**
Reason for Referral (Clinical Question)	**REQUIRED Clinical & Documentation**	**REQUIRED Additional Clinical Testing & Documentation**
Exotoses/Surfer's Ear	Refer if patients have documented hearing loss, or recurring episodes of otitis externa.	Audiogram AND tympanogram from qualified **Audiologist**
Vertigo	Check for Benign positional vertigo with the Dix-Halpike Maneuver. Obtain audiogram and tympanogram prior to referral	Audiogram & tympanogram from an **Audiologist**
NOSE		
Nasal congestion/Allergic Rhinitis	Patients must demonstrate failure of at least two DAILY nasal therapies in the form of nasal steroids, nasal or oral antihistamines, +/- other therapies such as nasal saline irrigations with GOOD COMPLIANCE for at least 12 weeks.	Must document 12 week hx of medical therapy. Please list medications trialed and confirmation of compliance. If non-compliant, must document specific reasons in referral.
Chronic Sinusitis	Patients must demonstrate failure of at least two DAILY nasal therapies in the form of nasal steroids, nasal or oral antihistamines, +/- other therapies such as nasal saline irrigations with GOOD COMPLIANCE for at least 12 weeks.	Please document number of sinus infections, type/duration/and frequency of antibiotic therapy, as well as daily therapy types, duration of use, and compliance.

Nasal Fracture	Nasal X-rays or scans are not necessary. **Place an URGENT referral immediately for the patient to be seen within 3-5 days of injury date**	
Nasal Mass	For patients with a suspected significant sized intranasal mass, tumor or polyps: order a sinus CT without contrast. May place a referral to ENT if CT demonstrates significant abnormalities. Otherwise refer to above instructions for nasal congestion.	Sinus CT without contrast
Nasal Obstruction	**See nasal congestion, above.** Patients with deviated septum or hypertrophic turbinates must still demonstrate failure of >12 weeks of daily therapy prior to surgical referral. Most patients with deviated septum do not require surgery with appropriate medical management.	Must document 12 week hx of daily medical therapy. Please list medications trialed and confirmation of compliance. If non-compliant, must document specific reasons in referral.
Epistaxis	Recommend starting aggressive moisturization techniques: nasal Vaseline qHS and nasal saline gel or gel spray prn during day. This will control >75% of nosebleeds if used on a daily basis. Stop all medications which can exacerbate nosebleeds if safe to do so (i.e. nasal steroids, NSAIDS)	Priority will be given to those with severe bleeding with anemia or documented failure of daily humidification techniques such as Vaseline application and saline sprays/gels.
Reason for Referral (Clinical Question)	**REQUIRED Clinical & Documentation**	**REQUIRED Additional Clinical Testing & Documentation**
THROAT/LARYNX		
Dysphagia/Gobus sensation	**High risk patients:** Refer directly if new onset, progressive symptoms >1 mo in high risk smokers. **Low risk patients/non-smokers:** -Consider 2 month trial of PPIs for reflux. -Consider Modified Barium Swallow (Pharyngeal swallow study) with speech pathology prior to consultation. Please note, Barium esophagram is NOT useful for pharyngeal dysphagia eval.	Please document therapies tried and pharyngeal modified barium swallow study if applicable. **Priority will be given to those at risk for throat cancer, and those with demonstrated abnormality on swallow eval**

Hoarseness	1) **High risk patients (active or prior heavy smoking hx): Refer if > 1 month duration, progressive symptoms, or associated stridor or hemoptysis.** 2) Low risk patients: Please refer for hoarseness lasting greater than 2 months in duration without improvement.	Please document level of concern. Priority will be given to high risk patients; low risk patients will be seen on an elective basis.
Tonsil and Adenoid Hypertrophy	1. **Pediatric:** Must demonstrate symptoms of snoring, mouth breathing, witnessed pauses or gasping, suggestive of sleep apnea. Large tonsils which are asymptomatic are not accepted. 2. **Adult:** Must demonstrate sleep apnea on confirmed sleep study, OR have concurrent chronic tonsillitis/recurrent acute tonsillitis (see below)	Children with uncomplicated medical history do not require sleep study prior to referral. Sleep study required for all adults who have concern for apnea, and for children with disabilities or craniofacial syndromes.
Tonsillitis, Recurrent Streptococcal	Please refer if: 1. 7+ documented strep/ 1 year, 2. 5 or more per year x 2 years 3. 3 or more per year x3 years, 4. 2 episodes of peritonsillar abscess.	Please document all strep episodes, with approximate dates and treatments provided in the chart note attached to the referral.
Tonsillitis, Chronic	For non-strep tonsillitis, consider referral if >6 months of symptoms.	Please document symptoms and duration (i.e. sore throat, tonsil stones, fb sensation, halitosis)
Vocal Cord Paralysis	Please refer patients to ENT for additional diagnostic workup and surgical treatment.	
Reason for Referral (Clinical Question)	**REQUIRED Clinical & Documentation**	**REQUIRED Additional Clinical Testing & Documentation**
OTHER		
Hyperparathyroidism	Must document abnormal synchronous elevation of both Calcium and parathyroid hormone.	Consider ordering both a sestamibi Tc99 scan and parathyroid ultrasound at time of referral to expedite care.
Neck Masses/Lymphadenopathy	Consider referral if neck mass or lymph node persists >4 weeks **without regression**. Please consider obtaining a neck ultrasound then refer if abnormal.	Ultrasound preferred prior to referral. Expedited appointments will be given to patients with abnormal imaging results at time of referral.

Oral Cancer	Please refer for Lesions or ulcerations present for more than 2 weeks without improvement	Priority will be given to high risk patients.
Salivary Gland Disease	Please Refer patients with 1. Visible or imaged salivary stones that fail to pass with conservative measures. 2. Sialadenitis symptoms with swelling persisting > 1 mo without improvement despite medical treatment including antibiotics. 3. Recurrent sialadenitis: >3 episodes of sialadenitis failing conservative therapy and requiring antibiotics in 1 year.	Please note we do not offer follow up for simple sialadenitis or single episodes of sialadenitis as these typically resolve without need for surgical workup.
Salivary Gland Masses	Refer patients with salivary gland masses/swelling lasting > 1 mo.	Ultrasound recommended prior to referral; expedited appointments will be provided if abnormal imaging present at time of referral.
Skin Masses/lesions	Consider a punch biopsy for pigmented lesions and a shave biopsy for non-pigmented lesions if visually the type of tumor is not obvious. We can perform biopsies on request if you are unable to perform in your clinic. (Please specify reason)	Patients with pathology confirmed skin cancer and high-risk patients will be prioritized.
Snoring & Apnea	ADULTS: Recommend initiation of CPAP prior to ENT referral. May refer for surgical management for snoring and mild apnea if CPAP not tolerated. CHILDREN: If healthy child with witnessed snoring, apneas, restlessness, or gasping, may consider referral prior to sleep study.	Adults: Sleep Study Children (healthy): witnessed snoring/apneas/gasping/restlessness **Children with known syndrome or complex medical history must obtain sleep study prior to referral. This requires tertiary care referral for inpatient sleep study.**
Thyroid Nodules	Order thyroid ultrasound. May refer for any suspicious lesions, or large lesions/goiter causing compressive symptoms.	Thyroid Ultrasound If suspicious features on thyroid ultrasound, recommend FNA ordered prior to ENT consult to expedite care.