

Hearing loss Pathway

Red flag

- Sudden sensorineural hearing loss
- Ear discharge that persists after 6 weeks
- Unilateral hearing loss with persistent middle ear effusion (persistent for 3 months associated neurological findings e.g. facial palsy)
- Unilateral hearing loss with facial palsy, dysarthria, nystagmus

Refer urgently to ENT

History

- Sudden or gradual onset,
- one or both ears,
- associated features- canal pain, ear discharge, tinnitus, vertigo. Ear fullness or pressure, ototoxic drugs

Examination

- Ear canal inspection using an otoscope,
- general physical and neurological examination
- Rinne's/Weber's test (if 512Hz tuning fork available!!)

Tuning fork test interpretation

Conductive hearing loss:

- Greater bone than air conduction in Rinne's test
- Localisation to the same ear – Weber's testing

Sensorineural hearing loss:

- Greater air than bone conduction (normal) in Rinne's test
- Localisation to the opposite ear upon Weber's testing

Consider Referral to Audiology now if no obvious cause seen on examination (and for confirmation of conductive or sensorineural cause)

Sudden sensorineural hearing loss

Inflammatory causes, occlusion of the internal auditory artery, Meniere's disease, Auto immune, ototoxic medication, infective causes e.g. meningitis, Lyme disease

Gradual sensorineural hearing loss

Presbycusis, Meniere's disease, acoustic neuroma, labyrinths, noise exposure, ototoxic drugs

Conductive hearing impairment

Ear wax, Otitis media, Otitis externa, Perforated tympanic membrane, Cholesteatoma, Foreign bodies

De-wax ears as necessary

Considerations for referral

Refer to ENT if patient has:

tinnitus, vertigo, pain or non-healing perforation as well as hearing loss

Refer to Audiology:

If hearing impairment only

Audiology- tel 01226 432593

ENT clinical Nurse Specialist tel -01226 432593

Other Considerations for referral to ENT

Diagnostic uncertainty, symptoms persist despite current management, associated tinnitus, vertigo or pain, non-healing perforations post 6 weeks, polyps, retracted ear drums, otosclerosis, and chronic suppuration