

HEARING LOSS REFERRAL GUIDELINE

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HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Sudden, rapid onset of ear feeling blocked or full, developing or persisting over 72 hours, in one or both ears

Sudden, rapid onset of hearing impairment (i.e. described as muffled, blocked, distorted hearing and/or inability to hear), developing and worsening over 72 hours, in one or both ears

Sudden, rapid onset of tinnitus (can be described as buzzing, ringing, humming, crickets, etc.) developing, worsening and persistent over 72 hours, in one or both ears

SUGGESTED PREVISIT WORKUP

Rule out stroke (sudden neurological deficits, focal weakness, dysarthria, hemiataxia, encephalopathy, severe headaches, diplopia)

Place emergent referral/consult for Otolaryngology for “sudden unilateral hearing loss”. It is very important to include the words “sudden”. Strongly recommend phone call to ENT on-call to arrange expedited visit in the office within 72 hours, even if onset was up to 4-6 weeks prior

Consider ordering brain MRI with contrast (gadolinium). ENT will order at visit if not already performed/ordered

Consider starting high dose steroids if medically appropriate, recommended dose per ENT Clinical Guidelines suggest prednisone (1mg/kg/day, max dose 60mg) or methylprednisone (48mg/day) or dexamethasone (10mg/day) x 7 days, then 7 day taper

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Progressive hearing loss over weeks/months, particularly in the pediatric population

Fluctuating hearing loss (prior hearing loss with recovery)

Progressive or new hearing loss while undergoing chemotherapy treatment.

Exam findings suggestive of otitis externa (thick debris in ear canal causing conductive hearing loss)

Hearing loss with recent head trauma (temporal bone fracture on head CT?)

Hearing loss with recent loud noise exposure (firearms, concert, etc.)

SUGGESTED WORKUP

Topical antibacterial treatment for otitis externa (i.e. ciprofloxacin ear drops) and follow algorithm for treatment of otitis externa, order urgent ENT referral for ear canal debridement if necessary

Urgent ENT consultation for audiogram and in suspected hearing loss after recent head trauma, loud noise exposure, or chemotherapy treatment

Audiogram will be performed at ENT visit

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Slowly progressive hearing loss over years, typically bilateral

Slowly progressive onset of tinnitus, typically bilateral

Slowly progressive onset of difficulty hearing in noisy environments

History of recreational or occupational loud noise exposure for years, and/or family history of hearing loss

Hearing loss with findings of unilateral or bilateral serous middle ear effusion or acute purulent middle ear effusion

SUGGESTED MANAGEMENT

Routine ENT consult for audiogram and formal exam

If patient with slowly progressive sudden hearing loss then rapid onset of worsening hearing, particularly if unilateral, see High Risk

Nasal steroid spray, oral anti-histamine for suspected serous otitis media. It can take up to 3 months for middle ear effusion to completely resolve. If fluid does not resolve, place routine ENT consult

For otitis media, treat first line with amoxicillin or Augmentin

CLINICAL PEARLS

- Sudden sensorineural hearing loss (SSNHL) in the presence of neurological deficits indicates a central nervous problem and stroke must be ruled out
- Sudden hearing loss may be accompanied by tinnitus, vertigo, aural fullness
- Early recognition of sudden hearing loss is extremely important and can increase chance for recovery. Recommendation is for oral corticosteroids to begin within 2 weeks of hearing loss onset but benefit has been reported up to 6 weeks after onset
- The primary presenting symptom of SSNHL is a full or blocked ear
- Up to 90% of Sudden Sensorineural Hearing Loss is idiopathic at presentation and is presumptively attributed to vascular, viral, or multiple etiologies
- A maximum of 32-65% of cases may recover spontaneously
- Long term follow up by an ENT specialist is recommended for patient with sudden hearing loss because the underlying cause may not be obvious at initial presentation
- The current American Academy of Otolaryngology Clinical Guidelines do not recommended prophylactic use of anti-viral medications in the setting of sudden hearing loss, or routine lab work

Maine Medical
P A R T N E R S

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.

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