RHH Ear Nose & Throat Clinic

Hearing Loss

Primary Care Management Guidelines for GPs

These guidelines are to assist GPs to monitor and manage their patients in a primary care setting until clinical thresholds indicate that tertiary care is required. The clinical thresholds are defined in the guidelines, and may require diagnostic support from a local audiologist. Providing a detailed diagnostic report will assist with the triage of your referral into the most appropriate clinic, within clinically appropriate timeframes.

IMMEDIATE REFERRAL

Sudden significant hearing loss (within 72 hours) with uncertain or no clear evidence of middle ear effusion should be treated as a medical emergency with immediate (same day) referral to the Emergency Department in order to offer best patient outcomes.

Any hearing loss associated with cranial nerve involvement, cerebellar signs or symptoms should be treated as a medical emergency and referred immediately to Emergency Department.

Primary care management

Management	Rationale / Detail
Take a history of the hearing loss, including duration, unilateral/bilateral, any associated otological and/or neurological symptoms or signs	
Assess if the patient is only requiring hearing aids	Gradual symmetrical hearing loss due to age related hearing loss Refer to Hearing Aid Primary Care Management Guideline
Hearing aids can be obtained in the community provided no previous or current ENT conditions are requiring ongoing management or investigation.	A list of hearing aid providers can be found at http://www.audiology.asn.au/index.cfm//consumers/audiology-services-directories/
Referral to community based audiology	An audiologist will aid in diagnosing the degree of hearing loss, confirm middle ear pathology if suspected, highlight whether hearing aids will be of benefit and uncover if further specialist investigation is required http://www.hearing.com.au/eligible-australian-hearing-services/

Management	Rationale / Detail
Middle ear effusion can be managed by the GP with watchful waiting. Refer if middle ear effusion persistent beyond six weeks. Audiology test first.	Most effusions resolve spontaneously. No therapeutic interventions have been shown to expedite recovery. Persistent unilateral effusion not associated with recent upper respiratory tract infection will need exclusion of post-nasal space lesion through referral.
Wax impaction can be managed by the GP with wax softening drops (commercially available or olive oil) provided there is no suspicion of otitis externa or tympanic membrane perforation.	2-3 drops of 3% Hydrogen Peroxide daily can help with stubborn cerumen impaction with a weekly review

When to refer to the RHH

- Resolution of middle ear pathology is not successful
- Unilateral sensorineural hearing loss, or bilateral sensorineural loss greater than expected for age (presbycusis)
- No resolution of middle ear effusion following six weeks for bilateral effusion, or two weeks for unilateral effusion (in adults)/not related to a previous upper respiratory tract infection (URTI)
- Wax remains impacted despite softening/loosening methods
- Community based audiologist requires otological clearance prior to hearing aid fitting
- Previous middle ear surgery such as mastoidectomy requires annual otological review. This should be arranged if these reviews have lapsed

Information to include on the referral letter

- Copy of recent audiogram, if available
- Description of onset of hearing loss and in which ear(s)
- Description of functional impact of hearing loss.
- Description of any associated otological/neurological symptoms.
- Any medication used for treating symptoms.
- Previous hearing aid use and their success/failure

ENT Clinic contact details

Address: Wellington Clinics, Level 11, 42 Argyle Street, Hobart, Tas. 7000
Phone: 6166 0050
Fax: 6234 9454
To contact ENT Registrar on-call phone RHH Switch on 6166 8308

Acknowledgement to the Royal Victorian Eye & Ear Hospital Primary Care Referral Guidelines

Date of issue: 29 January 2015

Latest updated: 24 June 2016