

GP handout - Pre-referral treatment for common ENT conditions

Otitis externa

First line: Otomize spray 2 sprays TDS 7/7
 Second line: Sofradex or Gentisone HC 2 drops TDS 10/7 MAX
 If perforation: Ciprofloxacin 0.3% drops 2 drops TDS 7/7

Ear care advice

No cotton buds/other instrumentation to canal
 Keep ears bone dry with cotton wool & vaseline when bathing

Tinnitus

Unilateral needs referred for audiogram +/- MRI
 All can benefit from training apps e.g. Relief (From developer ReSound)

Smell loss

fifthsense.org.uk

Rhinitis

First line: Avamys + Sinus rinse
 Second line: Dymista (has antihistamine)

Chronic sinusitis without polyps

First line: Steroid nasal spray (Fluticasone)
 Second line: Flixonase nasules, 1/2 nasule each side BD 6/52
 Clarithromycin 250 BD 6/52 (doxycycline as an alternative)
 Neilmed sinus rinse BD
 With polyps: Rescue course of 20mg PO prednisolone 5/7, refer for sinus surgery

Epistaxis

Naseptin TDS 10/7, referral rapid access if persistent despite this or heavy

Red flags

(CXR and refer) Persistent unexplained hoarseness
 New neck lump >3weeks
 Unexplained/persistent sore throat >4 weeks
 Unexplained head/neck pain with otalgia and normal otoscopy >4weeks
 Oral ulceration >3 weeks

	Hearing normal	Hearing loss
Vertigo Episodic (mins-hours)	Benign Paroxysmal Positional Vertigo	Meniere's
Vertigo >1 day	Viral vestibulitis	Labyrinthitis

	NHSCT	SHSCT	BHSCT	SEHSCT	WHSCT
Emergency	ED	ED	ED	ED	ED
Routine	Consultant triage	Consultant triage	Consultant triage	Consultant triage	Consultant triage
Rapid access	Consultant triage	Consultant triage or SHO	ENTRAC@belfasttrust.hscni.net	SHO/ Switchboard	ENTRAC@westerntrust.hscni.net
Phone call/ advice	SHO/ Switchboard	SHO/ Switchboard	SHO/ Switchboard	SHO/ Switchboard	SHO/ Switchboard