

## ENT Referral Threshold Guidelines

1. Adherence to the Low Priority Guidelines. It was still felt that a number of referrals were coming through that did not take these into account. It was suggested that these could be stopped before they get to the ENT department.
2. Tonsillectomy. Adhere to low priority guidelines. See below
3. Rhinitis. See sheet
4. Post Nasal Drip. This is a physiological process and should not be referred as little can be done for it.
5. Globus Pharyngeus. The main discriminating question is does the sensation of blockage occur with food and drink. If there are no problems with this then a referral is not needed. Advice would consist of the patient stopping throat clearing, swallowing with water rather than dry swallowing and a trial of three months of PPI.
6. Tinnitus. Central bilateral Tinnitus without hearing loss can be managed in the community with simple patient information. A particularly useful resource is the information section on the [www.ear-surgery.co.uk](http://www.ear-surgery.co.uk) website.

### Recommendations at Surgery Level

It was being seen that the lowest quality of referrals was coming directly from the Practice Nurse, Nurse Practitioners, FY1 and FY2 doctors. There would be no indication that this referral had been discussed with more senior GP's. A countersigning of all non GP referrals would be appropriate.

### Thames Valley Priorities Committees

#### Buckinghamshire/Milton Keynes Priorities Committee

#### Policy Statement: Tonsillectomy

#### Policy No: 38

ref TV

#### Date of Issue: July 2006

#### The Buckinghamshire/Milton Keynes Priorities Committee makes the following recommendation regarding tonsillectomy:

The following are recommended as reasonable indications for consideration of tonsillectomy in both children and adults, based on the current level of knowledge, clinical observation in the field and the results of clinical audit:

Patients should meet all of the following criteria:

1. Sore throats are due to tonsillitis
2. Five or more episodes of sore throat per year
3. Symptoms for at least a year
4. Episodes of sore throat are disabling and prevent normal functioning.

Cognisance should also be taken of whether the frequency of episodes is increasing or decreasing.

Once a decision is made for tonsillectomy, this should be performed as soon as possible to maximise the period of benefit before natural resolution of symptoms may occur.

This statement will be reviewed in light of new evidence or further guidance from NICE

## References

1. Sign publication number 34. January 1999. Management of sore throat and indications for tonsillectomy.  
<http://www.sign.ac.uk/guidelines/fulltext/34/section6.html>
2. Clinical Evidence: Tonsillitis - Tonsillectomy versus watchful waiting with antibiotics. May 2006  
[http://www.clinicalevidence.com/ceweb/conditions/ent/0503/0503\\_11.jsp](http://www.clinicalevidence.com/ceweb/conditions/ent/0503/0503_11.jsp)

## BASIC guidelines for the management of allergic and non-allergic rhinitis

### Introduction

This guideline has been produced to aid the management of rhinosinusitis prior to referral to secondary care. It is an abridged version of the BSACI guidelines published in Clinical and Experimental Allergy, 39,1:19-42, 2008

### Definitions

Rhinitis describes inflammation of the nasal mucosa but is clinically defined by symptoms of nasal discharge, itching, sneezing and nasal blockage or congestion.

### Diagnosis of rhinitis

### History

A detailed history is vital for an accurate diagnosis. The patient is asked to list their main symptoms in order of priority and this usually produces a short list of differential diagnoses. Treatments can then be judged against these ranked symptoms.

### Symptoms

**Sneezing, itchy nose, itchy palate.** AR is likely and further refinement of the diagnosis is aided by asking whether the symptoms are intermittent or persistent although this is not a substitute for specific allergen testing.

**Rhinorrhoea.** Rhinorrhoea is either anterior or leads to post-nasal drip:

- Clear – infection unlikely. If bilateral there is little further referral may add.
- Coloured
  - yellow – allergy or infection
  - green – usually infection
  - blood tinged
- unilateral – tumour, foreign body, nose picking or misapplication of nasal spray
- bilateral – misapplication of nasal spray, granulomatous disorder, bleeding diathesis or nose picking.

### Nasal obstruction

- Unilateral – usually septal deviation but also consider foreign body, antrochoanal polyp and tumours.
- Bilateral – may be septal (sigmoid) deviation but more likely rhinitis or nasal polyps.
- Alternating – generalized rhinitis exposing the nasal cycle.

### Nasal crusting

- Severe nasal crusting especially high inside the nose is an unusual symptom and requires further investigation.
- Rarely, topical steroids may cause crusting.

### Lower respiratory tract symptoms

- Disorders of the upper and lower respiratory tract often coexist:
- Most asthmatics have rhinitis

### Drugs.

- A detailed drug history is vital as drugs such as topical sympathomimetics,  $\alpha$ -blockers and other anti-hypertensives as well as aspirin and non-steroidal anti-inflammatory drugs may cause rhinitis symptoms
- It is important to enquire about the efficacy of previous treatments for rhinitis and details of how they were used and for how long.

### Examination

#### Anterior rhinoscopy

- Appearance of the turbinates.
- The presence/absence of purulent secretions.
- The presence/absence of nasal polyps, but it may not be possible to see a small ones. Larger polyps can be seen at the nares and are distinguishable from the

inferior turbinate by their lack of sensitivity, yellowish grey colour and the ability to get between them and the side wall of the nose.

- Crusting and granulations raise the possibility of vasculitis.
- Septal perforation may occur after septal surgery, due to chronic vasoconstriction (cocaine,  $\alpha$ -agonists), Wegener's granulomatosis, nose picking and very rarely steroid nasal sprays.

## Investigations

### Skin prick tests.

- SPTs should ideally be carried out routinely in all cases in order to determine whether the rhinitis is allergic or non-allergic. Injectable adrenaline should be available, but is unlikely to be needed.
- Must be interpreted in the light of the clinical history. At least 15% of people with a positive SPT do not develop symptoms on exposure to the relevant allergen.
- Suppressed by antihistamines, tricyclic antidepressants.

## Treatment

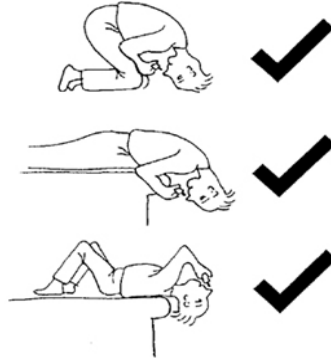
### Education

- The patient or parents of children should be informed about the nature of the disease, causes and mechanisms of rhinitis, the symptoms and available treatments.
- Education on means of allergen avoidance and drug therapy, including safety and potential side effects, should be provided.
- Treatment failure may be related to poor technique in the use of nasal sprays and drops and therefore appropriate training is imperative.
- Patients should be made aware of the potential negative impact of rhinitis on their QOL and benefits of complying with therapeutic recommendations.
- Patients should be provided with realistic expectations for the results of therapy and should understand that complete cures do not usually occur in the treatment of chronic diseases, including rhinitis, and that long-term treatment may be needed.

- (a)
1. Shake bottle well
  2. Look down
  3. Using RIGHT hand for LEFT nostril put nozzle just inside nose aiming towards outside wall
  4. Squirt once or twice (2 different directions  $\nearrow \rightarrow$ )
  5. Change hands and repeat for other side
  6. DO NOT SNIFF HARD



Wrong



Choose any position you feel comfortable with

**(a) Correct procedure for the application of nasal sprays. (b) Correct procedure for the installation of nasal drops.**

### Allergen avoidance

Allergen avoidance decisions are complicated and the clinician's task of providing advice to patients is not facilitated by the paucity of available evidence. Avoidance is clearly beneficial in allergy to domestic pets, horses and certain occupational allergens (laboratory animals, latex)

### Nasal douching and drops

In mainland Europe, nasal douching is a more commonly used therapy than in the United Kingdom. Saline douching reduced symptoms in children and adults with seasonal rhinitis (Grade of recommendation=A). It is a safe, inexpensive treatment. Neilmed and Sterimar are freely available.

