

EAR, NOSE AND THROAT

CLINICAL TEAM

Dedicated MDT: NHS ENT Consultants and Senior Audiologists

	Ear	Nose	Throat
Symptoms and Diagnoses Accepted	<p>External Ear</p> <ul style="list-style-type: none"> Wax (after five days use of olive oil) Foreign Body Otitis Externa Lumps, bumps and lesions around the ear <p>Middle Ear</p> <ul style="list-style-type: none"> Tympanic Membrane disorders and perforation Eustachian tube dysfunction, blocked, crackling, popping ear Discharging ears secondary to Otitis Externa, Active Otitis Media, Cholesteatoma Hearing loss due to any ear pathology Otalgia <p>Inner Ear</p> <ul style="list-style-type: none"> Unilateral hearing loss Tinnitus-Pulsatile and Non-Pulsatile Dizziness Balance disorders 	<ul style="list-style-type: none"> Adenoid problems/causing nasal, ear symptoms External nasal conditions causing structural problem e.g. nasal obstruction Deviated nasal septum All types of Rhinitis and Rhinosinusitis (allergic, non-allergic, infective including others) causing nasal symptoms Nasal congestion, blockage and obstruction Anterior or posterior nasal discharge Excessive sneezing Smell and taste disturbances Facial pain and headaches related to nose and sinuses Recurrent nose bleeds Snoring 	<ul style="list-style-type: none"> Chronic sore throat Laryngopharyngeal symptoms which may or may not be secondary to GORD Throat/neck pain Cough Throat clearing Excessive mucous in the throat Globus, feeling of something in the throat Hoarseness of voice Choking attacks Dysphagia Hoarseness (requires chest X-ray prior to referral) Dysphagia but without red flags
Assessments, Treatments and Interventions Available	<ul style="list-style-type: none"> Specialist Clinical Assessment Audiograms/assessment of hearing as part of the ENT pathways on the day when possible. Appropriate imaging including MRI and CT with/without contrast and X-ray Removal of foreign body (ear) Minor procedures for excision of lumps and bumps/lesions on or behind the ear. 	<ul style="list-style-type: none"> Specialist Clinical Assessment Appropriate imaging including MRI and CT with or without contrast and X-ray Allergy tests Cauterization for recurrent epistaxis Nasal endoscopy Office treatment for balance problems: <ul style="list-style-type: none"> pBPPV Epley's manoeuvre hBPPV Barbecue manoeuvre 	<ul style="list-style-type: none"> Specialist Clinical Assessment Appropriate imaging including MRI and CT with/without contrast Nasal endoscopy Allergy tests

E-RS (CHOOSE AND BOOK)

Speciality	Clinic Type	Service Name
Ear, Nose and Throat	Not Otherwise Specified	See CCG link for individual e-RS service names
	Tinnitus	
	Balance / Dizziness	
	Ear	
	Snoring (not Sleep Apnoea)	
	Nose / Sinus	
	Not Otherwise Specified	
	Not Otherwise Specified	

CT - PATIENT SAFETY QUESTIONNAIRE

Name (Print): Date of birth:

Patient No:

SO THAT WE CAN ASSESS WHETHER IT IS SAFE FOR YOU TO HAVE A CT SCAN, WOULD YOU PLEASE COMPLETE THE FOLLOWING QUESTIONS AND BRING THIS QUESTIONNAIRE WITH YOU

Radiographers use

- Yes No 1. Are you a woman of child bearing age?
- Yes No 2. Is there any possibility you could be pregnant?
- Yes No 3. What is the date of your last menstrual period?
- Yes No 4. Do you suffer from asthma?
- Yes No 5. Do you suffer from hay fever?
- Yes No 6. Do you have any allergies to foods/drugs/substances?

Please give us details:

- Yes No 7. Have you had any procedure using x ray dye?
- Yes No 8. Have you ever had an allergic reaction to this dye?
- Yes No 9. Are you Diabetic, have kidney problems or have Poly Cystic Ovary Syndrome?
- Yes No 10. Are you taking Metformin
- Yes No 11. Do you have high blood pressure (hypertension)?
- Yes No 12. Are you awaiting a kidney or liver transplant?
- Yes No 13. Have you had a blood test to assess kidney function?
(eGFR /Serum Creatinine)
- 14. Date of Test and Result _____ / _____

Patients use

- Yes No
- Yes No
- _____ / _____
- Yes No
- Yes No
- Yes No

Patient Declarations - To be completed on the day of the examination

<p>I confirm that these answers are true and accurate to the best of my knowledge and belief.</p>	<p>Patient's Signature (Parent or Guardian - if under 16)</p>
<p>I understand that I may need an intravenous injection of a contrast agent as part of the examination and I confirm that the risks and benefits of the injection of such a contrast agent have been explained to me and I understand them.</p>	<p>Patient's Signature (Parent or Guardian - if under 16)</p>