


UCLA MEDICAL GROUP		
DEPARTMENT:	Utilization Management	POLICY NUMBER: TBD
SECTION:	UM Program	Page 1 of 3
TITLE:	ENT Guideline	ISSUE: EFFECTIVE:
SUPERCEDES:	7/01; 6/04; 7/06; 6/08; 6/10, 07/2014, 08/2016,	
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UCLA Healthcare / UCLA Medical Group Practice Guidelines

ENT / HEAD & NECK SURGERY

Primary Care Physician Responsibility:

For the following common diagnoses, the Primary Care Physician should perform the history and physical and initiate treatment. Only if the diagnosis is unclear, or if the patient does not respond to treatment as expected, should a referral be submitted for an initial consultation with ENT/Head & Neck Surgery. After the Surgeon has evaluated and diagnosed the patient, he/she will determine the need to continue treatment under his/her care or refer the patient back to the PCP to continue the recommended treatment plan. This list covers the more common conditions, and should not imply that these are the only ENT/Head & Neck conditions that PCPs can and should treat.

Sinusitis:

- **Frontal/Sphenoid Sinusitis** warrants immediate referral to ENT/Head & Neck Surgery

Recommended treatment for other sinusitis:

- Two weeks of antibiotics. Follow-up in two weeks. Repeat for two weeks with a different antibiotic if there is no or inadequate improvement. Also, nasal steroids/other agents, saline lavages, decongestants and/or antihistamines may be needed.

Limited CT of sinuses only if still no satisfactory response after 4 weeks of treatment should be requested if not approved

Indications for Referral:

- Limited CT scan ordered by the PCP shows “moderate” to “severe” disease. If the CT scan is normal or minimal abnormalities noted, consider other treatments or referral to Allergy and Immunology.
(Referral to have CT scan images reviewed and discussed, even if “normal” is appropriate if deemed necessary or requested by patient)

Allergic Rhinitis:

Recommended Treatment:

- Nasal steroids/other agents, saline lavages, decongestants and/or antihistamines.

Indications for Referral:

- If patient fails therapy, initial referral, if necessary, should be to Allergy and Immunology.

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Hearing Loss, Adult:

Recommended Treatment:

- A screening audiogram is to be performed by PCP or Audiology. If patient has abnormal screening, PCP should refer patient to Audiology.
- Audiology will conduct more extensive audiogram and suggest referral to ENT/Head & Neck Surgery if indicated.
*All recommendations for hearing aids must be reviewed for verification of health insurance benefits.
- If hearing loss is acute (sudden) and/or unilateral, warrants immediate referral.

Hearing Loss, Pediatric <4-5 years of age:

Recommended Treatment:

- PCP should refer patient to Audiology.
- Audiology will conduct more extensive audiogram and suggest referral to ENT/Head & Neck Surgery if indicated.
*All recommendations for hearing aids must be made pending verification of health insurance benefits.

Serous Otitis Media:

Recommended Treatment:

- Antibiotics, decongestants

Indications for Referral:

- No improvement after 1-3 months.
- Immediate referral is warranted if there is suspicion of nasopharyngeal tumor.
- Unilateral, serious otitis media, unilateral epistaxis, or neck mass.

Acute Bacterial Otitis Media:

Recommended Treatment:

- Antibiotics. Switch if not improved after 48-72 hours. Up to 2 courses of antibiotics

Indications for Referral:

- Refer to ENT if treatment fails (persistent pain or fever) after 48 hours on second antibiotic, or if there are pending complications.
- Diagnosis of mastoid tenderness, facial weakness or purulent otorrhea

Chronic Laryngitis:

Recommended Treatment:

- After diagnosis is established treat underlying cause when applicable, (e.g. treatment for GERD with diet & behavior modifications and proton pump therapy).

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Indications for Referral:

- Referral not indicated for Acute Laryngitis (less than 2 weeks duration). Treatment is voice rest and to avoid irritants.
- If there is no improvement after 2 weeks refer for direct laryngoscopy unless cause determined.
- Smokers or users of alcohol with hoarseness generally need laryngoscopy to exclude neoplasm.
- Immediate referral for laryngitis (voice change) associated with hemoptysis or neck mass.

Sleep Disturbances:

Referral to ENT:

- Complete Sleep Study Questionnaire from the Sleep Lab, available on the website or from the Sleep Center at 310-319-4062.
- Refer for sleep study evaluation if criteria from Questionnaire met. Symptoms suspicious of sleep disturbances who do not meet sleep study criteria may be referred for Sleep consultation.
- If results abnormal, therapeutic trials as directed by study results by Sleep consultant (e.g. SM Pulmonary or Neurologist) or PCP.
- ENT referrals indicated only after above steps are complete, including non-surgical interventions, and patient desires consideration of surgical interventions.
- Be certain to query bed partner regarding sleep habits.

References:

The American Academy of Otolaryngology-Head and Neck Surgery has "Clinical Practice Guidelines" listed on its public website. These include the following (which can cited as national criteria that are in line with the Medical Group ENT Guidelines that we have previously released and edited)