CASLPM
THE COLLEGE OF AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS OF MANITOBA

Guidelines for Audiologists on Referral to Otolaryngology

The College may issue guidelines to enhance, explain, add to, or guide registrants on subject matter described in the RHPA, regulations, practice directions, code of ethics, or other College matters.

Guidelines reflect "best practice" and good professional conduct.

Official College guidelines contain practice parameters which should be considered by all Manitoba audiologists and speech-language pathologists in the provision of healthcare services to their patients/clients in the practice of the professions.

In the event of inconsistency between these guidelines and legislation that governs the practice of audiology and speech-language pathology, the legislation governs.

Introduction

Since July 1, 2015, audiologists may refer patients/clients to otolaryngologists in accordance with an agreement with Manitoba Health. This guideline aims to assist Manitoba audiologists in determining when a referral to an otolaryngologist (ENT specialist) is appropriate.

Who Should Be Referred for an Otolaryngology Consultation?

Any patient/client (infant, child, or adult) may be referred to an otolaryngologist based on a comprehensive audiological assessment that identifies conditions related to the ear, hearing impairment, or balance dysfunction. Audiologists should use clinical judgment to determine whether a referral is necessary.

Audiological Assessment Components for Referral Consideration

A referral to an otolaryngologist should be based on a thorough audiological assessment, which includes the following components:

1. Case History (Required)
    - Medical history: speech-language development, ear infections, otologic surgery, ototoxic medication use, vertigo, tinnitus, family history of hearing loss, ear pain, noise exposure, etc.
    - Observations from parents, caregivers, or significant others.
    - Behavioral observations made by the clinician.
2. Visual/Otoscopic Inspection (Required)
    - Identification of any abnormalities in the external ear, ear canal, or tympanic membrane.
3. Immittance Testing (Required, whenever possible)
    - Tympanometry.
    - Acoustic reflex thresholds.

- Acoustic reflex decay (optional).

4. Behavioral Audiometry (Required)
    - Pure-tone and speech audiometry (air conduction).
    - Bone conduction audiometry (as needed).
5. Additional Electrophysiological and Vestibular Testing (Optional, as needed)
    - Otoacoustic emissions (OAEs: TEOAEs, DPOAEs).
    - Auditory evoked potentials (e.g., ABR, ASSR).
    - Videonystagmography (VNG/ENG) for vestibular assessment.

Referral Criteria/Clinical Indicators

A referral to an otolaryngologist is warranted when any of the following conditions are identified:

- Cerumen Management (where necessary) – Complete obstruction with documented hearing loss.
- Chronic/Recurrent Ear Infections – 3 infections in the past 6 months or 4 infections in the past year.
- Chronic Otitis Media with Effusion – Associated conductive hearing loss. > 3 month duration unless high risk group (e.g. syndromic, cleft palate, underlying SNHL, etc.)
- Conductive Hearing Loss – Suspected ossicular disorder.
- Facial Paralysis/Numbness – If an otologic cause is suspected.
- Head Trauma – Requiring hospitalization.
- Meningitis – Post-illness with documented hearing loss (urgent referral).
- Otoscopic/Visual Inspection Abnormalities – Conditions requiring ENT consultation (e.g., suspected cholesteatoma, middle ear mass, soft tissue mass in the ear).
- Chronic Otitis Externa.
- Outer Ear Abnormality – (e.g., atresia, ear canal stenosis).
- Tympanic Membrane Perforation – With associated conductive hearing loss.
- Ear Pain – Of suspected neurological origin or persistent with no improvement.
- Permanent Childhood Hearing Impairment.
- Sudden Sensorineural Hearing Loss (SSNHL) – Change of ≥30 dB HL at three consecutive frequencies (urgent referral).
- Tinnitus – Unilateral lasting >90 days, pulsatile, or suspected neurological origin.
- Unilateral or Asymmetrical Sensorineural Hearing Loss.
- Vertigo – Recurrent or chronic dizziness/vertigo.

Urgent Referrals

- Sudden onset sensorineural hearing loss in one or both ears. *(Contact the Health Sciences Centre paging service at 204-787-2071 and request to speak with the Otolaryngologist on external call for guidance.)*
- Otitis media in one or both ears with mastoid swelling, vertigo, or facial numbness/paralysis.
- Meningitis.
- Head trauma with recent barotrauma.
- Vertigo triggered by pressure changes (e.g., during flight).

Referral Process

If a client meets the criteria for an otolaryngology consultation, the audiologist should:

1. Obtain Informed Consent from the patient/client or substitute decision maker – Discuss the assessment results and the rationale for the referral. See CASLPM's Practice Direction on Obtaining Informed Consent for Service.
2. Forward the Referral and Test Results – Send a complete referral along with relevant audiological findings to the appropriate ENT specialist (e.g., pediatric, balance, implant specialist).
3. Communicate with the Primary Care Physician – Ensure that referral details and audiological findings are shared with the patient/client's family physician or pediatrician.

Documentation and Follow-Up

- Maintain detailed records of assessment findings and the rationale for the referral.
- Confirm that the referral was received by the otolaryngologist.
- Follow-up with patient/client and/or ENT where appropriate to ensure continuity of care.
- Coordinate care with other healthcare providers as needed.

This guideline is intended to support clinical decision-making and ensure timely and appropriate referrals for otolaryngology consultation. Audiologists should always apply professional judgment and consider individual patient/client needs when making referral decisions.

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This guideline was outlined with the use of Chat GPT and may include aggregate or individual sources that are not identifiable or referenced individually.