

St. Joseph's Ambulatory Care Clinic***If patients have an ENT following them, they do not need to be referred to our ENT ACC clinic**

Timeline: Adult Patients

Clinical Concern	Timeline for ENT to see	Helpful to have but not necessary
1) EAR - Adult		
SSNHL	Within 1 week	Audiogram
Asymmetric SNHL	Within 6 months	Audiogram
Vertigo	Within 6 months	Audiogram
Tinnitus	Within 6 months	Audiogram
Otitis Externa	< 3 months	Tried Ciprodex drops
Otitis Media +/- TM perforation	< 3 months	
Hearing loss, Tinnitus	Within 6 months	Audiogram
Ear pain	Within 3 months unless difficulties noted with swallowing (see sooner)	Audiogram
2) Nasal Issues - Adult		
Nasal Obstruction	Within 3-6 months	Tried previous INCS/saline
Sinusitis	Within 3-6 months	1 st sinus infection treated by ER, refer back to GP unless complication
Complication of sinusitis, orbital swelling, pain in sinusitis	Within 1 week	CT scan of sinuses documented
Epistaxis	Within 3 months	*Nasal packing placed in ER needs to return to ER for removal
Septal Deviation	Within 6 months	
Nasal Fracture	Within 1 week	
Post-Nasal Drip	Within 6 months	Send back to GP if they have not trialed INCS/saline
Fungal Sinusitis	Within 1-2 weeks *urgent if immunocompromised (invasive fungal sinusitis)	CT scan documentation, or swab, or ID consult **Urgent if immunocompromised patient
3) Neck Mass - Adult		
Concern for malignancy expressed by GP	Within 1-2 weeks	Helpful if imaging ordered, but not a requirement
Enlarged thyroid nodule	Within 4 weeks	US report, earlier if concern about malignancy

Hyperparathyroidism	Within 4 weeks	
Submandibular Gland swelling (ie. Stone)	Within 3 months	
Parotid gland swelling or lump	Within 3 months	
Hoarseness	Within 1 – 3 months	Sooner if documented imaging showing mass etc.
Dysphagia	Within 3 - 6 months	
Lymphadenopathy persistent, concern for lymphoma or persistence	Within 1-2 weeks	Imaging – CT scan or US showing concern
4) Oral Cavity - Adult		
Nonhealing ulcer – tongue/oral cavity	Within 1 month	
Recurrent Tonsillitis	Within 6 months	Repeated episodes, otherwise FU with GP
Tonsillar Mass	Within 1- 2 weeks	
Tonsillar Stones	6 months or more	Not covered by OHIP for surgery
Drained Peritonsillar Abscess in ER	No indication for us to see unless concerns	FU with GP, unless other concerns
TMJ	6 months	Must have seen GP and dentist prior to consult

Timeline: Pediatric Patients – NOTE – we do not see children under 1 years of age

Clinical Concern	Timeline	Helpful but not necessary :
Snoring/mouth breathing without witnessed apnea	3 - 6 months	Sleep study, trial of 8 weeks of INCS/saline
Snoring with witnessed apnea	< 1 month	Video of sleeping, sleep study, trial of INCS/saline
Recurrent tonsillitis	< 6 months	Evidence of recurrent strep throat, antibiotic treatment
Recurrent OM or persistent MEE, hearing loss	3 months	Audiogram, trial of INCS
Hoarseness/dysphonia	< 3 months	We are unable to see children under 10 yrs, no pediatric scope available
Recurrent Croup	< 3 months	We are unable to see children under 10 yrs, no pediatric scope available
Chronic nasal congestion, PND	3-6 months	Tried INCS/saline
Epistaxis	< 3 months	

Neck mass, lymph node, swelling	< 2 weeks	
Prominent Ears	3 - 6 months	
Chronic cough, PND	3 - 6 months	Trialed INCS/saline