

**Presentation**

**Possible causes**

Acquired unilateral hearing loss	With ipsilateral fifth or seventh cranial nerve symptoms and signs	Viral VS Stroke
Immunocompromised adults with hearing loss	Otalgia and otorrhoea unresponsive to treatment within 72 hours	OE Nec OE SBO
Sudden sensorineural hearing loss	Occurring over a period of 3 days or less	Injury Auto Idio Tox Viral VS Stroke Seen within 30 days Seen after more than 30 days
Rapid-onset hearing loss	Occurring between 4 and 90 days	Cho Auto Idio Tox VS
Chinese or south-east Asian family origin	Middle ear effusion not associated with an upper respiratory tract infection	NC
Unilateral or asymmetric hearing loss	Presents with obvious difference in hearing between the two ears	SOM Ch Oto VS Tu IAC Tu CPA
Fluctuating hearing loss	Not associated with an upper respiratory tract infection	MD
Hearing loss with hyperacusis	Intolerance to everyday sounds that causes significant distress and affects a person's day-to-day activities	Deh MD
Hearing loss with persistent tinnitus	Unilateral, pulsatile, has significantly changed in nature or is causing distress	Unilateral: MD VS Pulsatile: Tu Vas BIH CA CAS Myo Changed: Anx Stress
Hearing loss with vertigo	Not fully resolved or recurrent	Deh MD
Hearing loss that is not age related	Any of the acquired causes mentioned above	Gen Noise Tox
Hearing loss with partial or complete obstruction	Obstruction of the external auditory canal prevents full examination of the eardrum or taking an aural impression	FB Fur OE Ch Sten Tu EAC Wax Cho OM Ch
Hearing loss with pain affecting either ear	Lasting for 1 week or more and not responsive to first-line treatment	Fur OE Ch Tu EAC Tu Nas TMJ
Hearing loss with a history of discharge (other than wax)	Not resolved, and not responsive to prescribed treatment or recurs	All EM FB OE Cho
Hearing loss with abnormal appearance of outer ear or eardrum	Inflammation Swelling Tumour Bleeding	Fur OE Ch Tu EAC Perf Cho SOM Ch
Hearing loss with a middle ear effusion	In the absence of, or that persists after, an acute upper respiratory tract infection	All Rh Sin Ch Tu Nas

**Urgent Referral**  
To be seen within 2 weeks

**Routine Referral**  
ENT, AVM or specialist audiology service for diagnostic investigation using a local pathway

ENT (ear, nose and throat service)

**KEY**

**External ear**

- All EM Allergy to ear mould material
- FB Foreign body
- Fur Furuncle
- OE Otitis externa
- OE Ch Otitis externa (chronic)
- Sten Stenosis
- Tu EAC Tumour of external auditory canal
- Wax Impacted wax
- Perf Perforated ear drum

**Intercranial**

- BIH Benign intracranial hypertension
- CA Cerebral aneurysm
- CAS Carotid atherosclerosis
- Myo Brainstem pathology (myoclonus)
- Nec OE Necrotising otitis externa
- SBO Skull base osteomyelitis
- Stroke Anterior inferior cerebellar artery stroke
- Tu CPA Tumour within cerebello-pontine angle

**Middle ear**

- Cho Cholesteatoma
- OM Ch Otitis media (chronic)
- SOM Ch Suppurative otitis media (chronic)
- Injury Head injury
- Gen Genetic
- Oto Otosclerosis

**Internal auditory canal**

- Tu IAC Tumour within internal auditory canal
- Tu Vas Vascular tumours
- VS Vestibular schwannoma

**Inner Ear**

- Viral Viral infection
- Auto Auto-immune disease
- Deh Dehiscent superior semi-circular canal
- Idio Idiopathic
- Noise Noise induced
- Tox Ototoxicity
- MD Ménière's disease

**Other**

- All Rh Allergic rhinitis
- Sin Ch Sinus disease (Chronic)
- NC Nasopharyngeal carcinoma
- Tu Nas Tumour of nasopharynx
- Anx Anxiety
- Stress Stress
- TMJ Coincidental temporomandibular joint disorder

