causing distress should also be referred routinely onwards. Patients who display suicidal intentions should be discussed with their GP urgently. Unilateral persistent cases of tinnitus lasting for longer than 3 months should be referred for MRI Scanning – please see MRI scan policy.

2.3. Vertigo

Patients with recurrent vertigo or vertigo which has not fully resolved should be referred to ENT. Vertigo in this instance is defined as an illusion of movement (spinning, swaying etc). Patients with general unsteadiness should be referred back to their GP. Patients who give a history which clearly indicates Benign Paroxysmal Positional Vertigo (BPPV) can be discussed with a member of the vestibular team who can arrange for a repositioning manoeuvre to be conducted.

2.4. Otalgia

Patients with persistent and intrusive pain which has not resolved as a result of prescribed treatment should be referred on to ENT. Patients with intermittent or less severe pain should be directed back to their GP as should those who have not yet sought any treatment.

3.1. Excessive ear wax

Patients with ear wax preventing further audiological management should be directed back to the GP or alternative provider for wax removal before contacting us for a further

Patients with a unilateral flat tympanogram should always be referred to ENT because of the risk of nasopharyngeal carcinoma (Sham et al, 1992). This is irrespective of audiometry results.

Audiometry should be performed in accordance with the recommended British Society of Audiology (BSA) procedure (BSA, 2018).

5.1. *Conductive hearing loss*

For the purposes of this document a conductive hearing loss is defined as a 20dB or greater average air-bone gap over three of the following frequencies 500, 1000, 2000, 3000 or 4000Hz. Patients with a conductive hearing loss in the absence of middle ear effusion should be referred directly to ENT. Patients with suspected bilateral otitis media with effusion should not be directly referred to ENT. Initially they should be given advice regarding the Otovent nasal balloon (d)-4(irect)-4(ly)13( )-23(re)7(f)-4(er)-2(re)7(d)-4( )-13(t)-4(o)7( )-23