LSU Health System
Interim LSU Hospital in New Orleans

Patient Label

ENT: Ear

Fax 504.903.3479

From: __BMC __EKL __LJC __LAK __ILH __UMC __WOM __Other:_____

Attending Provider: _____ ID Number: __ __ __ __ __

Patient's Name: _____ Date of Referral: _____/_____/_____

Date of Birth: _____/_____/_____ Medical Record Number: _____

Mailing Address:_____

1˚ Contact Number: (__ __ __) __ __ __ - __ __ __ __ 2˚ Contact Number: (__ __ __) __ __ __ - __ __ __ __

Indicate Reason for Referral and note pre-referral treatment and/or needed workup below:

___380.4 Cerumen, Impacted **(1)**
___385.3 Cholesteatoma **(2, 7)**
___389.9 Hearing Loss: Acute, Asymmetric, and/or Unilateral **(3)**
___389.10 Hearing Loss and/or Tinnitus (Bilateral and/or Chronic)
___383.00 Mastoiditis **(2)**
___384.20 Tympanic Membrane Perforation **(7)**
___386.9 Vertigo (inc. BPPV and Meniere's Disease)
___388.70 Otalgia/Unspecified Ear Pain
___380.10 Otitis Externa (Uncomplicated) **(4)**
___380.14 Otitis Externa: Malignant, Necrotizing, and/or Osteomyelitis **(2, 4, 5)**
___382.9 Otitis Media (Uncomplicated) or Eustachian Tube Dysfunction (**6, 7)**
___382.3 Otitis Media: Chronic Suppurative with TM perforation/Chronic Draining Ear (**7)**
___Other: ICD: _____ Diagnosis: _____

(1) Topical ear drops toilet (acetic acid otic, Domeboro drops, dilute hydrogen peroxide, or mineral oil).
(2) CT temporal bone (1 mm cuts) without contrast
(3) Rule out otitis media/middle ear effusion, TM perforation, cerumen or foreign body in EAC. Treat sudden (idiopathic) deafness with 7 day course oral steroids and antivirals vs. HSV (acyclovir or valacyclovir). For chronic unilateral or asymmetric hearing loss, obtain MRI brain and IAC (internal auditory canals) with gadolinium contrast.
(4) Topical otic antibiotic/steroid combination drops (Cortisporin, Cipro HC, or Ciprodex). DRY EAR PRECAUTIONS and/or topical ear toilet (See number 1 above) for mild otitis externa.
(5) ESR, CRP. Start oral quinolone for otitis externa with facial cellulitis (7-10 day course).
(6) Oral ABX 5-7 day course (amoxicillin or Augmentin, 2nd or 3rd gen. cephalosporin, Bactrim, or respiratory quinolone) and pain meds. Indications for referral for otitis media: chronic recurrent infections over several yrs (>4 episodes/yr), persistent effusion > 3 mo after abx, or complications of otitis media.
(7) Treat ALL acute or chronic otorrhea (draining ears) with topical otic antibiotic drops (quinolone +/- steroid combo drops) for > 7 days [DRY EAR PRECAUTIONS] -- including otorrhea from acute or chronic otitis media with TM perforation and/or Cholesteatoma. Consider retreating with topical otic drops for recurrent otorrhea.

***Contrast studies require documentation of BUN/ Creatinine [GFR] within 90 days of the performance of the study. (Metformin/Glucophage may be taken on the morning of the study but must be held for 48 hours and renal function must be re-evaluated prior to resumption. SCHEDULE REPEAT GFR FOR 48 HOURS AFTER CONTRAST STUDY)**

Have the patient bring copies of any lab work, studies, and medical records not available at ILH.

Clinical History Relevant to this Referral: _____
_____
_____

Referring Provider's Signature: _____ ID Number: __ __ __ __ __
Contact No.: (__ __ __) __ __ __-__ __ __ __ Referring Service/Clinic: _____
Fax No.: (__ __ __) __ __ __ - __ __ __ __ Email: _____

OFFICE USE ONLY: Appointment Date: _____/_____/_____ Time: __:__ am/pm.
If not scheduled, Indicate Reason & Recommendation: _____
_____
Reviewing Provider's Signature: _____ ID Number: __ __ __ __ __
Contact Number: (__ __ __) __ __ __-__ __ __ __ Rev 08/05/09