LSU Health System
Interim LSU Hospital in New Orleans

Patient Label

ENT: Face & Nose

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:

___477.9 Allergic Rhinitis or Nasal Congestion (Chronic) **(1)**
___349.81 Cerebrospinal Fluid Leak
___784.7 Epistaxis/Nose Bleed **(2)**
___351.0 Facial Nerve Paralysis **(3)**
___738.0 Nasal Deformity and/or Nasal Fracture
___478.1 Nasal Airway Obstruction or Deviated Septum
___473.9 Sinusitis (including Nasal Polyps) **(1, 4, 5)**
___Other: ICD: ___ Diagnosis: _____

(1) Treat before referral with antihistamines, decongestants, and/or topical nasal steroids.
(2) Pack nose for 3-7 days and place on abx (amoxicillin or equiv.) for acute nose bleed. For chronic or recurrent nose bleeds start on topical nasal humidification toilet (nasal saline irrigation, Vaseline ointment or petroleum jelly to nostrils, and/or home humidifier).
(3) Obtain history and exam for ear infection or mass or temporal bone trauma. If suggestive, obtain CT temporal bone (1 mm cuts). Start topical eye care toilet for corneal exposure (artificial tear drops, Lacrilube ointment, and/or taping eye shut). Treat (idiopathic) Bell's palsy with 7 day course oral steroids and antivirals vs. HSV (acyclovir or valacyclovir))
(4) Treat before referral with 10-14 day course oral abx (amoxicillin or Augmentin, 2nd or 3rd generation cephalosporin, Bactrim, macrolide, or respiratory quinolone) for acute sinusitis. Extend abx course to 21 days for chronic refractory sinusitis and choose different abx class (also consider additional anaerobic coverage with clinda or metronidazole). Place all pts. with sinusitis on nasal irrigation (nasal saline) and treat associated allergy and/or congestion symptoms with topical or oral meds as per **(1)**.
(5) Indications for ENT referral for sinusitis: recurrent episodes over several yrs (>4 episodes/yr), chronic refractory sinusitis despite maximal medical therapy, sinusitis with nasal polyps (consider adding oral steroids to medical therapy for polyps), allergic fungal sinusitis, acute frontal sinusitis, complications of sinusitis, or invasive fungal sinusitis (in immunocompromised or poorly controlled diabetic patient). Obtain CT sinus or maxillofacial without contrast **after** maximal medical therapy and **before** ENT referral.

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