

National Access Criteria for First Assessment (ACA) Bay of Plenty Variation (Nov09)

Note: Access criteria that determine prioritisation primarily on the referral diagnosis have their limitations and this is acknowledged. For those referrals in which the referring doctor has not been able to make a confident diagnosis it may be difficult, or impossible, to apply these ACA criteria. It is therefore stressed that these are guidelines only and that clinical judgement must be applied in all cases in which they are used.

REFERRAL GUIDELINES: ORL / ENT	
Category	Criteria
1. Urgent	<ul style="list-style-type: none"> ▪ Failure of immediate treatment would result in significant morbidity ▪ Suspected malignancy
2. Semi-Urgent	<ul style="list-style-type: none"> ▪ Major functional impairment ▪ Uncontrolled pain and/or infection ▪ Trauma not requiring immediate attention ▪ Moderate risk of permanent damage to tissues or systems
2a. Semi-Urgent	<ul style="list-style-type: none"> ▪ Moderate functional impairment ▪ Marked restriction of social or economic activity ▪ Conditions causing frequent recurrent infective episodes ▪ Poorly controlled pain
2b. Semi-urgent	<ul style="list-style-type: none"> ▪ Mild-moderate degrees of the above and/or unlikely to require surgical intervention ▪ Does not appear to meet Primary Referral Management Guidelines (tonsillitis/sinusitis) for secondary referral. <p>Conditions where there is a slight risk of permanent damage if treatment is delayed.</p>
3. Routine	<ul style="list-style-type: none"> ▪ Minimal functional impairment ▪ Social impairment but minimal restriction of social and/or economic activity ▪ Cosmetic or acquired aesthetic disability of a minimal nature
4. Child Hearing Loss	<ul style="list-style-type: none"> ▪ All referrals regarding hearing loss in children. Priority equivalent to Semi-urgent (2a) separated out for ease of identification.

Notes:

SPECIFIC REFERRAL INFORMATION:

- ACC fractures - refer to Private Practitioner wherever possible
- Industrial hearing loss - ACC form and referral to ACC who will refer to private practitioner.
- OSA - direct to ORL only where there are upper airways signs or symptoms.
- Vertigo- direct to ORL in presence of otorrhoea, unilateral tinnitus, unilateral hearing loss
- Referral for tonsillitis and rhinosinusitis should be made in accordance with BOP DHB Primary Referral management guidelines for these conditions.

TESTS REQUIRED:

- Tympanometry in OME – send result or comment on.
- Audiology for other than child hearing loss.
- Chest x-ray for cough.
- Barium swallow for dysphagia, consider for cough.
- Skin biopsy where indicated.
- NB Sinus x-rays are a poor screening tool.

OTHER INFORMATION:

Please include all relevant:

- Radiology, audiology, pathology and laboratory investigations.
- Private or out of district assessments
- Public/community health nurse assessments.
- Past and current medical history

Smoking status is mandatory on adult ORL referrals.