

Sudden onset deafness

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

Criteria

Introduces Self, confirms patient identify, Washes hands,	2, 1
Offers analgesia, ensures comfort of patient	2
Confirms nature of the problem	1
Asks focused specific questions Time of onset, gradual/sudden What kind of sounds are difficult to hear? (low or high pitched) Unilateral/bilateral Tinnitus (is it pulsatile) Pressure feeling Trauma Discharge Recent loud noise exposure	
Associated symptoms Vertigo, fever, headache, nystagmus, itching, visual changes Systemic symptoms – weakness,	
PMH Recent ear infections? Recent URTIs? DM, HTN, Vasculitis, hypothyroidism, asthma	
FH	
DH Ototoxic drugs – aminoglycosides, diuretics, anti-inflammatories, anti-malarial agents	
SH Smoking	
Asks to examine patient	
Inspects outer ear Comments on discharge, mastoid, erythema, scars Comments on symmetry	
Palpates Pinna, tragus Pre-auricular and post auricular, suboccipital and superior jugular lymph nodes	
Auroscope Technique Appropriate sized speculum Holds ear appropriately	
Auroscope findings Auditory canal – infection, wax, granulation, blood Tympanic membrane	
Rinne's test [ 512hz] Normal is AIR > BONE conduction	

Conductive is BONE > AIR Sensorineural AIR > BONE	
Weber's test Normal – sound is heard in both ears In conductive deafness – heard in deaf ear In sensorineural – heard in normal ear	
Wants to do full CN exam.	
Wants to do ENT exam and head and neck	
Offers appropriate advice and follow up	
Answers questions	
Thanks patient	
TOTAL	

### **Causes of conductive hearing loss**

Congenital stuff – microtia, atresia of ear canal

Trauma – BOS#,

FB, wax, otitis externa

Tympanic membrane – perforation, tympanosclerosis,

Ossicle – ossicular chain dislocation

OM

### **Causes of sensorineural hearing loss**

Genetic/Congenital

Ageing – presbycusis

Tumours – acoustic neuroma

Nose induced

Drugs – aminoglycosides, diuretics, cytotoxics, NSAIDS, anti-malarial agents

Trauma