

POLICY ON TYMPANOSTOMY TUBE PLACEMENT FOR HYPERBARIC OXYGEN 2015

OTOLARYNGOLOGY REFERRALS

This is an internal policy for the Wound Care and Hyperbaric Oxygen Center, more specifically for, patients receiving Hyperbaric Oxygen Therapy (HBOT), whom may warrant an Otolaryngology referral

Patients receiving HBOT are subjected to ambient pressure changes that may affect their ears in an adverse manner. Equalization of the middle ear to the ambient environment is essential to avoid over-pressurization, which may cause damage to the tympanic membrane, and or structures of the middle and inner ear. Patients scheduled to receive HBOT will be evaluated by a Hyperbaric Physician for their ability to equalize their middle ear with the ambient environment. On subsequent UBOT treatments the Hyperbaric Physician will also evaluate each patient having any problems with equalization, and ear or sinus discomfort during any phase of the hyperbaric treatment. In situations where a patient is unable to perform an effective equalization with the ambient environment, or develops ear or sinus symptoms possibly related to pressure changes during HBOT, the Hyperbaric Physician will evaluate the patient to determine when Otolaryngology referral is appropriate.

[180] is individualized to the disease process for which the patient is being treated. Patients referred for HBOT are meant to receive this therapy in a timely manner. Delays in the application of HBOT may prove to have an adverse outcome. Although the timely application of HBOT is subjective to the disease process for which the patient is being treated for, it is usually in the best interest of the patient to provide HBOT early in the disease process.

The Hyperbaric Physician will determine the appropriateness for an Otolaryngology referral, and the urgency based on his/her clinical judgment. The following patient categories will provide a guideline for determining the urgency for an Otolaryngology referral.

Emergent HBOT (life or limb threatening situation).

The Hyperbaric Physician may perform emergent myringotomies (based on his/her specific credentials) if the Otolaryngologist is not immediately available.

Urgent HBOT

(I.E. Falling flaps compromised skin grafts. arterial insufficiency, crush injury, progressive infection...)

The Hyperbaric Physician will contact an Otolaryngologist, and describe the urgency of the situation, and the necessity for an otolaryngology referral. Patients' placed in an urgent category for HBOT need to be seen by an Otolaryngologist within 4 to 6 hours.

A Clinical Practice of EVMS Medical Group

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Routine HBOT

These patients may be delayed from receiving UBOT for approximately 48 to 72 hours or as determined appropriate based on the clinical judgment of the Hyperbaric Physician. Coordination with the Otolaryngology service by the Wound Care and Hyperbaric Oxygen Center staff is essential to ensure these patients are appointed in a timely manner. Delay in appointing these patients' need to be brought to the immediate attention of the Hyperbaric Physician.