Fact sheet

Central Adelaide Ear, Nose and Throat (ENT) Service

Clinical Information Sheet

Clinical Condition	Throat Hoarseness
Eligibility	Associated with upper respiratory tract infection Associated with neck trauma Associated with respiratory obstruction Without associated symptoms or obvious aetiology
Priority	Otolaryngology referral indicated if: 1. Stridor or airway distress- ring on call specialist – Refer to ED. 2. Associated with significant dysphagia 3. Hoarseness present > 4 weeks Neck trauma – Otolaryngology referral indicated in all cases – ring on call specialist. Refer to ED. Respiratory obstruction- Otolaryngology referral indicated in all cases – ring on call specialist. Refer to ED. Without associated symptoms or obvious aetiology- Otolaryngology referral is indicated if recent hoarseness persists
	over four weeks despite medical therapy- especially in a smoker.
Differential Diagnoses	Throat pain- may radiate to ear, Dysphagia, Stridor/airway obstruction. neck trauma, skin laceration, Ecchymosis, tenderness, subcutaneous emphysema, stridor. Hypothroidism, Diabetes mellitus, gastro-oesophogeal reflux, Rhematoid disease, Pharyngeal/oesophageal tumour Lung neoplasm.
Information required with referral	Include history or findings of: Smoking / alcohol use Duration Hoarseness Foreign body ingestion History of neck trauma preceding hoarseness Stridor Pharyngeal/Oesophageal tumour Lung neoplasm
Investigations required with referral	Blood cultures if patient febrile, C1 esterase inhibitor levels (if history of angioneurotic oedema), chest X-Ray, CT/ MRI if indicated.



Pre-Referral	Humidification
management strategies	Increase fluid uptake
(information required	Voice rest
with referral)	Antibiotics, where appropriate
	Inhalant steroid sprays
	Chest X-Ray
	CT neck/MRI neck may be advised
Discharge	Once condition stabilised
Criteria/information	
Fact sheets	

For more information

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