2705 Centre St. NW Unit E, Calgary AB T2E 2V5 &
#405, 9650 Harvest Hills Blvd NE, Calgary, AB, T3K 0B3
Tel: (403)680-2323 Fax: (403)226-8016
kennethwong@hearingart.ca
hearingart.ca
Urgent Contact: margaret@hearingart.ca / M: (403) 667-6788

SUDDEN HEARING LOSS – WHAT SHOULD BE DONE?
REFFERAL FORM: URGENT PROTOCOL & STAFF SOP

DEFINITION: Sudden Rapid hearing decline (<72 hrs, often unilateral).
MEDICAL EMERGENCY. GOLDEN WINDOW for treatment < 3 days of onset.

1. PHONE TRIAGE & 'CORE FOUR' QUESTIONS (STEP 1):

Staff to check and write all answers:

- **EXACTLY WHEN did the hearing drop?** (onset: date/time) ***Red flag:*** *Within last 72 hours.*

_____

- **Is it one ear or both?** ***Red flag:*** *Usually unilateral.* ***PLEASE Check:*** ☐ **L** ☐ **R** ☐ **BOTH**
- **SYMPTOMS?:** ☐ **Plugged feeling,** ☐ **Ringing (tinnitus),** ☐ **Severe dizziness,** ☐ **OTHERS:**

_____

- **HISTORY?:** ☐ **Recent cold,** ☐ **Sinus infection,** ☐ **Known earwax buildup,** ☐ **OTHERS:**

_____

2. DECISION LOGIC (STEP 2):

Condition / Symptoms	Required Action
IF: Gradual onset, recent cold, or known wax issue. →	**ACTION: BOOK STANDARD** comprehensive hearing test.
IF: Rapid onset (<14 days), no cold symptoms, sudden plugged feeling or ringing. →	**ACTION: INITIATE URGENT PROTOCOL** (Step 3).

3. URGENT ACTION PLAN (STEP 3):

For Hearing Art Staff

- **Hearing Art will BOOK** patient for urgent diagnostic hearing assessment
  (Confirmed: ***Y / N, Appt Time:*** _____*)*
- **Hearing Art** will fax audiogram report to GP right after hearing assessment.

For GP

- **TREAT:** Consider prescribing high-dose oral corticosteroids (e.g., Prednisone) **immediately** (unless contraindicated). ***To avoid hearing loss to become permanent.***
- **Immediately Fax this** referral form **(See STEP 4 below) to Hearing Art.**
- **REFER:** Send expedited concurrent ENT referral.

4. FAX INFO to (403) 226-8016: "URGENT Query FOR SUDDEN HEARING LOSS" (STEP 4):

Name: _____ **Gender:** _____

Date of Birth (dd/mm/yyyy): _____ **Alberta PHN:** _____

Email: _____ **Cell Phone:** _____