Suspected Temporal Bone Fracture in the ER:

Obtain Temporal Bone CT Scan (not head CT), if (+) Fracture: Neurosurgery Consult

CSF Otorrhea – Persistent, clear drainage from the ear
3 days bedrest with laxatives and HOB ↑ 30°
If still leaking clear liquid, Neurosurgery consult for lumbar drain
If still leaking on day 7, inpatient ENT consult for surgical repair

Dizziness
Valium or Meclizine/Phenergan
Physical Therapy Consult
Outpatient ENT consult in 2-months with audiogram and VNG balance test

Facial Nerve Injury
Eye Care – Lacrilube at night and Artificial Tears during the day
If immediate onset, complete paralysis...
If progression to complete paralysis...
Incomplete FN paralysis...
Obtain inpatient audiology consult for audiogram and ENOG study between day 3-20 after onset of paralysis
If no medical contraindications, Prednisone (60 mg po q day x 2 wks) or Dexamethasone (IV 8 mg q 8°) and transition to oral prednisone for total 2 weeks of steroids
If >90% denervation w/ no voluntary EMG potentials then call inpatient ENT consult to discuss surgical intervention
Outpatient ENT consult after discharge

Subjective Hearing Loss
Inpatient Audiology consult: Obtain bone line to document inner ear function
Conductive Hearing Loss
Outpatient ENT consult in 3 months with audiogram

Carotid canal involvement
CT Angiogram (skull base)
Inform Neurosurgery of Results

* Controversy in the literature on watchful waiting versus considering surgery