

The paper work that we have the patient fill out upon arrival to our store can give us a multitude of information that is useful for us in many ways. One of those ways is to find out if there is a FDA problem that the patient may have. If there is a known issue we must be capable of discussing this with the patient and find out if it is indeed a cause for concern and referral. Sometimes the issue may not be stated by the patient and as a consultant you must be able to identify the issue and refer them if needed. Keep in mind, our job is to recognize an issue, but in no ways diagnose the patient's possible disorder.

Referring a patient that has an FDA issue is required by law in every state. This is meant to protect both the consultant and the patient. In this lesson we will discuss each FDA concern and how to identify when to refer. In cases of referral it does not mean they wont be back for help, it just means that we must perhaps solve an issues before we can continue with treatment.

The following are the issues that lead to a referral in most cases.

- **Ear Pain**– The scientific term for ear pain is Otolgia. Any sort of ear pain is an immediate concern for referral. This includes pain being present in any part of the ear anatomy.
- **Sudden Deafness**– If a patient has had a significant change in hearing in the last 90 days, it is required to refer them before treatment.
- **Blockages**- This is something that patients may not realize. Once a consultant looks in the ear with an otoscope, they must be able to identify blockages caused by wax (cerumen) or any type of foreign object. If the canal is completely occluded with wax and the eardrum is not visible in its entirety the patient must be referred for cleaning. Any foreign object that does not belong in the canal (pencil eraser, insect, etc) must also be referred for removal before treatment is pursued.
- **Deformity**- If a patient is missing any part of their external ear or presents with a closed (atresia) or prolapsed canal (closing) they must be referred.
- **Drainage**– Drainage from the ear is typically accompanied by Otolgia and a bad odor coming from the ear. Any drainage is cause for referral.
- **Dizziness**– The hearing system is directly linked to balance because of mechanism present in the inner ear. Sometimes dizziness can be symptoms of vertigo or multiple disorders

That can be medically treated. It is important to ask the patient if it is common or if it is very rare for them to be dizzy. Everyone gets dizzy if standing up too quickly, etc. Typically refer, but if it is very important to probe a bit to see if it is necessary to refer.

- **Conductive Hearing loss**- After completing air and bone conduction tests, a consultant can determine if there is an air-bone gap in the patients hearing. If a conductive loss is found, the patient must be referred.
- **Unilateral loss**- If the patient presents with a unilateral loss (more than 15 dB difference between the AC or BC scores of right and left ear) it could be indicative of a medical issue and must be referred.

By becoming familiar with all of these eight FDA concerns, the consultant can adequately determine when referral is necessary to treat the patient in accordance with the law. When in doubt, refer in any situation that could be questioned.