

# RETU Vertigo Pathway

## Required testing prior to RETU

- Neuro exam focusing on cerebellar function, eye movements, and brainstem signs
- Pregnancy test in women of childbearing age
- ECG
- Glucose

## ED Evaluation

## Not appropriate for RETU

- Acute hearing loss, double vision, neuro deficits
- Severe headache or head trauma
- Hemodynamic instability
- High clinical suspicion of central vertigo
- Fever or sepsis

## RETU Intake Evaluation

(do not repeat testing if already done in ED)

### Exam Focus

- Neurologic – cerebellar function, eye movements, and brainstem signs

### Initial Testing

- Labs: CBC, Chem7 (as clinically indicated)
- Imaging: CT or MRI (as clinically indicated)

### Monitoring

- Serial Neuro exam
- Monitor hydration status
- Monitor PO status

### Consults

- Neurology consult (as clinically indicated)

## RETU Treatment / Evaluation

Anticholinergics\*  
(i.e. meclizine)

+/-

Benzodiazepines\*

+/-

Antiemetics  
(i.e. Zofran, Reglan)

+/-

IV hydration as appropriate

Clinical improvement?

Tolerating PO

+

Ambulating with steady gait

Y

Discharge with  
follow up  
(ENT, neurology, or  
PCP)

N

Concerning findings?

Persistent symptoms despite  
appropriate treatment?

N

Y

Consult Neurology  
+  
Order neuroimaging

\* Avoid anticholinergics in elderly patients. Caution with benzo dosage in elderly patients.

## Disposition Guidelines

### Discharge from RETU

- Acceptable vital signs
- Clinical improvement
- Able to ambulate and care for self safely at home
- Tolerating PO

### Admission to Hospital

- Unacceptable VS or clinical condition (i.e. stroke)
- Significant lab or imaging abnormalities
- Unable to tolerate PO or care for self at home
- New inability to ambulate