**Dizziness and Vertigo**

**History:**

Nature of dizziness – onset, time course, recurrent, character

Associated symptoms – hearing loss, tinnitus, blackouts, visual disturbance, palpitations, falls

Precipitating factors – head movements, standing up quickly

Medication review for any contributory factors

**Examination:**

Otoscopy

Hearing – using Rinne and Weber’s tests

Neurological – cranial nerves, cerebellar tests, eye movements

BP – lying and standing

Romberg’s test- (A loss of balance on closing eyes is interpreted as a positive **Romberg's test**)

Dix -Hallpike test – https://www.youtube.com/watch?v=wgWOmuB1VFY

No

**Labyrinthitis**

**Consider Menieres**

yes

Recurrent

attacks

**?Vestibular neuritis**

See below

Yes

No

Is there associated unilateral

Hearing loss/ tinnitus?

**?Vestibular migraine**

**Benign Paroxysmal Positional Vertigo**

Vertigo lasting >20mins

Episodic Vertigo

Lasting secs to hours

Hallpike Negative

Vertigo lasting <1min

Hallpike Positive

Dizziness/ imbalance

Triggered by general movement

Non – ENT causes excluded

Consider alternative diagnoses and refer as appropriate to:

Cardiology – palpitations, blackouts

Neurology – abnormal neuro signs/ symptoms other than deafness/tinnitus

Falls Clinic – esp if elderly and no vestibular problem identified

If no better after

4 weeks

**Vestibular neuritis**

Try vestibular suppressants

Eg. prochlorperazine

If no improvement –

Consider neurology referral

If no recovery after

2 Epley manouevres