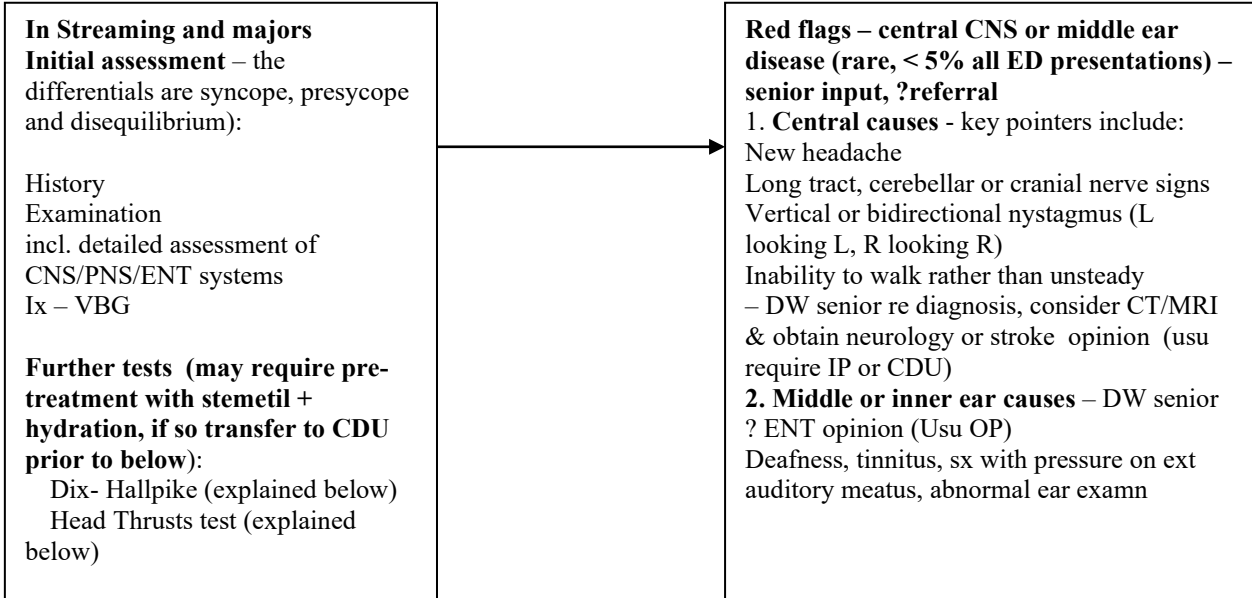


STANDARD OPERATING PROCEDURE FOR PATIENTS PRESENTING WITH VERTIGO

TRUST CORE GUIDELINES	
REVIEW:	2015
APPROVAL/ADOPTED :	
DISTRIBUTION :	Emergency and Acute Medical Services
RELATED DOCUMENTS :	Vertigo Flow Chart/Guidelines
AUTHOR/FURTHER INFORMATION:	Tim Harris, Prof Emergency Medicine,
THIS DOCUMENT REPLACES :	New guideline

CDU Guidelines: VERTIGO Flow Chart



No red flags – peripheral causes (> 95% ED presentations vertigo)
 No further Ix, pt to majors or CDU
 Dx is usually one of below:

Acute vestibular neuritis (also called vestibular labyrinthitis)
 Sustained nystagmus
 Usually positive head thrust test (see below)

 Mx - IV stemetil, IV fluids, IV antihistamine if not settled, CDU if not settle 4 hours

BPPV
 Sudden onset, age usu > 40, onset assoc change in head position
 Dix-Hallpike - Rotational fatiguing nystagmus (see below)

 Mx - IV fluids, IV stemetil, Sermont or Epley manoeuvre on CDU

Migraine
 Typical recurrent headache with no CNS PNS findings

 Mx - IV stemetil and fluids, usu require CDU – if first episode d/w neurology

Menieres disease (rare)
 Known Dx
 Tinnitus, deafness, vertigo

 Mx -IV fluids and stemetil, home if settled, CDU if > 4 hour treatment, ENT f/u, d/w ENT if not settled in 12 hours