

Ear, Nose and Throat (ENT)

The Ear, Nose and Throat Practice at Children's Hospital Central California specializes in diagnostic and therapeutic services for infants, children, and adolescents with head, neck and airway disorders. We provide inpatient, outpatient and emergency care to over 2,000 patients annually. Each year our otolaryngologists perform over 1,400 ENT surgeries.

Pediatric otolaryngologist has completed a four- to five-year residency in otolaryngology/head and neck surgery and is certified by the American Board of Otolaryngologic Surgery. In addition, he or she has completed one or two years of fellowship training in pediatric otolaryngology.

The following patients should be referred to a pediatric otolaryngologist:

Infants, children, and adolescents with congenital malformations of head and neck structures, including the ear, nasal passages, oral cavity and laryngotracheal airway.

Infants and children with sensory impairments, including conductive or sensorineural hearing loss, vertiginous disorders, unilateral and bilateral true vocal fold paralysis, facial nerve paralysis, and oromotor dysfunction as evidenced by speech, swallowing or drooling problems.

Children's Access Center

24/7 access for referring physicians
(866) 353-KIDS (5437)

Outpatient Referral

Referral forms online at: www.childrenscentralcal.org/services/medicaloffice/refer
FAX: (559) 353-8888

ENT Office Numbers

Main Number: (559) 353-6453
FAX: (559) 353-6457
Physician Line: (559) 353-5312

Physician Liaison: (559) 353-7229

Medical Staff:

Michael Dunham, MD
Angela Martin, MD
Mark Rowe, MD



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Pediatric ENT Consultant Reference Guide

Condition	Pre-referral Workup	When to Refer
Epistaxis	<ul style="list-style-type: none"> - History and physical - Labs (PT, PTT), if indicated by history or physical examination 	<ul style="list-style-type: none"> -Work-up is positive for allergic rhinitis and no improvement after six weeks of topical allergy medications (daily nasal steroid) -Work-up negative for allergic rhinitis and no improvement after four weeks of [1% hydrocortisone ointment to anterior septum nightly]
Hoarseness	<ul style="list-style-type: none"> - History and physical - Gastroenterology consult to rule out GERD 	<ul style="list-style-type: none"> -Three or more months of moderate to severe hoarseness not responsive to one month trial of ranitidine or PPI therapy -Any hoarseness associated with stridor not compatible with croup -Hoarseness with moderate or severe stridor or respiratory distress should be seen urgently in the ED
Lateral Neck Mass/Branchial Cleft Sinus	<ul style="list-style-type: none"> - Deep cystic or solid masses not associated with thyroid gland requires neck CT with contrast - If suspected thyroid mass, ultrasound of neck with notation of thyroid gland - If atypical TB suspected, patient should have PPD prior to visit - Persistent inflammatory lymph nodes should have CBC with diff / momospot / bartonnella titers / toxoplasmosis 	<ul style="list-style-type: none"> -Pit in neck with history of drainage - Lateral neck mass > 4 cm in diameter - Asymptomatic lateral neck mass < 4 cm in diameter present greater than one month, not responsive to one course of oral antibiotics - Any lateral mass with overlying erythema or signs of fluctuance
Cysts/Masses <ul style="list-style-type: none"> - Neck mass - Thyroid mass - Parotid mass - Dermoid cyst 	History and physical (including antibiotic history)	Positive physical findings

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Condition	Pre-referral Workup	When to Refer
Branchial Cleft Sinus	History and physical	Positive physical findings
Obstructive Adenotonsillar Hyperplasia	History and physical	<ul style="list-style-type: none"> - History of three or more months of frequent loud snoring with suspected sleep disturbance - Trouble swallowing
Rhinorrhea/Nasal Congestion	<ul style="list-style-type: none"> - Rule out allergic rhinitis <ul style="list-style-type: none"> - History of atopic dermatitis - Family history - Referral to allergist PRN - Rule out adenohyperplasia 	<ul style="list-style-type: none"> - Work-up positive for allergic rhinitis and no improvement after six weeks of topical allergy medications (daily nasal steroid) - Symptoms of nasal obstruction/sleep apnea
Sinusitis	<ul style="list-style-type: none"> - Physical examination consistent with sinusitis - Positive imaging - Three to six weeks broad-spectrum oral antibiotics - Nasal steroids x six weeks - Nasal irrigation with antibiotic solution x six weeks 	<ul style="list-style-type: none"> - Persistent symptoms despite six weeks of appropriate treatment
Tonsils/Adenoids	<ul style="list-style-type: none"> - History and physical - Ancillary tests <ul style="list-style-type: none"> - Throat culture, monospot as appropriate, CBC - Lateral neck X-ray 	<ul style="list-style-type: none"> - Three or more infections per year despite adequate therapy - Hypertrophy causing upper airway obstruction, severe dysphagia or sleep disorders - Suspected peritonsillar abscess - Unilateral tonsillar hypertrophy

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Condition	Pre-referral Workup	When to Refer
Nasal Trauma	<ul style="list-style-type: none"> - Physical examination to rule out associated injuries, septal hematoma, significant lacerations or persistent epistaxis - CT for diagnostic confirmation of associated injuries 	<ul style="list-style-type: none"> - Evidence of septal hematoma, complex laceration or uncontrolled epistaxis - Complaints of significant nasal obstruction less than 10 days from trauma - Significant cosmetic deformity less than 10 days from trauma - Nasal fractures - call practice directly
Cholesteatoma	<ul style="list-style-type: none"> - History and physical - Comprehensive audiology evaluation 	<ul style="list-style-type: none"> - Positive physical finding
Hearing Loss	<ul style="list-style-type: none"> - History and physical - Comprehensive audiology evaluation 	<ul style="list-style-type: none"> - Positive physical finding
Stridor	<ul style="list-style-type: none"> - History and physical 	<ul style="list-style-type: none"> - Contact practice directly or send to Children's Emergency Department for immediate evaluation

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Insurance Plans*

Aetna EPO/HMO/PPO

AllCare IPA

Bakersfield Family Medical Center/ Heritage Physician Network

Blue Cross HMO/ Prudent Buyer PPO/ Healthy Families EPO

Blue Cross Medi-Cal/ Healthy Families HMO

Blue Shield HMO/ PPO/ Healthy Families

Capp Care (Beachstreet)

Catholic Healthcare West-Bakersfield

CCS – California Children's Services

Central California Alliance for Health

Central Valley Medical Group CVMG

Choice Care

Cigna/ Greatwest

Delano Regional Medical Group

EHS IPA (Blue Cross Managed Medi-Cal Patients/Healthy Families)

Emmanuel Employee Benefit Plan

First Health/ CCN

Foundation HealthCare Administrators/ California Foundation for Medical Care

GemCare IPA/ Managed Care Systems

Health Net HMO/ PPO/ Healthy Families/ Healthy Kids

Health Net Medi-Cal / CalViva

Health Plan San Joaquin Medi-Cal/ Healthy Families

Hill Physician Medical Group

Interplan

Kaiser HMO/ Healthy Families/ Medi-Cal

Kern Health Systems Medi-Cal/ Healthy Families

Key /Mosaic Medical Group IPA

LaSalle IPA (Blue Cross Managed Medi-Cal)

Medicare

MediCal – California State

MedCore Medical Group

Multiplan/ PHCS

Sante IPA

Sutter Gould Medical Foundation

Sutter Hospital System (Modesto Memorial, Memorial Los Banos, Sutter Tracy)

TriWest (Formally TRICARE/CHAMPUS)

United HealthCare /PacifiCare

Universal Care

* Contracted Status subject to change. If you have questions or to verify coverage please call 559.353.8800/888.824.5439