Tinnitus plus ALL of the below
- Symptomss suggest neural origin of tinnitus (e.g., tinnitus does not pulse with heartbeat)
- No ear pain, drainage, or malodor
- No vestibular symptoms (e.g., no dizziness/vertigo)
- No unexplained sudden hearing loss or facial palsy

Tinnitus plus ANY of the below
- Symptoms suggest somatic origin of tinnitus (e.g., tinnitus that pulses with heartbeat)
- Ear pain, drainage, or malodor
- Vestibular symptoms (e.g., dizziness/vertigo)

Tinnitus plus ANY of the below
- Physical trauma
- Facial palsy
- Sudden unexplained hearing loss

Tinnitus plus ANY of the below
- Suicidal ideation
- Obvious mental health problems

Sound Tolerance Evaluation & Management (STEM)

Refer to Audiology (non-urgent referral)

Refer to ENT (urgency determined by clinician; refer to audiologist for follow-up management)

Refer to Emergency Care or ENT (if unexplained sudden hearing loss: Audiology referral prior to ENT visit same day)

Refer to Mental Health or Emergency Care - report suicidal ideation

Refer as necessary to ENT, Mental Health, or other specialist

Progressive Audiologic Tinnitus Management

Level 1 Triage

Level 2 Audiologic Evaluation

Level 3 Group Education

Level 4 Tinnitus Evaluation

Level 5 Individualized Management

Triage Guidelines (for non-audiologists)