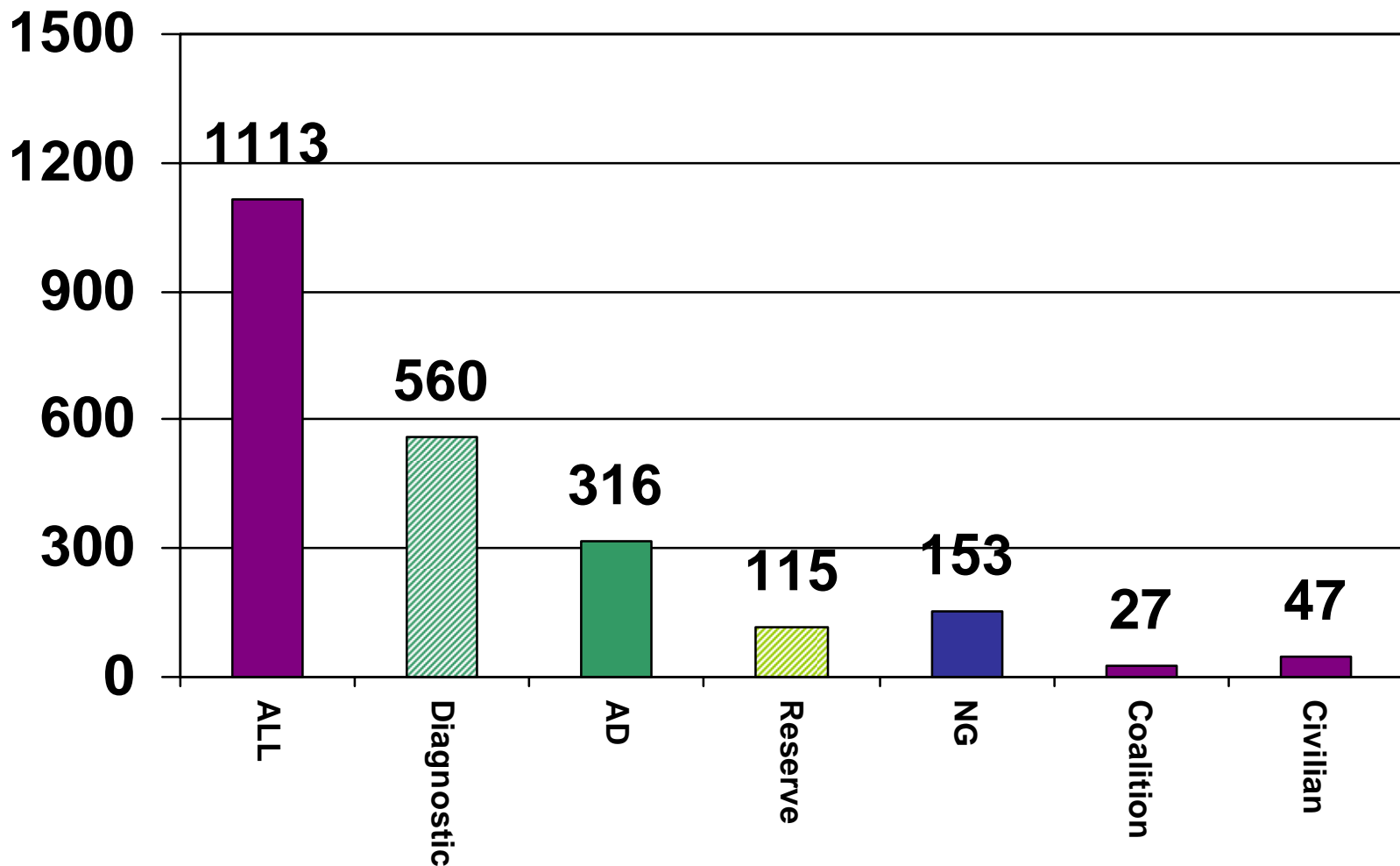


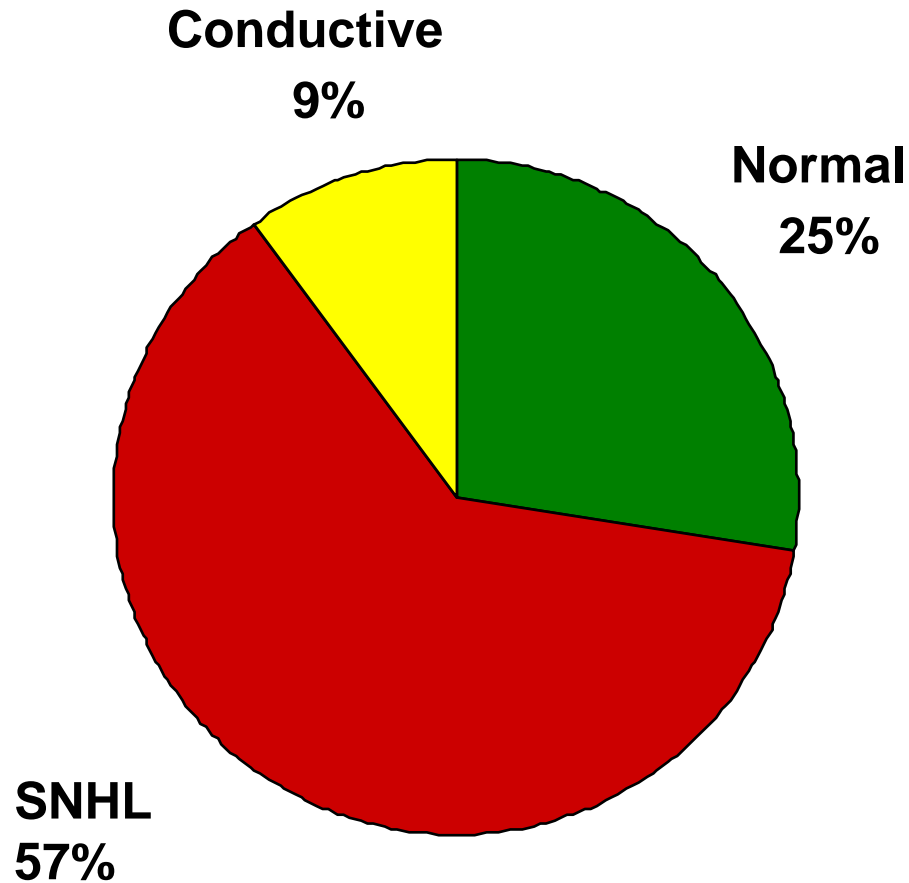
# Audiology Visits at 31<sup>st</sup> CSH

## Jan – Sep 2004



# Audiology Visits at 31<sup>st</sup> CSH

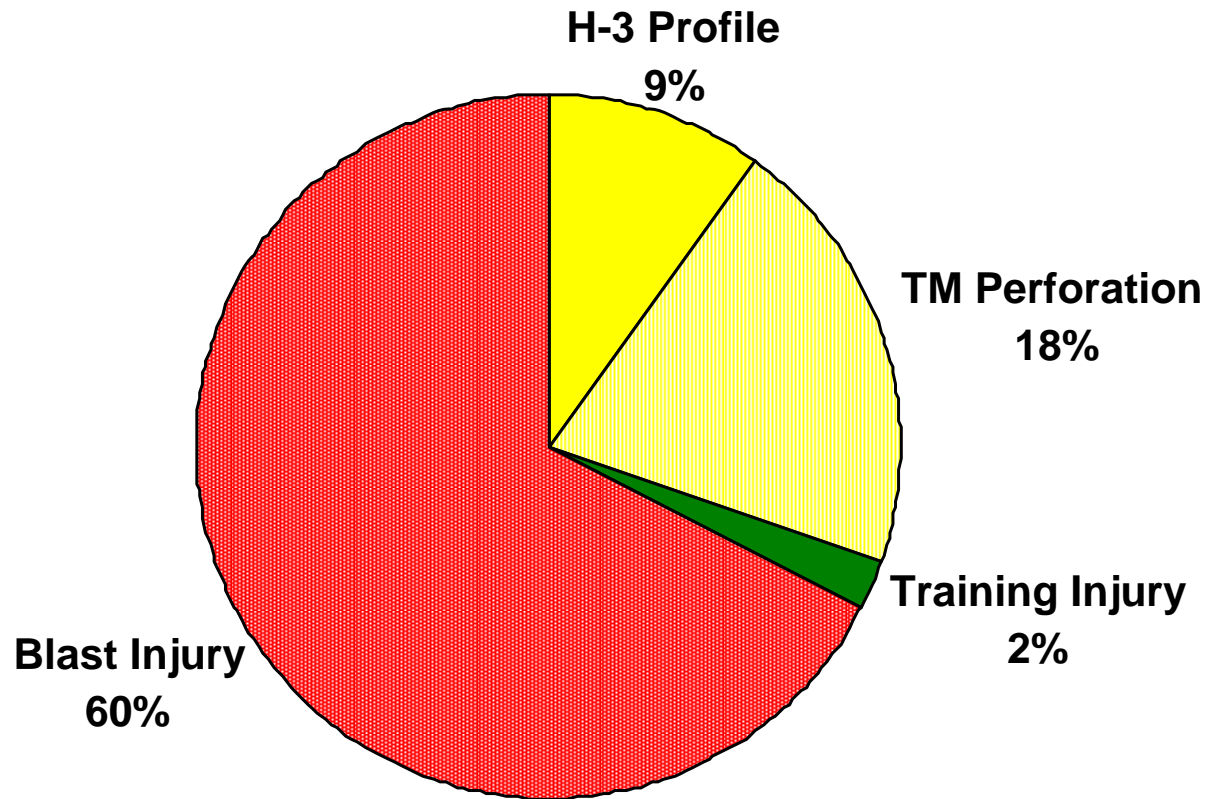
## Diagnostic Cases



\*Mixed HL included in SNHL

# Audiology Visits at 31<sup>st</sup> CSH

## SNHL Findings (Jun – Sep 04)



# Protocol

- Patient seen 48-72 hours post trauma
- TM rupture
  - No drops if clean
  - Keep dry and clean
- Subjective report
  - Hearing loss, distortion
  - Otalgia
  - Tinnitus
  - Blockage

# Protocol

- Pure tone audiometry
- Immittance audiometry
- Speech audiometry
- Noise-free duty x 30 days for SNHL
- Behavioral Health?
- 30 day follow-up
- BPPV: Epley if positive Hallpike

# Findings

- TMs
  - Heal well in theater
  - Heal faster than expected
- Minimal ossicular damage
- High incidence of vestibular complaints
  - Dysequilibrium and vertigo
  - Short term / associated with MCT

# Lessons Learned

- Forward services are necessary
- Hearing protection works
- The ear is incredibly resilient...at least short term
- Convergence
- Otologic injury is #1

# Challenges

- New Mission
  - Integration into the CSH
  - Getting the word out
- Equipment
- Intra-theater movement difficult
- Severity of trauma
- No otolaryngologist

# What Next

- Better define mission forward
  - Ear triage
  - Reduced evacuations
- HCON forward
  - Hearing protection
  - Battling noise
- Establish positions, equipment in CSH