Minutes – discussion

* All in agreement 🡪 every adult patient getting worked up for cochlear implantation needs to be screened
* Part of the primary screen in initial case history the following words need to be added/ amend:
	+ Dizziness
	+ Unsteadiness
	+ Imblanace
* Everyone is happy to administer the Primary screen based on the Collins Questionnaire (8 questions)
	+ The walking speed 🡪 needs to be normal walking speed, measure from time that first foot is over the start line, and end time once the last foot is over the end line.
	+ To include 2m before the marker and end 3m after marker
* List of medication that can increase fall risk (Dr Hofmeyr to write a list of red flag medications).
* Medication -> send list of medication if there is 4 or more and possibly to consult with GP (4 or more increases fall risk).
* If they pass both the dizziness and fall risk primary screen -> to make note in file / provide information pamphlet (risk of falling and how to prevent falls).
* If patient fails either dizziness or fall risk to continue next step for further assessment either can refer to specialist or administer next section of appropriately trained.
* Mini Best needs to be done by an appropriately trained person (vestibular audiologist or physiotherapist) -> Looks at 6 major constructs of balance.
* Questionnaires for dizziness gives indication on therapeutic change/ gives grading and identifies psychological issues. The DSP gives differential diagnosis – potential diagnosis based on answers given.
* IF concern need to refer to ENT/ Vestibular audiologist for bed side evaluation (if not objective equipment)
* Fall risk should get patient education and referred to physiotherapist for management
* Bilateral
	+ Sequential: If history of vestibular issues needs to be referred for assessment
	+ Simultaneous: If history of vestibular issues needs to be referred for assessment for baseline and needs to be informed about risks involved.