

Recurrent, spontaneous dizziness or vertigo
no positional or other clear triggers

Any unilateral
hearing loss, ear
fullness or roaring
tinnitus only during
dizziness?

Yes

No

Consider Meniere's
Disease and referral
to ENT with
audiogram prior to
evaluation

Any headache,
light, sound, smell sensitivity?
Any history of migraine
remotely?

No

Yes

Consider
econsult to
Neurology for
Dizziness
(response by
neuro-otology)

OR

Consider
referral to
ENT/Dizziness
clinic if not
improved in 3
months

Consider vestibular migraine and treat empirically for migraine
headaches even in absence of current migraine headaches

1. Acute: triptans, anti-emetics, anti-inflammatories no more than 10 days/ month
2. Ask patient to keep symptom diary
3. Evaluate lifestyle triggers (sleep, exercise, hydration, stress)
4. Consider chronic migraine if >15 days of symptoms per month and consider preventive treatment (refer to [migraine pathway](#))
5. Refer to [headache pathway](#) for when imaging is appropriate

Adequate
response
to
treatment?

Yes

No

Continue medical
management; no
imaging or
specialty referral
necessary

Consider econsult or
referral to neurology
if no response in 2-3
months

CT Head is never appropriate for dizziness evaluation in the outpatient setting