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

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

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

    - Yes: Consider Meniere’s Disease and referral to ENT with audiogram prior to evaluation.

    - No: Any headache, light, sound, smell sensitivity?

      - Yes: Consider vestibular migraine and treat empirically for migraine headaches even in absence of current migraine headaches.

      - No: Consider head pathway for when imaging is appropriate.

- **Yes** to headache, light, sound, smell sensitivity?

  - Any history of migraine remotely?

    - Yes: Consider vestibular migraine and treat empirically for migraine headaches even in absence of current migraine headaches.

    - No: Consider econsult to Neurology for Dizziness (response by neuro-otology) OR Consider referral to ENT/Dizziness clinic if not improved in 3 months.

- **No** to headache, light, sound, smell sensitivity?

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

    - Yes: Consider Meniere’s Disease and referral to ENT with audiogram prior to evaluation.

    - No: Any headache, light, sound, smell sensitivity?

      - Yes: Consider vestibular migraine and treat empirically for migraine headaches even in absence of current migraine headaches.

      - No: Consider head pathway for when imaging is appropriate.

- **Adequate response to treatment?**

  - Yes: Continue medical management; no imaging or specialty referral necessary.

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