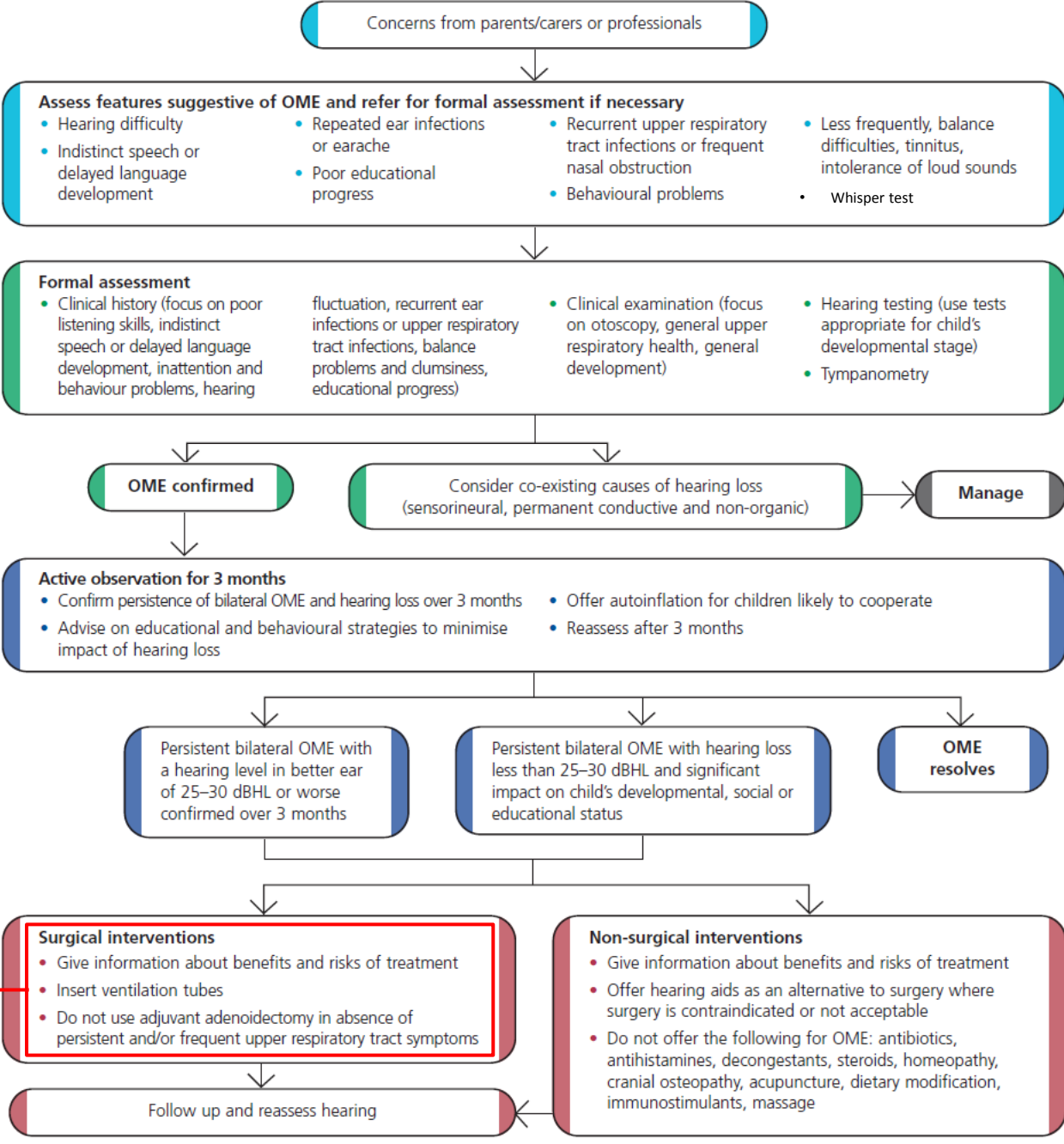


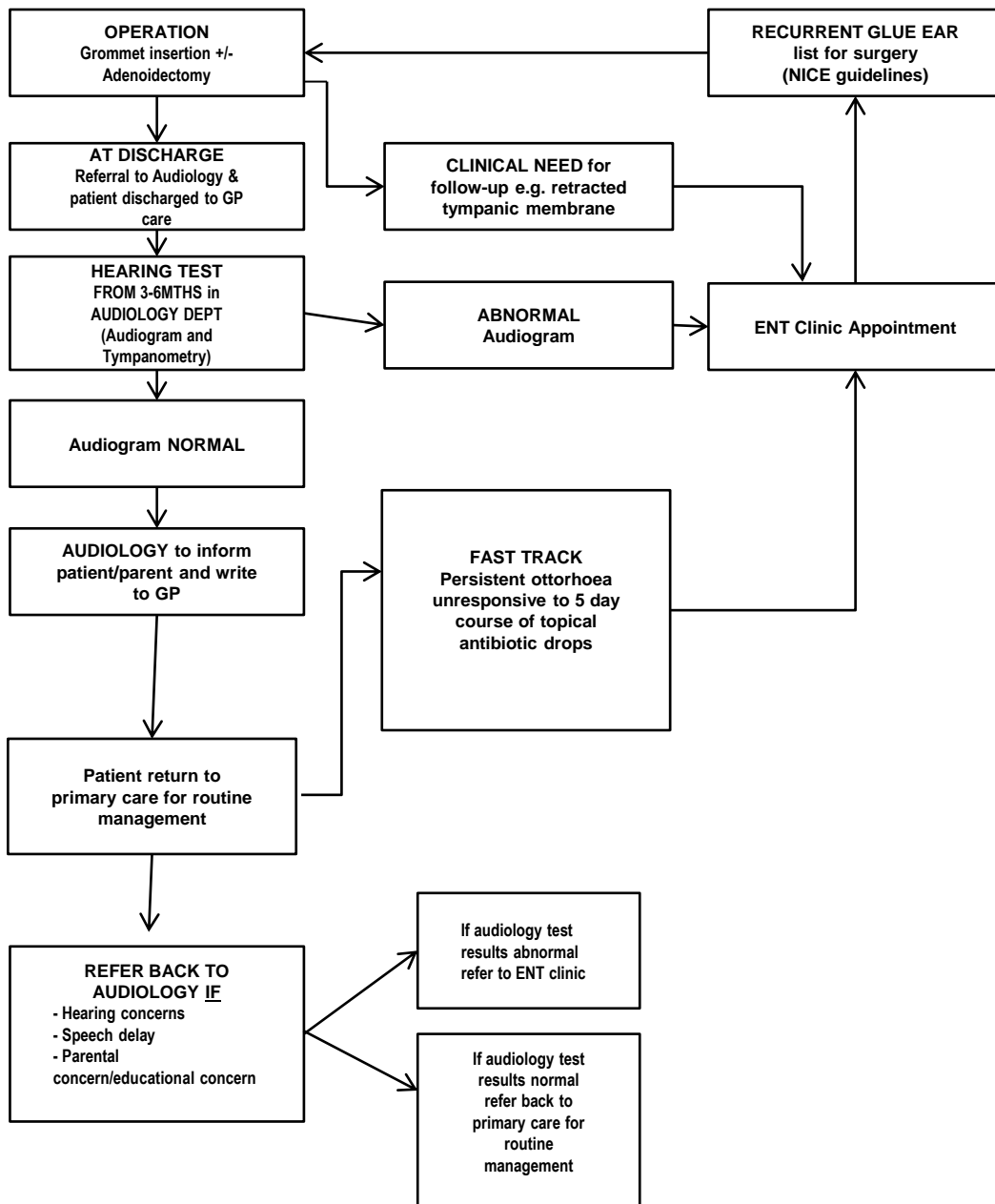
Care pathway 1. Children with suspected OME

Information provision: Give verbal and written information to parents/carers and children on nature and effects of OME.



Continued overleaf

Continued from previous page



Care pathway 2. Children with Down's syndrome

Regularly assess all children with Down's syndrome for OME

- Involve a multidisciplinary team with expertise in assessing and treating children with Down's syndrome
- For formal assessment of OME see 'Care pathway 1'

OME confirmed

Consider co-existing causes of hearing loss
(sensorineural, permanent conductive and non-organic)

Manage

Active observation for 3 months

- Advise on educational and behavioural strategies to minimise impact of hearing loss
- Reassess after 3 months

Persistent bilateral OME with hearing loss and/or significant impact on child's developmental, social or educational status

OME resolves

Interventions

- Give information about benefits and risks of treatment
- Offer hearing aids (normally)
- Before offering ventilation tubes as an alternative, consider:
 - severity of hearing loss
 - child's age
 - practicality and risks of ventilation tube insertion
 - likelihood of early extrusion of ventilation tubes

Follow up and reassess hearing

OPERATION
Grommet insertion +/-
Adenoidectomy

AT DISCHARGE
Referral to Audiology &
patient discharged to GP
care

HEARING TEST
3-6 months in AUDIOLOGY
DEPT (Audiogram and
Tympanometry)

Audiogram NORMAL

AUDIOLOGY to inform
patient/parent and write
to GP

GP CARE
6-monthly otoscopy to
confirm grommets are
in-situ and check for
problems

GP to discharge when
grommets have
extruded out of ear
canal AND patient free
of recurrent middle ear
effusion for 6 months

CLINICAL NEED for
follow-up e.g. retracted
tympanic membrane

ABNORMAL
Audiogram

FAST TRACK
Persistent otorrhoea
unresponsive to topical
antibiotic drops

RECURRENT GLUE EAR
list for surgery
(NICE guidelines)

ENT Clinic Appointment

REFER BACK TO ENT IF

- Hearing concerns
- Recurrent media with effusion
- Recurrent otalgia
- Educational concern
- Speech delay
- Parental concern
- Perforation of tympanic membrane
- Blocked grommet
- Significant retraction
- Suspected cholesteatoma
- Retained grommet after > 2 years

Where clinically
appropriate use the
care pathway for
children with OME

Care pathway 3. Children with cleft palate

