

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.

Concerns from parents/carers or professionals

Assess features suggestive of OME and refer for formal assessment if necessary

- Hearing difficulty
- Indistinct speech or delayed language development
- Repeated ear infections or earache
- Poor educational progress
- Recurrent upper respiratory tract infections or frequent nasal obstruction
- Behavioural problems
- Less frequently, balance difficulties, tinnitus, intolerance of loud sounds

Formal assessment

- Clinical history (focus on poor listening skills, indistinct speech or delayed language development, inattention and behaviour problems, hearing fluctuation, recurrent ear infections or upper respiratory tract infections, balance problems and dizziness, educational progress)
- Clinical examination (focus on otoscopy, general upper respiratory health, general development)
- Hearing testing (use tests appropriate for child's developmental stage)
- Tympanometry

OME confirmed

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

Manage

Active observation for 3 months

- Confirm persistence of bilateral OME and hearing loss over 3 months
- Advise on educational and behavioural strategies to minimise impact of hearing loss
- Offer autoinflation for children likely to cooperate
- Reassess after 3 months

Persistent bilateral OME with a hearing level in better ear of 25–30 dBHL or worse confirmed over 3 months

Persistent bilateral OME with hearing loss less than 25–30 dBHL and significant impact on child's developmental, social or educational status

OME resolves

Surgical interventions

- Give information about benefits and risks of treatment
- Insert ventilation tubes
- Do not use adjuvant adenoidectomy in absence of persistent and/or frequent upper respiratory tract symptoms

Non-surgical interventions

- Give information about benefits and risks of treatment
- Offer hearing aids as an alternative to surgery where surgery is contraindicated or not acceptable
- Do not offer the following for OME: antibiotics, antihistamines, decongestants, steroids, homeopathy, cranial osteopathy, acupuncture, dietary modification, immunostimulants, massage

Follow up and reassess hearing