

Patient Name:
 Address:
 Date of Birth:
 NHS Number
 Consultant/Service to whom referral will be made:

Please send this form with the referral letter.

Grommets for Otitis Media with Effusion in Children

Instructions for use:

Please refer to policy for full details.

Primary Care clinicians need to complete the checklist and submit with referral via eRS / Secondary Care complete the checklist and file for future compliance audit.

The SY ICB will only fund Grommets for Otitis Media with Effusion in children (when the following criteria are met:

<i>In ordinary circumstances*, referral should not be considered unless the patient meets one or more of the following criteria when presenting in a Primary Care setting:</i>	Delete as appropriate	
Recurrent acute otitis media - 5 or more recorded episodes in the preceding 12 month period.	Yes	No
Suspected hearing loss at home or at school / nursery,	Yes	No
Speech delay, poor educational progress due to the hearing loss, following 3 months of watchful waiting	Yes	No
Abnormal appearance of tympanic membrane	Yes	No
<i>In ordinary circumstances*, procedure should not be considered unless the patient meets one or more of the following criteria when presenting in a Secondary Care setting:</i>	Delete as appropriate	
Persistent hearing loss for at least three months (in any setting) with hearing levels of: 25dBA or worse in both ears on pure tone audiometry or 25dBA or worse or 35dHL or worse on free field audiometry testing and - Type B or C2 tympanometry	Yes	No
Suspected underlying sensorineural hearing loss	Yes	No
Atelectasis of the tympanic membrane where development of cholesteatoma or erosion of the ossicles is a risk.	Yes	No
OME in the presence of a secondary disability e.g. autistic spectrum disorder, Down's Syndrome, cleft palate.	Yes	No
Persistent OME (more than three months) with fluctuating hearing but significant delay in speech, educational attainment or social skills.	Yes	No

** If clinician considers need for referral/treatment on clinical grounds outside of these criteria, please refer to the SY ICB's Individual funding request policy for further information. If patient meets the above criteria then prior approval is not required.*

As the presence of a second disability such as Down's syndrome or cleft palate can predispose children to OME in such children it is left to the clinician's discretion how far this policy will apply.