18 Week Patient Pathway - Glue Ear version 1.0



18 weeks • 1.2 Self Assessment & **Self Care** (Supported/Unsupported) e.g. NHS Direct (Internet or Phone); Pharmacy 1.2.1 History 2.2 Primary Assessment 3.2 Specialist Assessment 4.2 Subspecialist Assessment (e.g. Interface Services - ICATS & CATS; (e.g. Primary Care) e.g. Specialist Outpatient Services; Tertiary Service) Outpatient Services) 2.2.1 History*: Duration of symptoms, other 4.2.1 History*: As 3.2.1 with detail on additional 3.2.1 History*: As 2.2.1, expanding on specificity disease, rhinitis, family history, daycare/social health symptoms, comorbidity management, past of symptoms and medical history, speech and 11.2 Referral Thresholds Referral Thresholds* 3.2 Triage Thresholds history, social circumstances language, access to education, behaviour 2.2.2 Examination*: Otoscopy and simple ear As 2.11.2, comorbidity persistent poor hearing 1.1 Patient 4.2.2 Examination*: As 3.2.2 with detail on 3.2.2 Examination*: As 2.2.2 but pneumatic morphology (nose, throat, palate, neck, facies, Symptom* specifics relevant to whole health of child, As 2.11.3, parent leaflets chest, skin, height, weight) .11.4 Remote Advice pathophysiology, other pathology peech dela I.3.1 RED FLAGS* 2.11.1 RED FLAGS 3.10.1 RED FLAGS* Severe disease, Persistence. Persistence, Syndromes Svndromes 1.1.1 Description Can't hear, poor behaviour, missing requests, delayed 2.3 Patient Quality speech, heavy/ of Life (QoL) frequent symptoms of ear and Measurement respiratory Start infection 3.6 Diagnostic/s (Dx) 4.6 Diagnostic/s (Dx) 2.7 Diagnostic/s (Dx) 1.1.2 Metric: 4.6.2 & Prevalence* **Pathology** Otoscopy* Tympanometry Tympa Audiometry³ Pneumatic Type B CT scan* Electrophysiologica Otoscopy* persistent tests* Required Required Required onfirm impact of Flat (type B) earing loss/ ue ear. Findings hard-to-test. PTA/play aud hresholds indings = dull M, fluid/bubbl leficiency, ectrophysiological learing threshol s per 3.6.2. T scan: petrou nasal allergy est including bone eech-in-noise if 1.3 Primary Prevention eater than ehind TM, 20dB onduction in very oung or syndromes 3.7 4.7 2.8 2.9 Definitive Treatment/s (Tx) 3.8 Definitive Treatment/s (Tx) 4.8 Definitive Treatment/s (Tx) **Clock Starts** 3.8.2 4.8.2 4.8.3 4.8.1 Watchful Watchful Physical/ Medication* Watchful Reassurance Physical/ Medication³ Reassurance Reassurance Medication* Physical/ **Psychological** Waiting* Psychological **Clock Stops** Self-Help* Self-Help* Self-Help* Tx* 3.8.6 4.8.6 atient opical nasal Active treatmer upport fro Invasive Tx* Invasive Tx* earlier if eferral for teroids if ear drops/ See Supplementary eaflets (child /entilation tubes ew course Information nd parent) f hearing orse. trong Recurrent AON 30dB or llergy may need 2.10 Rehabilitation and Review; Quality of Life (QoL) Outcome Measurement 3.9 Rehabilitation and Review; Quality of Life (QoL) Outcome Measurement 4.9 Rehabilitation and Review; Quality of Life (QoL) Outcome Measurement | Patient