## Logo Description automatically generatedHEAR GLUE EAR CARE PLAN Badge Copyright outline

HEALTH CARE PLAN FOR A CHILD/YOUNG PERSON WITH GLUE EAR (Template2020)

Glue ear can also be called Otitis Media with Effusion (OME)

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| Name of Child/Young Person: |
| Date of Birth: |
| Name of School/Setting: |
| NHS No**:** |
| Date Care Plan Completed: |
| Date Care Plan to be Reviewed**:**  As care needs change |

**PERSONAL DETAILS**

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Family Contact 1** | **Family Contact 2** |
| Name: | Name: |
| Phone No: | Phone No: |
| (Work): | (Work): |
| (Mobile): | (Mobile): |
| Relationship: Parent | Relationship: |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **GP Name:**  Telephone Number: |  |
| **Audiologist Name:** |  |
| **Ear Nose and Throat (ENT) surgeon**  Name: |  |
| **Teacher of the deaf (**Name**)** |  |

**Note for parents:**

Parents/carers are reminded of the importance of informing schools or adults caring for their child of any changes in hearing support /surgery or ongoing concerns/changes in hearing health.

· **CONFIDENTIALITY:** For reasons of safety and rapid access, this form may be displayed on a notice board in the staff room.

**Copies held by:** Parents/Community records/School/Consultant/Audiologist/ENT surgeon/ Other\*

\*Delete as applicable

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| **Glue Ear information**   * Diagnosis * Hearing needs/ hearing support * Managing difficulties with pronunciation, speech, vocabulary and building language * Social Communication needs * Educational needs | | **GLUE EAR**  The child’s hearing may be reduced after a cough, cold or ear infection. Of all children who have one episode of glue ear, roughly a quarter of children may be at risk of it recurring. Children tend to grow out of glue ear. Many children are unaffected but some may need adult support at school and home to ensure they don’t fall behind with speech, language, reading, or learning.  **Record your child’s hearing difficulties here:**   * Mild loss (a child may struggle to hear quiet words especially when there is background noise). * Moderate loss (a child may struggle to hear some conversational speech especially in background noise) * Severe loss is very rarely seen in glue ear, the loss from glue ear tends to be mild or moderate.     **Record the impact of hearing loss has on your child:**  What can you do to help your child? See the speech & language section of the Hear Glue Ear app for website links and further information on the following areas:   1. Providing the best hearing environment 2. Developing a child’s social communication 3. Developing a child’s language 4. Developing speech sounds   **Record your child’s pronunciation, speech or language abilities here:**  **Has your child seen a speech and language therapist?**  Children are developing social communication skills. Sometimes it is difficult if they can’t hear well, to interact easily, especially when there is background noise.  **Record your own child’s social communication here**:  **Record any educational needs here (for example, difficulties with phonics, reading or spelling)**  **Record educational strategies that help (for example, the best position to sit in the classroom)**:  The child needs to know to start listening, so make sure the child is facing the speaker and knows to start listening. Clear speech rather than louder speech is helpful. Further advice is available on the Hear Glue Ear app or [www.ndcs.org.uk](http://www.ndcs.org.uk) Helping the child to develop listening skills such as audiobooks or listening to an adult read. Children are developing listening skills during their childhood and into their teens. Listening games can help. Even as a child’s hearing returns to normal, they may need to catch up or continue to develop their listening skills. | |
| * Tinnitus * Managing ear pain * Balance * Supporting Auditory Processing skills * Managing tiredness and listening fatigue   Preparing your child for surgery | | A few children experience tinnitus with glue ear. Further information is available at <https://www.tinnitus.org.uk/pages/category/tinnitus-in-children>. The British Tinnitus Association explains “Tinnitus is a common experience in childhood. Most of the children are untroubled by these noises and a simple explanation and reassurance are all that is required. Further assessment will be required for the minority of children where tinnitus distress is identified.” The British Tinnitus Association provides information specifically for parents as well as information leaflets for children.  **Information about whether you child has tinnitus can be recorded here**:  Research shows children with glue ear are slightly more likely to mention ear pain (even when they don’t have an ear infection). This can be managed between home and school often with reassurance or paracetamol if needed. If you suspect your child has an ear infection, they should see a healthcare professional.  **If your child complains of ear pain how adults can best manage this in the short term:**  Since the balance system is located beside the inner ear and hearing system, glue ear can occasionally affect a child’s balance. This tends to improve quickly. Any concerns should be discussed with a healthcare professional. It can occasionally slightly delay a child’s developing motor skills such as confidence learning to walk in young children, and riding a bike or swimming in older children. Talk to a healthcare professional if you have concerns about a child’s motor skills.  Auditory processing refers to how a child processes spoken/ information or sounds. There is further information about auditory processing on the Hear Glue Ear app (available on Apple or android stores. Please tell an audiologist if you have no digital access to this). Children may benefit from listening games or ‘shared stories’ with an adult or recalling/ retelling the page or chapter of a book or audiobook.  Children who are working harder to hear or listen, can sometimes get tired more easily. It can sometimes affect a child’s behaviour. Small breaks (if possible) or occasional snacks may help. The National Deaf Children’s Society explains “children with mild hearing loss have to concentrate harder than their peers, which can lead to tiredness (more information at [www.ndcs.org.uk/tired](http://www.ndcs.org.uk/tired))”  **Add** **specific Information about your child:**  The National Deaf Children’s society website ([www.ndcs.org.uk](http://www.ndcs.org.uk)) contains information about explaining glue ear to your child and information about preparing your child for surgery.  **Record the date of your child’s surgery if relevant :** | |

**Equipment**:

**Please record here if your child is using special equipment or aids in school or at home including use of Hear Glue Ear app or type of headphones used:**

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| 1. **When should the child be referred for a hearing test?**     * If hearing loss lasts longer than a few weeks after a cough or cold parents may want to discuss with a healthcare professional whether a referral for another hearing test is needed. * If a child has ongoing speech, language or reading concerns, a speech and language therapist may suggest referral for a hearing test. | | |
| **2. What additional support might the child need?**     * Many children with glue ear do not fall behind at school, but a few may need adult support to catch up with listening skills, reading, phonics or spelling at home/school after an episode of glue ear. The child may need to be referred for another hearing test if glue ear is suspected again. | | |
| **3. Considerations for school**  Swimming: This depends on ENT advice given particularly after a grommet operation. If the ear is to be kept dry, swim ear molds, or over-the-counter ear plugs can be purchased, some children also wear swim ear bands to ensure the ear molds or ear plugs stay in place.    Physical Education: All usual care, continue as usual (Note that balance concerns can sometimes affect motor skills. Usually, the benefits of maintaining normal physical activity exceed the risks of injury due to balance problems)    Other: (add detail below) | | |
| **Health Care Plan Agreed by:** | | |
| Parent/ Guardian of child | Signature | Date |
| Head teacher/ head of receiving organisation: | Signature | Date |
| Healthcare professional / Other | Signature | Date |