

# GNOME: First screening

DATE OF APPOINTMENT .....

Study ID number:

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

## OTOSCOPY *please circle:*

|                                                                                                       |                    |       |      |
|-------------------------------------------------------------------------------------------------------|--------------------|-------|------|
|                                                                                                       | <b>Clear</b>       | RIGHT | LEFT |
| <i>If you suspect wax or perforation to be a problem check by using tympanometry (see Appendix 4)</i> | <b>Wax</b>         | RIGHT | LEFT |
|                                                                                                       | <b>Perforation</b> | RIGHT | LEFT |
| Exclude child from study ←                                                                            | <b>Grommet</b>     | RIGHT | LEFT |

## TYMPANOMETRY

if **FAIL**, *please circle combination:*      B + C2      or      B + B

if **PASS**, please tick box indicating patient has been excluded from study and explanation has been given to them as to why   

**Please tell the parents / guardians that you may invite their child back later or they can bring their child back if they have any ear problems**

Large amounts of wax (> 95% obscured) and a **low** compliance (< 0.2 ml)     Yes     No    **If yes, exclude**

Perforation, flat line and **high volume** (> 1.5 ml)     Yes     No    **If yes, exclude**

**Please attach print out**

*Please turn over*

## If child has FAILED the tympanometry

### CHECK EXCLUSION CRITERIA

Does your child have grommets in place?

Yes

No

**If yes**, your child is not eligible because tympanometry, the main measure of the study, is not valid with grommets

Is your child listed for an operation to have grommets put in?

Yes

No

**If yes**, as above

Do you have any concerns about your child's growth?

Yes

No

**If yes**, your child is not eligible, see your health visitor

Is your child hypersensitive to mometasone (Nasonex)?

Yes

No

**If yes**, your child is not eligible as trial medication is mometasone

Has your child had systemic steroids in the previous 3 months or do they have poorly controlled asthma?

Yes

No

**If yes**, your child is not eligible because we don't want to exceed the steroid dose

Has your child had recent epistaxis in the last month?

Yes

No

**If yes**, your child is not eligible as the spray could make their nose bleed

***If none are present, continue***

**PARENT INFORMED ABOUT NEXT PART OF TRIAL**

Give second letter to parent / guardian

If parent does not wish to continue please give their reason(s) for refusal

.....  
.....  
.....

**OPTIONAL**

Appointment made with yourself or GP as part of *standard clinical care*\*  Yes  No

If yes, please specify the date(s) .....

*\*This is your standard management (i.e. watchful waiting, antibiotics, nose drops, referral or other treatment) for glue ear which you would do or advise to the patient if the trial were not taking place.*