

# GNOME: end of watchful waiting form

DATE OF APPOINTMENT .....

Study ID number:

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**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     

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 FAIL recorded from tympanometry

CHECK ADMISSION CRITERIA MET

Yes

No

*If yes, continue*

### 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 SECOND PART OF TRIAL**

Give second letter to parent and go through the consent form that they signed at the beginning.

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

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**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. further 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.*