A Checklist for Addressing Middle Ear Fluid

Does your child with hearing loss have middle ear concerns? You’ll want to treat it quickly so they have consistent and full access to all sounds of speech.

Middle ear fluid can cause as much as 45dB of added hearing loss and can last for an extended time, often without fever or infection. This means your child’s development is more at risk and may impact the outcomes you’re expecting. You’ll want to act quickly with your team to address these concerns aggressively.

How to Use
This checklist can help you and your team make decisions for monitoring hearing status, auditory access and referral for treatment so your child can get the most out of learning through listening.

What have I observed?
- Responding inconsistently to their Daily Listening Check
- Responding less consistently to your voice and sounds
- Tugging at ears
- Acting generally out of character/more fussy than usual
- Recovering from cold or allergies

What are my options?
- Contact your audiologist, report your observations and go in for an ear/listening check
- Make an appointment with your Ear, Nose & Throat/Otology specialist or physician who has the equipment to assess middle ear and hearing status
- Make an appointment with your primary care physician to help you manage additional referrals
If you choose to alert your audiologist, they can:

• Conduct an otoscopic exam
• Complete a tympanogram (ask for a copy)
• Conduct a sound booth test (ask for a copy)
• Determine which ear is affected (or both)
• Discuss impact on your child’s existing hearing loss
• Increase hearing aid volume depending on the results of the sound booth test
• Refer your child to an Ear Nose and Throat (ENT) specialist
• Schedule a follow-up within 1 month

You will work closely with your audiologist to monitor your child’s hearing. If you’ve been referred to an ENT, you will work with your team to monitor and address ME fluid.

If you choose to alert your ENT/Otologist, they can:

• Evaluate middle ear status
• Recommend treatment based on severity and duration of fluid
• Collaborate with your audiologist for ongoing monitoring of hearing status
• Schedule a follow-up within 4-6 weeks
• Recommend long-term treatment if fluid persists

If you choose to alert your primary care physician, they can:

• Look for redness, swelling or fluid present behind the eardrum
• Rule out middle ear infection
• Facilitate ongoing monitoring of middle ear fluid with early interventionist or audiologist
• Refer you to an ENT/Otologist
• Help generate a follow-up plan

Current medical guidelines for the treatment of middle ear fluid include specific practices for children who are at risk for delays in speech and language development. Hearing loss is considered an at-risk factor and you’ll want to work with your team to prioritize your child’s middle ear issues and follow treatment protocols to assure your child always has the best auditory access.

This checklist is not intended to offer specific medical advice but as a guideline to follow if you suspect middle ear fluid. If your child has a fever or is in pain, it could be a sign of infection and you should seek prompt medical attention.