

Guidelines to refer children into the Milton Keynes University Hospital Orthoptic Clinic for Optometrists

Please ensure that any referral into the Hospital Eye Clinic includes the name of the referring optometrist and their practice.

Please note that National Screening Committees recommendation for children is a visual acuity of 0.2 logMAR (6/9.5) in each eye to pass the screening assessment.

Reduced Visual Acuity

1. Perform cycloplegic refraction and if glasses are prescribed then advise **full-time wear**. Please do not refer to the HES for cycloplegic refraction.
2. If fundus and media normal, with no refractive error and no other systemic symptoms e.g. headaches – to be reviewed by Community Optometrist again.
3. Where glasses are prescribed, children should be given sufficient **refractive adaptation time** (3-4 months) and then reviewed by Community Optometrist at 6 months.
 - a. Equal visual acuity of **0.2 logMAR (6/9.5) or better** after refractive adaptation is deemed acceptable and does not warrant referral into the Hospital Eye Service (HES) in the absence of other concerns.
 - b. If at this review the visual acuity has not significantly improved and there is still 2 lines of intraocular difference in visual acuities, then the child can be referred to Orthoptics **unless** they are over the age of 8 with a history of previous treatment for amblyopia.
4. **Unable to test visual acuity:** Guidance from the Royal College of Optometrists A202j states:
 ‘If you are not confident in your results, or the examination was problematic, arrange to see the child again after a short interval or consult a colleague with more experience.’ <https://guidance.college-optometrists.org/guidance-contents/knowledge-skills-and-performance-domain/examining-younger-children/>

Amblyopia

Amblyopia is defined as a difference of at least 2 lines (0.2 logMAR) in best corrected vision, after full refractive adaptation time (up to 18 weeks). Using the guideline above regarding reduced vision to refer children for amblyopia treatment.

Convergence weakness

Correct any significant refractive error and refer routinely to HES for orthoptic treatment if symptomatic. If it is an incidental finding as part of a routine examination and the patient is asymptomatic, do not refer to HES.

Reduced Stereopsis

An isolated finding of **reduced stereopsis** alone does not warrant referral into the HES, as there is no specific treatment for this.

Strabismus

1. **Longstanding** strabismus should be referred in routinely, especially in the absence of amblyopia. If a child with strabismus has previously been seen and discharged from

the HES, they do not need referring unless the child has new symptoms or if a parent wishes to consider corrective surgery.

2. **New strabismus and patient asymptomatic** – refer routinely to the Orthoptic service.
3. **New strabismus and patient reports diplopia** – refer to BUS.

Cycloplegic refraction, fundus and media check can be done at the Optometrists clinical discretion if deemed necessary, however advise the parents that this will be repeated by the HES.

4. Fully Accommodative Esotropia. If no longer controlled – undertake Cycloplegic refraction and prescribe maximum hypermetropia. Only refer - If patient symptomatic or cosmetic concerns.

5. Guidance from the Royal College of Optometrists A202j states: ‘If you are not confident in your results, or the examination was problematic, arrange to see the child again after a short interval or consult a colleague with more experience.’

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Diplopia

Sudden onset with headaches or other systemic concerns – refer urgently to BUS.

Longstanding - refer routinely

History of prisms/ incorporated prisms with no new systemic issues – refer routinely. Please record if prisms are incorporated and the strength.

Colour vision defects

Do not refer to the Orthoptic department (especially if family history).

Refer to Paediatric Ophthalmology if there are concerns about pathology

Coloured overlay assessment

Do not refer to MKUH

Blurred vision/ sore eyes

Please ensure patient does not have dry eyes, if so, do not refer. Give appropriate advice.

When specific information is required regarding children previously under Orthoptics, or if unsure of action to take despite using clinical judgement and discussion with colleagues, please email OrthopticDepartment@mkuh.nhs.uk **from an NHS.net account** (emails sent from non NHS.net accounts will not be replied to) or leave a message on 01908 995532.