Guidelines for the referral of children into the Milton Keynes University Hospital Orthoptic Clinic by Optometrists

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

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).

Reduced visual acuity	• Perform cycloplegic refraction and prescribe glasses if appropriate. Please do not refer into the HES for cycloplegic refraction. • If fundus and media normal, with no refractive error and no other systemic symptoms e.g. headaches – to be reviewed by Community Optometrist again before referral. • Where glasses are prescribed, children should be given sufficient **refractive adaptation time** (3-4 months) and then reviewed by Community Optometrist at a clinically suitable interval. • If at this review the visual acuity has not significantly improved and there is still **a difference of ≥0.2 logMAR in visual acuities** or the VA has not improved to 0.2 logMAR (6/9.5) or better, the child can be referred to Orthoptics **unless** they are over the age of 8 with a history of previous treatment for amblyopia. • Best corrected 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 **(even if there is a 2-line difference in visual acuities)**. • **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/ **Please note that National Vision screening recommendations for children is a pass rate of 0.2 logMAR (6/9.5) – please do not refer children with 0.2 logMAR (6/9.5) or better vision to the eye department**.

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	• **Longstanding** strabismus should be referred in routinely, not urgently, 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/parent has new symptoms or wishes to consider corrective surgery. • New strabismus – if definitely identified then undertake Cycloplegic refraction if deemed clinically necessary, however advise the parents that this will be repeated by the HES. • Fully Accommodative Esotropia. If no longer controlled – undertake Cycloplegic refraction and prescribe maximum plus. Only refer - If patient symptomatic or cosmetic concerns. • 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/

Blurred vision / sore eyes	• Please ensure patient does not have dry eyes, if so, do not refer. Give appropriate advice.

Convergence weakness	• Undertake Cycloplegic refraction – do not issue minimal hyperopic prescriptions if exophoria detected. • Refer routinely to HES for orthoptic treatment if symptomatic. • If incidental finding as part of a routine examination and patient is asymptomatic, continue to monitor in community.

Diplopia	• Sudden onset with headaches or other systemic concerns – refer urgently. • Longstanding - refer routinely.

Colour vision defects	• Do not refer to Orthoptic department (especially if family history). • Refer to Paed Ophthalmology if pathology seen.

Coloured overlay assessment	• Do not refer to MKUH.

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.