

Paediatric Ophthalmology is a regional service in Northern Ireland for children **under 16 years old**.

Please use the guidelines below when deciding on the urgency of your referral **via CCG** and the recommended referral pathway.

## UNSUITABLE for Paed Ophthalmology

**Patient aged 16 years or older:**

Please refer to adult ophth services

**Child with squint, lazy eye or failed P1 vision screen:**

Refer via CCG-Ophthalmology-Orthoptics under local trust

**Child needing assessed within 48 hours (for sight-threatening emergencies or pain relief):**

Contact Eye on call team to arrange assessment in local Eye Casualty

**Child with minor eye conditions:**

- Blepharitis but no red eye
  - Meibomian and other lid cysts
  - Subconjunctival haemorrhage
  - Conjunctivitis
  - Blocked tear duct in first year of life
- Provide treatment advice locally and refer only *if not responding* or other concerns.

Useful parental info on Children's Eye Services website.



SCAN ME

## SUITABLE for local EYE CASUALTY

Please contact the Eye on call team in advance \* to arrange for assessment in

- Red eye with ↓ vision ± significant photophobia ± corneal infiltrates
- Suspected raised intraocular pressure in child on topical steroids with headache
- Acute blunt or penetrating trauma/suspected intraocular foreign body / chemical injury
- Large corneal abrasion
- Severe pain and loss of vision in patients with recent eye surgery
- Infective keratitis

## SUITABLE for local CHILDREN'S CASUALTY

**Child who is systemically unwell and has ophthalmic symptoms & signs:**

- Periorbital/orbital cellulitis
- Double vision in child with neurological findings
- Herpes Zoster or simplex in immunocompromised child
- Swollen discs in unwell child

## URGENT for Paed Ophthalmology (Triaged daily)

Please refer via CCG-Paediatric Ophthalmology under local trust and **designate as urgent**. Please provide contact number for guardian.

Please contact Eye Casualty during opening hours for advice if required

- Red eye with normal vision with/without mild photophobia
- Herpes eye infection in immunocompetent child (start PO Aciclovir pending eye appointment)
- Swollen discs in well child (isolated mild headaches)
- Baby with failure to fix & follow after term+6 weeks
- Acute onset nystagmus
- Absent red reflex (after fundoscopy with Tropicamide 0.5%)
- Periorbital haemangiomas
- Ptosis covering the pupil
- Acute onset unequal pupils
- Screening for congenital glaucoma or cataracts or retinoblastoma if a first degree relative affected

## ROUTINE for Paed Ophthalmology

Please refer via CCG-Paediatric Ophthalmology under local trust and **designate as routine**

- Simple ptosis not covering the pupil
- Misdirected lashes
- Unequal pupils-longstanding
- Nystagmus
- Asymptomatic eye findings
- Unreadable retinal screening results

## PLEASE ADVISE PARENTS

- Following referral, a face-to-face clinic (Belfast, Banbridge or Mid-Ulster), an imaging clinic or a video-consultation appointment may be offered.
- If deemed urgent, priority appointments are arranged by phone. Please expect a call from an unknown number.
- Face-to-face appointments with Paed Ophth MDT can take up to 2 hours.

**OUT OF HOURS:** TO HELP US PROVIDE THE BEST SERVICE FOR YOUR PATIENT PLEASE CONTACT THE OPHTHALMOLOGIST ON CALL AS BELOW BEFORE SENDING TO A&E

\*ROYAL VICTORIA HOSPITAL, BELFAST Eye Casualty tel 028 96150093

Monday – Friday 0830-1800, Weekends and Bank holidays 0900-1300

OUT OF HOURS (EMERGENCIES ONLY): On call Ophth RVH Switchboard 02890240503

\*ALTNAGELVIN AREA HOSPITAL, LONDONDERRY

Contact on-call ophthalmologist via switchboard tel 028 71345171