



PAEDIATRIC ACUTE CARE GUIDELINE

Eye Examination

Scope (Staff):	All Emergency Department Clinicians
Scope (Area):	Emergency Department

This document should be read in conjunction with this DISCLAIMER
<http://kidshealthwa.com/about/disclaimer/>

Eye Examination

General

- Perform a full examination on all patients presenting with eye problems and document findings in the patients medical records
- Discuss all abnormalities with ED Senior Doctor or the on-call Ophthalmologist

Assessment

Visual Acuity:

- Must be documented in all children presenting with eye problems
- Use age appropriate testing method
- Think significant pathology if:
 - Sudden visual loss or reduced visual acuity
 - Penetrating eye injuries
 - Chemical burns – do not delay irrigation by performing visual acuity testing

Pupil Examination:

- Record size and direct and consensual response to light
- Swinging flashlight test – optic nerve injury

Eye Movement:

- Check full range of movement and ask about diplopia
- Look for nystagmus

Visual Fields: <ul style="list-style-type: none"> Detailed examination in patients with reduced visual acuity
Direct assessment: <ul style="list-style-type: none"> Look for foreign body, inflammation, oedema or discharge Evert upper eyelid to exclude subtarsal foreign body
Fundoscopy: <ul style="list-style-type: none"> Perform in a dark room Check red reflex – absence is an abnormal finding (intraocular haemorrhage, cataracts, severe corneal abrasions or scarring) Look for retinal haemorrhages
Slit Lamp Examination: <ul style="list-style-type: none"> Allows detailed examination of conjunctiva, cornea and anterior chamber Cannot be used in children under 3 years of age Refer to guide attached to lamp for instruction of use
Fluorescein: <ul style="list-style-type: none"> Shows corneal abnormalities when viewed under blue light Consider herpetic dendrites if an ulcer is present without any history of trauma
Surrounding anatomy: <ul style="list-style-type: none"> Eyelid laceration <ul style="list-style-type: none"> Exclude lacrimal duct trauma Orbit injuries <ul style="list-style-type: none"> Bruising – exclude globe injury, facial fractures and basal skull fractures Orbit fractures – characterised by restriction of extra ocular movement Periorbital Cellulitis – consider orbital cellulitis if: <ul style="list-style-type: none"> Reduced visual acuity Proptosis Ophthalmoplegia Red eye


Tags

abrasion, bruising, burn, chemical, conjunctiva, cornea, corneal, diplopia, examination, eye, eyelid, fb, foreign body, fracture, fractures, haemorrhage, impairment, injury, intraocular, lid, nystagmus, oedema, ophthalmologist, ophthalmology, orbital, penetrating, periorbital, red, redeye, retinal, splash, swelling, visual

References

PMH ED Guideline Eye Examination: Last Updated October 2014

This document can be made available in alternative formats on request for a person with a disability.

File Path:			
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department		
Reviewer / Team:	Kids Health WA Guidelines Team		
Date First Issued:	30 October, 2014	Version:	
Last Reviewed:	7 June, 2017	Review Date:	7 June, 2020
Approved by:	Dr Meredith Borland	Date:	7 June, 2017
Endorsed by:	Medical Advisory Committee	Date:	7 June, 2017
Standards Applicable:	NSQHS Standards: 		
Printed or personally saved electronic copies of this document are considered uncontrolled			