## **Clinical Protocol for Children's Vision Service**

Children aged 4-5 years old failing school vision screening will be referred to community optometrist unless:

- Unable to perform crowded LogMAR test
- Visual acuity <0.300 in one or both eyes</li>

A child's vision will have been measured as 0.225-0.3 logmar in one or both eyes or they will have failed the +2.50 blur test.

# 1. Initial referral visit to community optometrist (including GOS sight test)

The following will be performed at the child's first visit to the community optometrist:

- Measure unaided vision with a crowded LogMAR test with patch on either eye
- Cover test (distance and near) and stereopsis
- Cycloplegic refraction 25 mins after instillation of G. Cyclopentolate 1%
- Fundal examination using a stereoscopic technique with a field of view equal to or greater than a 90D volk. (the disc and macula must be observed).
- Prescribe glasses in accordance with the College of Optometrists Prescribing guidelines.
- Inform screening admin and GP that child has been seen and of outcome by inputting results on to Optomanager module and Thomson portal.

## Outcome

- If vision is > 0.200 in both eyes discharge to GOS and request parent completes a patient satisfaction questionnaire.
- If vision is < 0.300 &/or non accommodative strabismus &/or other pathology, refer to secondary care (prescribe glasses where required).
- If vision between 0.225 and 0.300 prescribe glasses if necessary and review in 6 weeks.
- If vision cannot be measured, or a cycloplegic refraction cannot be completed, record any results and comments so far on Optomanager and rebook the child's appointment for another day.

## Record the result on Optomanager and on the Thomson Portal

# 2. Six week check (no GOS sight test)

The following will be performed at the child's 6 week check by community optometrist:

- · Check compliance with glasses and fit
- Re-assess acuity with glasses using crowded LogMAR test

#### Outcome

- If acuity is > 0.200 in both eyes, discharge from pathway and arrange 6 month GOS review. Request that parent/guardian completes a patient satisfaction questionnaire
- If acuity is < 0.200 in either eye, review in a further 12 weeks
- If acuity is <0.3, non-accommodative strabismus or other pathology, refer to secondary care.

If discharged at this point, inform screening admin and GP via Optomanager module. Record the results on Optomanager and on Thomson Portal.

# 3. Eighteen week review (including GOS sight test)

The following will be performed at the child's 18 week review by the community optometrist:

- Check compliance with glasses and fit
- GOS sight test- to include distance and near cover test and stereopsis.
- Re-assess acuity with glasses with a crowded LogMAR test Use Early sight test code 5.3 for GOS1.

## **Outcome**

- If acuity is > 0.200 in the better eye and > 0.250 in the weaker eye, discharge from pathway and arrange 6 month GOS review. Request parent/guardian to complete a patient satisfaction questionnaire.
- If acuity does not meet this standard then refer to Hospital.

## **Record the results on Optomanager**

## Patients who fail to attend

If a child did not attend (DNA) a scheduled appointment then please follow the DNA protocol.

If following the DNA protocol does not result in the child attending for an appointment, then report the DNA to PEG via Optomanager and send report letters to the child's GP and child health via Optomanager.

# Meeting the needs of a child vs the clinical protocol

There may be occasions where a child is apprehensive, uncooperative or some other reason why all of the required measurements cannot be taken. Optometrists are free to use their clinical judgement to re-schedule an appointment for in a few days to try again if the child needs more time to familiarize themselves with a new environment.

Wait until the assessment has been successfully completed and then enter the data onto Optomanager. However, please note that an initial assessment will not be considered complete (and will not be paid) unless a cycloplegic refraction and fundoscopy has been performed.