

GUIDELINES FOR PAEDIATRIC REFERRAL TO THE ORTHOPTIST

Approximately 5%-8% of the child population is affected by a squint or squint-related condition. This equates to 1 or 2 in any group of 30 children

Referrals to the Orthoptist should be made for the following patients/reasons:

1. Any patient with a constant manifest squint.
2. Any patient with symptom producing latent squint.
3. Any patient in whom an intermittent squint has been noticed by either parents or a healthcare professional.
4. If the healthcare professional is unable to perform an accurate visual acuity in a child who *should* be capable of performing a sight test.
5. If there is professional or parental concern **AND** a strong family history of relevant eye problems (do *not* refer based on family history alone). In general these patients should not be referred in before 6 months of age.
6. Any pre-school aged child with reduced visual acuity
7. Any school aged child with unequal vision of 6/9 or worse e.g. .RE 6/9 LE 6/12
8. Any patient with nystagmus, ptosis, photophobia, abnormal head posture or a pupillary defect e.g. coloboma, white pupil.

THE ORTHOPTIST CAN IF NECESSARY FAST TRACK REFERRALS TO THE PAEDIATRIC OPHTHALMOLOGY CLINIC.

In order to assist us in grading the urgency of a referral the referral letter to the Orthoptic Clinic must state –

The reasons for referral e.g. squint present.

If vision has been tested please **record visual acuities obtained.**

N.B For children who are 5 years and over who have **equal but slightly reduced** visual acuities (e.g. 6/9 either eye for near and/or distance) referrals should be directed to the local Optometrist.

For further advice, please telephone 01271 322469