

# **Vision Screening in the Primary Care Pediatric Office**

**Reviewed and approved, May 2013**

This protocol is a general guideline and does not represent the professional standard of care required of the health care provider.

This pathway should be modified as indicated, based on the health care provider's professional judgment, to meet the needs of individual patients.

## Vision Screening in the Primary Care Pediatric Office

Age	Evaluation	Criteria for Referral
0-6 months	<ul style="list-style-type: none"> <li>• Ocular history</li> <li>• Vision assessment</li> <li>• External inspection of the eyes and lids</li> <li>• Ocular motility assessment</li> <li>• Pupil examination</li> <li>• Red reflex examination</li> </ul>	<p>Infants who do not track well after 3 months of age</p> <p>Infants with an abnormal red reflex or history of retinoblastoma in a parent or sibling</p>
6-42 months	<ul style="list-style-type: none"> <li>• Ocular history</li> <li>• Vision assessment</li> <li>• External inspection of the eyes and lids</li> <li>• Ocular motility assessment</li> <li>• Pupil examination</li> <li>• Red reflex examination</li> <li>• Visual acuity testing</li> <li>• Objective screening device “photoscreening”</li> <li>• Ophthalmoscopy</li> </ul>	<p>Infants with strabismus</p> <p>Infants with chronic tearing or discharge</p> <p>Children who fail photoscreening</p>
42 months-5 years	<ul style="list-style-type: none"> <li>• Ocular History</li> <li>• Vision assessment</li> <li>• External inspection of the eyes and lids</li> <li>• Ocular motility assessment</li> <li>• Pupil examination</li> <li>• Red reflex examination</li> <li>• Visual acuity testing (preferred) or photoscreening</li> <li>• Ophthalmoscopy</li> </ul>	<p>Refer children who cannot read at least 20/40 with either eye. Must be able to identify the majority of the optotypes on the 20/40 line</p>

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5 and older	<ul style="list-style-type: none"> <li>• Ocular history</li> <li>• Vision assessment</li> <li>• External inspection of the eyes and lids</li> <li>• Ocular motility assessment</li> <li>• Pupil examination</li> <li>• Red reflex examination</li> <li>• Visual acuity testing</li> <li>• Ophthalmoscopy</li> </ul>	<p>Refer children who cannot read at least 20/32 with either eye. Must be able to identify the majority of the optotypes on the 20/32 line</p> <p>Refer children not reading at grade level</p>
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Essential aspects of appropriate vision screening:
<ul style="list-style-type: none"> <li>• Well lit, quiet area</li> </ul>
<ul style="list-style-type: none"> <li>• MA who takes ownership of and pride in the importance of the task</li> </ul>
<ul style="list-style-type: none"> <li>• Appropriate distance from the chart - make a mark on the floor with masking tape</li> </ul>
<ul style="list-style-type: none"> <li>• Use the parent's palm to occlude the eye not being tested - the child will often peek, and the MA cannot look at the child and the chart at the same time</li> </ul>
<ul style="list-style-type: none"> <li>• Always test R then L</li> </ul>
<ul style="list-style-type: none"> <li>• Familiarize the child with the symbols on the chart before testing - the parent can do this</li> </ul>
<ul style="list-style-type: none"> <li>• Randomize the symbols by using a pointer to check acuity</li> </ul>
<ul style="list-style-type: none"> <li>• If the child "fails," retest in 4-6 weeks</li> </ul>
<ul style="list-style-type: none"> <li>• Second failure - refer</li> </ul>
<ul style="list-style-type: none"> <li>• If the child passes when tested on a near card -- less concerning; if failure occurs at near as well as at distance - more cause for concern</li> </ul>