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**Diagnosis/symptom**

**Abnormal Pupil**

**When to initiate referral:**

White or “glowing” pupil: Immediate referral to Seattle Children’s.

Asymmetric pupillary reflex: Refer to local eye care specialist for refraction. Refer to Seattle Children’s if more than refractive error.

Asymmetric pupillary size:

- Physiologic anisocoria – less than 1 mm difference under light-adapted or dark-adapted conditions. No referral.
- Oculomotor paresis – associated limitations of eye movement on side with the larger pupil. Refer to Seattle Children’s.
- Horner’s syndrome – greater than 1 mm difference between eyes under light-adapted and especially under dark-adapted conditions with associated eyelid droop and lighter iris coloration on side of smaller pupil. Refer to Seattle Children’s.



**Diagnosis/symptom**

**Decreased Visual Acuity**

**When to initiate referral:**

Acute loss of visual acuity over the prior 2-3 weeks. Timely referral if vision loss can be documented by PCP. Provide history and documentation from PCP.

Ages 4 mo-2 years of age with failure to fix and follow and/or abnormal eye movements. Refer if present.

Decreased acuity in school age children with severe developmental delay or severe autism. Refer if present.

Failed routine screening test at school or pediatrician's office. Due to the volume of referrals and the nature of our specialty practice, we are no longer able to accept referrals for routine vision evaluations.

Patients should be referred to a local eye care specialist for routine refraction.

Ages 3-5 years of age with acuity of 20/50 or better is normal. Patients with vision worse than expected can be referred to a local eye care specialist.

Ages 5+ 20/30 acuity is expected.

Difference between eyes of 2 lines or greater. Patients can be referred to local eye care specialist for refractive error or treatment for amblyopia.

If eye care specialist cannot correct to normal, referral to Seattle Children's is appropriate.



**Diagnosis/symptom**

**Droopy Eyelid/Ptosis**

**When to initiate referral:**

In neonate – clinical examination looking at ocular motility and pupillary size. If normal, reevaluate after 2 months of age. If abnormal or persists after 2 months of age, refer **IMMEDIATELY**.

In older infant, if droopy eyelid is obstructing vision. Refer patient promptly.

Sudden onset of droopy eyelid. Refer patient **IMMEDIATELY**.

Older patient with history of congenital droopy eyelid. No urgency for evaluation.



**Diagnosis/symptom**

**Lid Swelling**

**When to initiate referral:**

Evaluate for insect bite, skin rash or history of minor facial trauma. No referral unless swelling persists beyond 3-5 days or swelling increases.

Evaluate for temperature, malaise, lid tenderness, prominence of globe, limitation of eye movement and upper respiratory tract signs (including paranasal sinuses). **IMMEDIATE** referral for periorbital/orbital cellulitis.

- If outside regular clinic hours, refer patient to Emergency Department.



**Diagnosis/symptom**

**Eye Turns In  
(Esotropia)**

**When to initiate referral:**

Variable turning in of eye before age 3 months. Normal for infants and patient does not need to be referred to eye care specialist.

Eye turning in persists after 3 months of age. Refer to evaluate for strabismus and predisposition to amblyopia.

Refer by 6 months of age.

**Eye Turns Out  
(Exotropia)**

Intermittent turning out of eye. Refer to evaluate for exotropia on non-urgent basis.

Persistent turning out of eye before 8 years of age. Refer if present.



**Diagnosis/symptom**

**Acute Onset of Esotropia**

**When to initiate referral:**

Evaluate range of eye movements. If normal, electively refer for probable accommodative esotropia.  
If restricted, refer **IMMEDIATELY** for ocular motor paresis.

Patients referred for 2nd opinion or history of prior eye muscle surgery. Patients will be seen on non-urgent basis. Previous records and operative reports are invaluable.



**Diagnosis/symptom**

**Hemangioma  
located around  
the eye**

**When to initiate referral:**

Hemangioma that is not obscuring vision. Patient should be seen between 3-6 months of age to measure vision and check for astigmatism.

Hemangioma that is obscuring vision. Patient should be seen promptly for possible treatment.



**Diagnosis/symptom**

**Increased Tearing**

**(Nasal Lacrimal Duct Obstruction)**

**When to initiate referral:**

Chronic tearing and eyelid crusting from age 0-6 months of age. Patient needs to be treated medically with antibiotic eye drops or ointment until tears become clear. Refer prior to age 1.

Patients with increased tearing that persists past 6 months of age. Refer for nasal lacrimal duct probing.

- Patients seen by 1 year of age may have probing done in clinic while awake.
- Patients seen after 1 year of age have probing done under anesthesia.
- It is recommended that patients are seen by 2 years of age.

Neonates with visible dilation of lacrimal sac and bluish discoloration of overlying skin (due to mucocele). Refer **IMMEDIATELY** for sepsis concerns.

- If outside of regular clinic hours, refer patient to Emergency Department.



**Diagnosis/symptom**

**Red Eye or “Pink Eye”**

**When to initiate referral:**

If it predominantly involves inside aspect of eyelid and is associated with mild mucoid or purulent discharge – PCP should treat with antibiotics for 7-10 days. Refer after 14+ days of treatment with no improvement (and is not viral) refer for conjunctivitis.

With corneal opacity or fluorescein staining. Refer for keratitis.

With corneal enlargement or cloudiness. Refer for glaucoma.

Redness that predominantly involves the visible portion of eye associated with light sensitivity and pain but no conjunctival discharge. Refer for **IMMEDIATE** evaluation for uveitis.

PCP documents a copious amount of discharge, indicating aggressive (virulent) infection. Patient should be referred promptly.

Red eye due to:

- Subconjunctival hemorrhage. No referral.
- Uveitis. See above.
- Blood inside eye. Refer for **IMMEDIATE** evaluation.
- If outside of regular clinic hours, refer patient to Emergency Department.

**What can referring provider send?**

Treatment course, list of medications.



**Diagnosis/symptom**

**Stye or Chalazion**

**When to initiate referral:**

Lumps in or beneath eyelid skin. Will often disappear on their own. Treat with warm compresses (clean, warm washcloth held against closed eyelid) for 2-5 minutes, up to 20 times per day. Most will expand in size and then spontaneously rupture. Antibiotics are ineffective in decompressing the chalazion.

Persistent lump in eyelid that does not respond to other treatments. Patients can be referred for possible surgical excision.

***Clinic phone: 206-987-2177. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.***

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