



Pediatric Ophthalmology Referral Guidelines

Valley Children's Ophthalmology practice specializes in the management and treatment of congenital and acquired pediatric eye diseases, malformations and disorders. Using innovative techniques, our pediatric ophthalmologists provide diagnostic services, medical treatment and surgical services specifically for infants and children.

Valley Children's Ophthalmology is located in downtown Fresno and specializes in pediatric ophthalmology, strabismus surgery, ocular genetics and genetic eye disorders. In addition to these specialties, we provide diagnostic services including:

- **Ocular and orbital ultrasound**
- **Ophthalmic photography**
- **Orthoptics and refractions**

Our team offers a multidisciplinary approach to patient care and collaborates closely with oncology, immunology, neurology, trauma, rehabilitation and the Neonatal Intensive Care Unit (NICU).

Access Center

24/7 access for referring physicians
866-353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer
FAX: 559-353-8888

Ophthalmology Office Numbers

Main: 559-353-7271

Condition	When to Refer
Visual Behavior	<ul style="list-style-type: none"> Absence of a social smile or eye contact by 3 months of age Any misalignment of eyes (intermittent or constant) in children after 4 months old or constant misalignment of eyes at any age should be evaluated. A difference of two lines or greater between eyes** Any acuity \leq 20/50 should be evaluated.** <p>**These patients should be seen by an optometrist first and referred to Valley Children's if escalation of care is needed.</p>
Eyelid Mass/Ptosis	Pediatric patient with ptosis or eyelid mass should be referred for evaluation
Dacryoceles / Mucocele	Immediate referral – as there is risk for secondary infection and neonatal sepsis
Dacryostenosis (Blocked tear duct)	<ul style="list-style-type: none"> Tearing past 11-12 months of age If there is a recurrent nasolacrimal duct infection (dacryocystitis), an earlier referral and treatment is appropriate
Congenital Glaucoma	Immediate referral – Delays can cause irreversible optic nerve damage (permanent vision loss/blindness), permanent corneal enlargement and amblyopia.
Chronic Conjunctivitis	If conjunctivitis (or red eye) is chronic it can cause photophobia and corneal scarring. (Symptoms are potential signs of Herpetic (HSV) eye disease)
Ocular Media Opacities	<ul style="list-style-type: none"> If there is a dull or asymmetric reflex If there is a white reflex (leukocoria), an urgent referral should be made to rule out retinoblastoma

Condition	When to Refer
Difference in Pupil Size	<ul style="list-style-type: none"> • A difference in pupil size more than 1mm • Association of mild ptosis (droopy eyelid), with a smaller pupil on the same side, more pronounced in the dark (this may require evaluation for Horner's Syndrome and workup for rare cases of neuroblastoma) • A dilated pupil with limitation of eye movement should be an urgent referral
Nystagmus	<ul style="list-style-type: none"> • New/acute onset nystagmus requires urgent evaluation
Esotropia (eyes turning in / toward nose)	<ul style="list-style-type: none"> • An infant older than 4 months old with constant/intermittent ocular deviation
Exotropia (eyes turning out / away from nose)	<ul style="list-style-type: none"> • An infant of any age with constant ocular deviation • A child with suspected ocular misalignment
<p>Prematurity (premature infants, <1500g or <32wks, are at risk for development of strabismus and refractive errors – even in the absence of retinopathy of prematurity (ROP))</p>	<ul style="list-style-type: none"> • Infants born <1500g or <32weeks should be examined at minimum 3 and 6 months post discharge from the NICU (or more frequently if there is a history of retinopathy of prematurity).
Systemic Disorders	<ul style="list-style-type: none"> • Referrals for screening should be made for children with autoimmune disorders • For children with Type I or II Diabetes, baseline evaluation is recommended • Baseline evaluation recommended for children with Sickle Cell disease, Albinism, Hypertension, thyroid malfunction, sturge-weber syndrome, neuro-fibromatosis-1

Condition

When to Refer

Congenital Syndromes

- Pediatric patients with a congenital deformity that involves the orbit or optic pathways should be referred for an evaluation (Children with down syndrome are at higher risk for cataracts and high refractive errors.)
- Children with a history of gestational drug or alcohol exposure should be evaluated for associated ocular abnormalities.
- Pediatric patients with craniosynostosis should be referred for evaluation for optic neuropathy and strabismus

Non-Accidental Injury

- Pediatric patients with a suspected non-accidental injury should have a dilated fundus examination

Headaches

- A child with chronic headaches or complaining of headache after prolonged reading should be referred for a comprehensive eye exam