

How to diagnose and treat Paediatric eye conditions in General Practice and when to refer

1	<h3>General Eye Assessment of Young Children</h3>
	<p>GPs can assess vision in children simply by watching their behaviour and offering a “silent smile” to assess reaction.</p>
2	<h3>Assessing eye conditions</h3>
	<p>Reflex:</p> <ul style="list-style-type: none"> • Dark eyes are difficult to assess a reflex – lower the surrounding light and attempt assessment in a darkened room. • If a reflex cannot be assessed – refer as Urgent as there could be a serious underlying pathology – cataracts / tumour <p>Sticky Eyes:</p> <ul style="list-style-type: none"> • Sticky eyes in infants commonly caused by blocked tear-ducts not infection • Not necessary to refer condition can be treated in Primary Care • Not necessary to prescribe antibiotics unless accompanied by a red eye. • Treatment consists of regular cleaning of the eye and massage of the tear-duct to open and remove blockage. <p>Conjunctivitis:</p> <ul style="list-style-type: none"> • 2 common causes – bacterial and viral • Not necessary to refer, condition can be managed in Primary Care • Condition spreads easily so usually antibiotics are advisable. Good hand hygiene must be explained to the family. <p>Blepharitis:</p> <ul style="list-style-type: none"> • Common condition in Asian children though occurs in all racial backgrounds • Condition caused by the inflammation of the eyelid oil glands • Symptoms generally associated with the condition – watery eyes, irritated and sore eyes, can be sensitive to light. • Condition can cause damage to the surface of the eye so referral is important. • Lid hygiene is the mainstay of treatment with appropriate use of steroids and antibiotics as and when needed.

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Notes to accompany Vodcast – Dr Anamika Tandon, Consultant Ophthalmologist

	<p>Allergic eye disease: Most important symptoms are itchy eyes with watery discharge and redness.</p> <ul style="list-style-type: none">• Condition can be exacerbated by season (hayfever), and especially in children pre-existing conditions – Asthma and Eczema• Treatment of the condition includes antihistamine eye drops such as Olapatidine and frequent use of lubricants. In acute cases, steroid drops may be required. <p>Squints:</p> <ul style="list-style-type: none">• If a constant squint, either in one eye or both, is observed within the first 6 months a referral must be made to assess the underlying pathology• From 6 months onwards, if the squint is intermittent and inwards - refer• From 6 months onwards, if the squint is intermittent and outward assess regularly and refer if necessary. <p>Headaches and sore eyes:</p> <ul style="list-style-type: none">• The impact of electronic devices (iPads, tablets, computers) can affect blinking and can cause symptoms of fatigue with soreness of eyes. Older children presenting should limit the length of time using the equipment without breaks.
3	Red flags for GPs
	<ul style="list-style-type: none">• Absence of reflexes• Presence of constant squint• Concerns over “fixing and following”• Blepharitis

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