



**RANZCO**

The Royal Australian  
and New Zealand  
College of Ophthalmologists

# Referral Guidelines for Eye and Vision Problems in Infants and Children

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**Approved by:** Board

**Next review:** 4 December 2018

**Approval date:** 4 December 2015

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## 1. Purpose and scope

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) recommends timely screening for the early detection and treatment of eye and vision problems in children. This includes the institution of rigorous vision screening during the preschool years. Early detection of treatable eye disease in infancy and childhood can have far-reaching implications for vision and, in some cases, for general health.

Screening for eye and visual problems starts from the newborn period with “red reflex” testing by hospital pediatricians looking for congenital cataract, retinoblastoma and other ocular structural abnormalities and screening continues throughout the preschool years by the child’s family general practitioner, optometrist or community/maternal and child health nurse.

Formal vision testing as part of the Australian & New Zealand well-child health screening schedule is undertaken between 3.5 and 4.5 years of age and it is aimed to identify children with amblyopia, or refractive errors.

We advocate and support a collaborative approach by all health professionals, including general practitioners, paediatricians, community midwives & nurses, vision hearing technicians, optometrists, orthoptists and ophthalmologists, for an age specific screening strategy so children with eye or visual problems can be correctly identified and referred for treatment.

Children younger than four years of age for whom there is a concern about any eye or visual problems should be referred to an ophthalmologist for assessment. This is appropriate given the high chance of a potential structural abnormality, and the complexity and difficulty of the examination required in very young children.

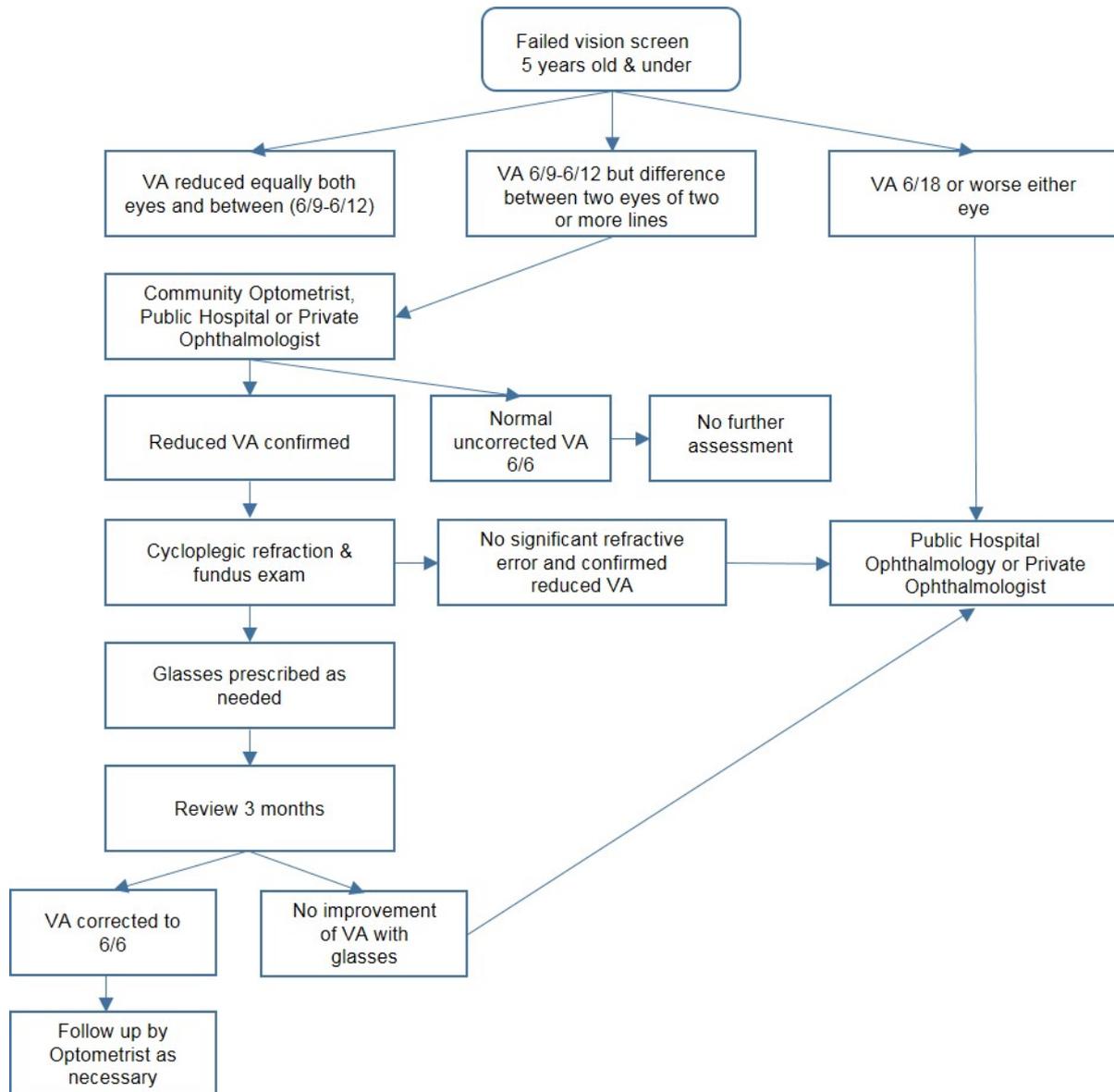
## 2. Referral Recommendations

- A baby with an abnormal red reflex must be referred urgently to an ophthalmologist for assessment of potential cataract or retinoblastoma.
- A child with any ocular structural abnormalities, such as ptosis, cloudy cornea, or smaller eyes etc. must be referred to an ophthalmologist for further assessment.
- A child with chronic watering eyes which fails to resolve within the first year of life despite conservative treatment such as digital massaging should be referred to an ophthalmologist for evaluation.
- A child for whom there is concern about poor vision and those with a known family history of hereditary eye conditions (e.g. retinitis pigmentosa, or other retinal dystrophies) must be referred to an ophthalmologist for evaluation.
- A 4 or 5-year-old child who has distance vision that is equally reduced in each eye (between 6/9 to 6/12) or with less than or equal to 2 lines difference in the vision between the two eyes should be referred to either an optometrist or an ophthalmologist, depending on practitioner availability or parental preference.

- A 4 or 5-year-old child who has a visual acuity equal to or worse than 6/18 in either eye, or a difference in distance VA between the two eyes greater than 2 lines must be referred to an ophthalmologist, or hospital ophthalmology department.
- A child 5 years of age or older who has a VA less than 6/6 but better than or equal to 6/9 in either or both eyes should be referred to an optometrist first, although referral to an ophthalmologist is acceptable if this is the parents preference.
- A child of any age must be referred promptly to an ophthalmologist for further investigation if the child's vision fails to improve as expected following assessment and treatment by an optometrist.
- A child < 1 year of age with strabismus must be referred to an ophthalmologist.
- A child > 1 year of age with partly accommodative esotropia, intermittent exotropia, new onset non-accommodative esotropia or constant exotropia should be referred to an ophthalmologist to formulate an ongoing management plan.
- All children with suspect paralytic or restrictive strabismus must be urgently referred to an ophthalmologist.
- All children with acute onset strabismus must be referred immediately to an ophthalmologist or to a paediatric emergency department.



### 3. Referral Guidelines for Children Visual Screening



### 4. Record of Amendments

Page	Details of amendment	Date approved