Incidence of missing red reflex and pupil examination in referrals of pre-school children to the hospital eye service.

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Introduction

Red reflex is often not reported on when a GP refers a child to the hospital eye service.

The absence of essential clinical information means referrals cannot be triaged optimally, and it is difficult to identify and prioritise potentially sight- or life-threatening disease.

We aimed to identify how frequently the necessary information was provided for safe triage in a series of referrals, and patient outcomes.

Method

Retrospective examination of case notes of 107 consecutive patients entering an orthoptic- led routine pathway, over a 3-month period, occurred. We analysed referral information included, and patient outcomes. All sequential pre-school-age referrals were included.

Results

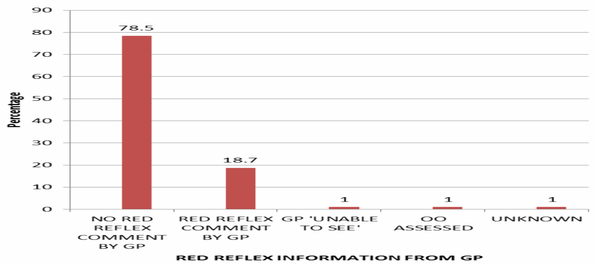
79% of referrals did not contain any information on red reflex assessment.

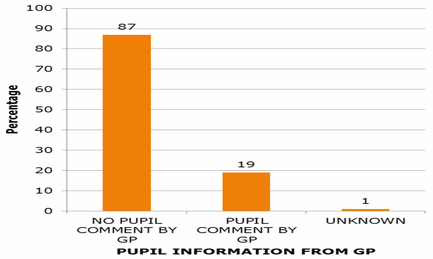
87% did not contain any information on pupil assessment. No patient had a sight-threatening or life-threatening condition.

Patient demographics: mean age 1.6 years (range 4 weeks – 3.5 years).

93 % were referred from GP, 89% for squint/vision assessment, with a range of eye diagnoses.

94% of referrals were triaged as 'routine' given limited information provided.



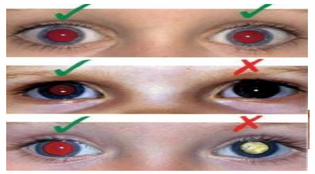


Conclusion

The incidence of red reflex and pupil assessment was low in this cohort of referrals, meaning triage was mostly based on inadequate information, with an associated risk.

No child came to harm though infrequent serious presentations such as retinoblastoma (RB) or cataract would likely not be detected in the majority of referrals. We cite a case when RB was inappropriately seen non-urgently because of incomplete primary care assessment prompting this audit.

There is a need for GP engagement and education on a local, and national level promoting the universal practice of red reflex examination in young children.



Normal

Abnormal – urgent referral

Abnormal – urgent referral



By your side