British paediatrics

Ophthalmic services for children

This report, the result of a joint Working Party between the Faculty of Ophthalmology and the British Paediatric Association, supersedes a previous one dated 1980 and deals with four aspects of paediatric ophthalmology.

Inpatient facilities

Ideally children admitted to hospital for eye surgery should be nursed in a children’s ward where senior nursing staff are trained in nursing children and where, in addition to good ophthalmic facilities, general paediatric care is available. Where this is not possible children should be admitted to a separate children’s part of an ophthalmic unit where there is free visiting and facilities for play and schooling are provided. Accommodation for resident mothers should be available. There should be a regular paediatric commitment to the unit.

Children’s hospitals and general hospitals with children’s wards should have an ophthalmologist on the staff and all neonates at risk for eye disorders should be seen by an ophthalmologist at or soon after discharge.

Outpatient facilities

A fully equipped ophthalmic department in a children’s hospital is the ideal outpatient setting. In other hospitals outpatient clinics must make suitable provision for children, including a play area and facilities for feeding and changing babies. Long waiting times must be avoided.

Consideration should be given to arranging separate clinics for children if they would otherwise be seen in an adult clinic. Joint paediatric-ophthalmic clinics are recommended for selected patients and the ophthalmic services should contribute to the assessment of handicapped children.

Accident and emergency departments should always have access to an ophthalmologist.

Community services

Primary care and community child health services should be proficient in screening children for eye disorders such as squint, congenital cataract, and refractive errors, which need to be referred to an ophthalmologist as early as possible.

Training

The importance of the development of vision and common eye disorders in the training of general practitioners, clinical medical officers, and paediatricians is stressed, and knowledge of these subjects should be tested in postgraduate diploma examinations.

Ophthalmologists should have some training in child development and children’s diseases relevant to ophthalmology.

Since health visitors contribute to the screening of children for common eye conditions they need appropriate training and supervision.