



Dell Children's Eye Center

Experience, Expertise & Excellence
Advancing the care of Kids In Central
Texas

Fellowship Trained, Board Certified
Pediatric Ophthalmologists

Pediatric Ophthalmology and Adult
Strabismus

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Our Mission inspires us to care for
and improve the health of those we
serve with a special concern for the
sick and the poor.

Pediatric Photoscreening Referral Information

- **We do not recommend routine photoscreening <2 years of age. The gold standard is still chart screening ages 3 and older.**
 - Refraction changes so rapidly in the first year of life that we typically don't prescribe glasses until they are older. The younger kids also have a greater ability to accommodate (focus) so can handle more refractive error without affecting their vision.)
 - If a vision screen is done on children less than 2 years of age and fails for refractive error, please repeat in 6 months and refer only after failing twice using the criteria below. If a child less than 2 years of age fails due to strabismus, anisocoria, or abnormal red reflex please refer at that time.
 - If a child fails the chart screen, photoscreening is a great supplement to send with referral.
 - The clinical exam is the gold standard for evaluation of **strabismus, abnormal red reflex, or anisocoria.**
 - If your clinical exam is concerning, photoscreening can be used and results should be sent with referral.

- **Please send the vision screener results page with the referral**
 - This way we can better determine the timing of the visit based on the correct information.
 - Helps take liability off pediatricians as you have given us the information and schedule appropriate care.
 - Please let the parents know most failed vision screens are not urgent and to expect up to a 6 mo scheduling window.
 - **Failed vision screens for basic refractive error (myopia, hyperopia, astigmatism) in children over age 5-6 should go to Optometry. If they fail for anisometropia, anisocoria, abnormal red reflex or strabismus please then refer to Ophthalmology.**

Settings for screeners for ALL ages:

Anisometropia: 1.50

Astigmatism: 2.5

Myopia: 3.00

Hyperopia: 3.50

Anisocoria: 1.0

Corneal reflexes 10.0

Note: If the power goes out in the pediatrician's office, the photoscreener will sometimes revert back to its factory referral criteria. Please have an RN check weekly to make sure the photoscreener has not reverted back to factory settings.

If you have any questions about the vision screener settings please feel free to contact Dr. Fenton at asfenton@ascension.org.

Kind Regards,
Dell Children's Ophthalmology