

External Inspection and Observation

Ages

Post newborn through 20 years.

Purpose

To check for signs of external eye disease or abnormalities.

Description

A systematic inspection of observable parts of the eye and surrounding tissue.

Equipment

None

Screener qualifications

Can be performed by screeners who have received the recommended training by the Minnesota Department of Health or equivalent. Refer to Assessment Tools on the [Vision Screening Forms, Tools and Materials webpage \(www.health.state.mn.us\)](http://www.health.state.mn.us).

Facilities

Well-lit room, free of distractions.

Procedure

1. If the child is wearing glasses, the glasses may be removed in order to give the screener an unobstructed view of the area around the eyes.
2. The area around the eyes should be checked for swelling and/or discoloration, excessive tearing, or discharge.
3. Observe the child's eyes to see if one eye appears to turn in, out, up, or down in relation to the other. The eyes should hold steady, without excessive movement (nystagmus), while gazing straight ahead. The position of a persistent head tilt should also be noted.
4. The eyes themselves should be checked in the order suggested by the acronym "WIPL."
 - **Whites:** The sclera should be a shade of white. There should be no new discoloration or growths.
 - **Iris:** The iris should be a complete circle. Both should be the same color.

EXTERNAL INSPECTION AND OBSERVATION

- **Pupil:** The pupils should be clear and dark. There should be no cloudiness or white discoloration. The pupils should be of equal size and circular shape.
- **Lids and Lashes:** The lids in their natural, open position should give a full view of the pupil. The lids should be free of lumps (chalazia). There should not be redness or signs of discharge along the margin or signs of a sty. The margin of the lid should be flush against the surface of the eye. The child should show normal blinking during observation period. Lashes should be present on the top and bottom lids of both eyes. Lashes should not turn in, causing them to come in contact with the eye.

PASS

Normal appearance of all parts of the eye.

REFER

Any noted abnormality:

- If a white pupil (leukocoria) is noted, an immediate referral to an ophthalmologist or optometrist is necessary.
- If one eye appears to turn in (eyes cross), out, up, or down in relation to the other, there is excessive movement (nystagmus), or a persistent abnormal head position, the child should be referred to an ophthalmologist or optometrist.
- Signs of excessive redness and/or discharge indicate the screening should be stopped and the child referred to their primary health care provider, ophthalmologist, or optometrist to reduce the risk of spreading a possible infection and/or falsely failing the screening.
- Screening should be rescheduled for the next available time.

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To obtain this information in a different format, call: 651-201-3650.