LRI Emergency Department and Children's Hospital

UHL Single Front Door for Children Guideline
Swollen Optic Discs Pathway

Staff relevant to:	**Children's Hospital and Emergency department Medical and Nursing Staff**
Team approval date:	**September 2024**
Version:	**2**
Revision due:	**September 2027**
Written by:	**R Paracha**
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1. Introduction and Who Guideline applies to

This pathway has been developed to provide medical and nursing staff with the UHL Children's emergency department and children's hospital a clear pathway for management of children presenting with papilloedema.

Related documents:

Idiopathic Intracranial Hypertension UHL Children's Medical Guideline UHL Trust ref: C254/2016

Swollen optic discs
Presenting to Eye Casualty EED (must be confirmed by a senior Ophthalmologist)

If eye clinic is closed and the child is well, then they can be brought back to eye ED when open.

Symptomatic - Idiopathic Intracranial Hypertension UHL Childrens Medical Guideline

Yes

No

Children's Hospital on call Medical Paeds

Discuss with on call Paeds Neurology (can be done the next working day if well)

Any red flag features of space-occupying lesion? https://www.headsmart

Or unable to investigate as outpatient

Yes

No

Ophthalmology will also request eye ED Paeds within 2 weeks via Blue Team

Inpatient Admit for MRI/MRV (consider CT/CTV to allow urgent management if MRI delayed)

Outpatient
MRI/MRV as 2 week wait and priority GA support (or CT/CTV as alternative) and clinical review

Group 1 (compliance requires GA, typically age<6yrs) **Consent and arrange for GA**

Group 2 (Compliant)

Group 3 (compliance requires GA, typically age<6yrs)
Consent for D/C GA

Group 4 (Compliant)

No acute lesion (symptomatic)

Perform Lumbar Puncture (on daycare)

If CSF pressure >25cm then discuss with Paeds Neurology before discharge

Solid Cystic Tumour – please contact on-call Paed Neurosurgery and Oncology
Or
Hydrocephalus
Refer to Paeds Neuro-Surgeon at QMC

No acute lesion (asymptomatic)

Non-urgent Referral to Paeds Neurology

Refer to Paeds Neuro-Ophthalmology clinic 8 weeks

Title: Swollen Optic Discs pathway – Children's Emergency department and Hospital
V:2 Children's Quality & Safety Board : Septemeber 2024 Trust Ref: D3/2022 Next Review: September 2027

2. Arranging investigations:

- **Initial clinical assessment:**
  - There must be confirmation of papilloedema from a senior ophthalmologist before investigations are undertaken.
  - Confirmed papilloedema is seen by the general paediatric team in SFD to commence this pathway of investigations. Please see the Idiopathic Intracranial Hypertension guideline on UHL Connect: **Idiopathic Intracranial Hypertension UHL Children's Medical Guideline**
  - If a child is suitable for outpatient investigations then please explain the full process (MRI, LP and neuro-opthalmology clinic follow up).
- **MRI head as an outpatient:**
  - Book the MRI head on Nervecentre as 2 week wait priority.
  - If the MRI head is normal then arrange a lumbar puncture.
  - Complete the consent form (if general anaesthetic required). The MRI request should be clear that the indication is "papilloedema". Radiology will inform the responsible paediatric consultant of the planned MRI date, so that the LP can be arranged on daycare while the child is drowsy post-anaesthesia.
  - Responsibility for chasing results and planning next steps remains under the general paediatrician at commencement of this pathway.
- **Lumbar puncture:**
  - Please see the guideline for lumbar puncture on UHL Connect:

    Lumbar Puncture UHL Children's Guideline
  - Entonox and local anaesthetic should be used during the procedure.
  - Lumbar puncture can be arranged as an outpatient on daycare. For this it is recommended:
    - The lumbar puncture should be arranged when there is adequate staffing (i.e. at least 2 ward registrars for general paediatrics).
    - The lumbar puncture should be booked after midday (i.e. after ward rounds).
    - Once the family is informed for the need for lumbar puncture, suitable dates can be sent to the Daycare inbox (paeddaycareward11@uhl-tr.nhs.uk) to arrange when availability allows.
    - Designate a registrar for the procedure beforehand.
    - If the MRI is done under general anaesthesia:
      - Radiology will inform the responsible paediatric consultant of the planned date.
      - Aim for LP on daycare while the child is drowsy post-anaesthesia.
      - Confirm with the radiologist that there is no contraindication for LP on MRI.
  - If lumbar puncture on daycare is not possible (or subject to unreasonable delay), then the child can be admitted for an inpatient procedure.
  - If a lumbar puncture is unsuccessful then the child will need to be admitted

and discussed for lumbar puncture under general anaesthetic.
    - If CSF pressure is >25 mmH2O then discuss with the neurology team.
    - If CSF pressure is <25 mmH2O then refer as an outpatient to the joint neuro/ophthalmology clinic for follow up.
- Effectiveness of this pathway is due to be audited.

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Appropriate imaging requested according to symptoms and further referral in accordance with the pathway	Audit of notes	Audit lead	Annual	Departmental meeting and clinical practice group

5. Supporting References

https://www.headsmart.org.uk/symptoms/signs-and-symptoms/

Idiopathic Intracranial Hypertension UHL Children's Medical Guideline UHL Trust ref: C254/2016

6. Key Words

Eye casualty, Neurology, Neuro-surgeon, Ophthalmology, Optic discs, Papilloedema

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As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details	
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Details of Changes made during review: New Section 2 Arranging investigations added Hyperlinks updated	