

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:	May 2022
Version:	1
Revision due:	May 2024
Written by:	R Paracha
Trust Ref:	D3/2022

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 Childrens 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>

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)

Discuss with Paeds Neurology LP result & initiate Treatment & 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

2. Education and Training

None

3. 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

4. Supporting References

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

[Idiopathic Intracranial Hypertension UHL Childrens Medical Guideline](#) UHL Trust ref: C254/2016

5. Key Words

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

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Contact and review details	
Guideline Lead (Name and Title) R Paracha - Consultant	Executive Lead Chief medical officer
Details of Changes made during review: New document V1.1 – Refreshed hyperlink to HeadSmart Added papilloedema to keywords	