Learning on TAP

Primary eye care
Screen form

[Service provider logo]	Name of screener ✎
	Date of screen ✎
	Location ✎

1. Information about the person		
Family name ✎	Given names ✎	
Date of birth ✎	Age: 0-3 ☐ 4-18 ☐ 19-39 ☐ 40+ ☐	Gender: Male ☐ Female ☐ Other ☐
Address ✎		
Phone/email ✎		Consent: Yes ☐ No ☐
Parent/caregiver details		
Family name ✎	Given names ✎	
Phone/email ✎		Consent: Yes ☐ No ☐

2. Pre-screening questions		**Yes**	**No**	**Action**
If a child is under 3 years old, was the child pre-term or low birth weight?		☐	☐	**Yes** ⃠ Stop screen and ☞ Refer to eye health professional
Do you have pain, discharge or itchiness in the eye?		☐	☐	**Yes** → Which do you have? Pain ☐ Discharge ☐ Itchiness ☐
Do you have an eye injury?		☐	☐	**Yes** → What caused the injury? Chemicals ☐ ⃠ Stop screen, wash out eye, then continue Burn/hot liquid ☐ Foreign body ☐ Knock or cut ☐
Do you have blurred vision or any other symptoms?		☐	☐	**Yes** → Record details in notes
Do you have diabetes and/or high blood pressure?		☐	☐	**Yes** and a **problem is identified** during screening **or** person is **not under care of a diabetes and/or health service** ☞ Refer to eye health professional and/or diabetes service.
Do you currently receive care from an eye health professional?		☐	☐	**Yes,** and a **problem identified during screening** ☞ Refer to eye health professional at service person is already using.
Do you wear spectacles? Yes ☐ No ☐	**Yes** → What are the spectacles used for?			**Yes,** and a **problem is identified** during screening ☞ Refer to eye health professional at service person is already using.
	Seeing things in the distance ☐			→ Ask person to wear for distance vision screen
	Seeing things that are near ☐			→ Ask person to wear for near vision screen
	Both distance and near ☐			→ Ask person to wear for **both** distance and near vision screen
	Do not know ☐			→ Ask person **not** to wear for any vision screen

Notes ✎

3. Vision screen				
Fundus reflex screen *Children 3 years and younger only*				**Action**
Do both eyes have a healthy fundus reflex? Yes ☐ No ☐	**No** → Why?			**No** → Continue to next step and ☞ Refer to eye health professional urgently
	Unhealthy colour or brightness: Right eye ☐ Left eye ☐			
	No fundus reflex: Right eye ☐ Left eye ☐			
Distance vision screen *Adults and children over 3 years only*				
Chart:	3–8 years ☐ → HOTV Older than 8 years ☐ → Distance E-chart			
Spectacles:	If the person wears spectacles for distance vision, are they wearing them for screen?			Yes ☐ No ☐
Right eye: Top line	**Result**	**Right eye: Bottom line**		**Action**
Matches **2 or more** letters correctly on top line: Yes ☐ No ☐	**Yes** → Continue to bottom line **No** → Continue to left eye	Matches **3 or more** letters correctly on bottom line: Yes ☐ No ☐		**Yes to all, both eyes** ☐ **And:** **Under 40 years** → Skip to eye health screen **40 years or older** → Continue to near vision screen **No to any** ☐ **Top line** → Skip to eye health screen and ☞ Refer to eye health professional urgently **Bottom line** → Skip to eye health screen and ☞ Refer to eye health professional
Left eye: Top line	**Result**	**Left eye: Bottom line**		
Matches **2 or more** letters correctly on top line: Yes ☐ No ☐	**Yes** → Continue to bottom line **No** → Continue to eye health screen	Matches **3 or more** letters correctly on bottom line: Yes ☐ No ☐		
Not able to complete distance vision screen ☐				→ Skip to eye health screen and ☞ Refer to eye health professional
Near vision screen *Adults 40 years and older only*				
Spectacles:	If the person wears spectacles for near vision, are they wearing them for screen?			Yes ☐ No ☐
Correctly indicates the direction of **3 or more** E's on the Near E-chart: Yes ☐ No ☐				**No** → Record and continue to eye health screen. If passes eye health screen assess for near vision spectacles. **If not available** ☞ Refer to eye health professional
Not able to complete near vision screen ☐				☞ Refer to eye health professional
For a summary of how to manage vision problems				→ Guide one: Vision problems

4. Eye health screen				**Action**
Do both eyes look healthy? Yes ☐ No ☐				**Yes** → Skip to Action taken **No** → Record why below
Eye health problems		**Right**	**Left**	**Action**
Signs of a red eye problem	Redness	☐	☐	→ Guide two: Red eye problems
	Watery or sticky discharge	☐	☐	
	Eye itchiness	☐	☐	

Signs of an external eye problem	Crust on eyelids/lashes	☐	☐	→ Guide three: External eye problems
	Eyelashes turn inwards	☐	☐	
	Swelling or lump(s) on eyelid(s)	☐	☐	
	Growth on eye surface or around the eye	☐	☐	
Signs of another eye problem	Pupil or cornea appears unclear/white/cloudy	☐	☐	☞ Refer to eye health professional
	Eyes not looking in same direction	☐	☐	
	Other ✎	☐	☐	
3 years and younger and any of the above ☐				→ Guide four: Children 3 years and younger
Signs of an eye injury	Chemical	☐	☐	→ Guide five: Eye injuries
	Burn	☐	☐	
	Foreign body	☐	☐	
	Knock or cut	☐	☐	
Not able to complete eye health screen ☐				☞ Refer to eye health professional

5. Action taken			
Teach:	Eye health education ☐		
Perform:	Eye washout ☐ Foreign body removal ☐ Eyelash and eyelid cleaning ☐ Eyelash removal ☐ Pupil reactions test: Pass ☐ / Did not pass ☐ Eye movements test: Pass ☐ / Did not pass ☐		
Provide:	Hot compress ☐ Cold compress ☐ Eye pad ☐ Eye shield ☐ Near vision spectacles: Power ✎ _____	Medication: Type ✎ _____ Dose ✎ _____ Instructions ✎	
Notes:	✎		
Refer:	Eye health professional ☐ Health professional ☐ Diabetes service ☐ Other ✎ _____ Reason ✎ _____		Urgent: Yes ☐ No ☐
Follow up:	No ☐ Yes ☐ → Date ✎ _____		

6. Follow up	
Reason: No change ☐ Worsening symptoms ☐ Other ☐	Date returned ✎
Details ✎	
Further action taken ✎	