

1. Consult should be seen when placed
  - a. We will talk with SFCH Inpatient Pediatrics about placing a consult only when the patient is able to have the examination, to prevent confounding occurrences in patient care that could theoretically alter exam findings (ie CPR)
2. Drops – can be ordered to bedside
  - a. Premie-2mo: cycloymdril (cyclopentolate/phenylephrine) 1 drop x2, 5 min apart
  - b. 2mo-1yr: Cyclogyl 0.5% (cyclopentolate) 1 drop x2, 5 min apart +/- phenylephrine for dark irides
  - c. 1yr+: Cyclogyl 1% (cyclopentolate) 1 drop x2, 5 min apart +/- phenylephrine for dark irides
3. Children <6mo often do better with bundled exam – ask for nursing help
  - a. Consider Alfonso lid speculum and numbing drop
  - b. Highly recommend to have PGY4 or faculty with you for initial exam – can do all at once, best for you and child
4. Wait to document assessment and plan until exam done by PGY4 (ie don't pend with smartphrase of positive or negative exam as others may read it as fact before signed)
  - a. If positive NAT exam, can leave for faculty to complete.
5. RetCam is located in peds clinic or the OR store room level 5, Consider imaging for those children with retinal hemorrhages who are sedated or obtunded. Awake, alert children may not be possible to photograph.
  - a. Make sure you have Genteal gel and proparacaine drops available
  - b. To get images transferred from RetCam to Zeiss, please ask Vikki Bell ([vikki-bell@uiowa.edu](mailto:vikki-bell@uiowa.edu))
  - c. [Link to Ret Cam tutorials and manuals for download](#)

