

yellow striations along the edge are the **meibomian glands**, or **sebaceous glands**, near the hair follicle. Located in the inner or medial canthus and situated on the inner edge of the upper and lower lids is a tiny opening, the **lacrimal punctum**. Note any excessive tearing, discharge, or inflammation of the lacrimal apparatus.

The **bulbar conjunctiva**, which covers the eye up to the limbus, or junction of the cornea and sclera, should be transparent. The sclera, or white covering of the eyeball, should be clear. Tiny black marks in the sclera of heavily pigmented individuals are normal.

The **cornea**, or covering of the iris and pupil, should be clear and transparent. Record opacities, because they can be signs of scarring or ulceration, which can interfere with vision. The best way to test for opacities is to illuminate the eyeball by shining a light at an angle (**obliquely**) toward the cornea.

Compare the pupils for size, shape, and movement. They should be round, clear, and equal. Test their reaction to light by quickly shining a light toward the eye and removing it. As the light approaches, the pupils should constrict; as the light fades, the pupils should dilate. Test the pupil for any response of **accommodation** by having the child look at a bright, shiny object at a distance and quickly moving the object toward the face. The pupils should constrict as the object is brought near the eye. Record normal findings on examination of the pupils as **PERRLA**, which stands for "Pupils Equal, Round, React to Light, and Accommodation."

Inspect the iris and pupil for color, size, shape, and clarity. Permanent eye color is usually established by 6 to 12 months old. While inspecting the iris and pupil, look for the lens. Normally, the lens is not visible through the pupil.

## **Inspection of Internal Structures**

The ophthalmoscope permits visualization of the interior of the eyeball with a system of lenses and a high-intensity light. The lenses permit clear visualization of eye structures at different distances from the nurse's eye and correct visual acuity differences in the examiner and child. Use of the ophthalmoscope requires practice to know which lens setting produces the clearest image.

The ophthalmic and otic heads are usually interchangeable on