

CONDITIONS REQUIRING IMMEDIATE REFERRAL TO HOSPITAL EMERGENCY DEPARTMENT

Patient signs and symptoms

Suspected penetrating eye injury

Chemical injury

Extremely inflamed and highly painful eye socket, swollen lids **and** generally unwell.

Example

E.g. wire in eye

alkaline burn, severe acid burn

orbital cellulitis

CONSIDER IMMEDIATE REFERRAL TO AN OPTOMETRIST. Phone for immediate appointment.

Patient signs and symptoms

Sudden loss of vision in eye

Floaters and flashes, cobwebs in vision, large floaters, curtain/blind across vision

Severely painful eye / red eye and/or photophobia with vision reduction

Presenting with (or recent history of) eye injury or blunt trauma without suspicion of penetration

Pain or severe redness in a contact lens wearer

Sudden onset of blurred vision with headaches

Possible exemplars for referral to General Optometry (for diagnosis and/or **work up for referral**)

central retinal artery occlusion, retinal detachment, posterior uveitis, optic neuritis

posterior vitreous detachment, **retinal detachment**, vitreous haemorrhage

scleritis
posterior uveitis

foreign body, mild chemical burn, abrasion, laceration, welding flash, **retinal detachment**

papilloedema, optic neuritis

Possible exemplars for referral to a Therapeutically Endorsed Optometrist (for diagnosis and/or **work up for referral**)

central retinal artery occlusion, retinal detachment, posterior uveitis, optic neuritis

posterior vitreous detachment, **retinal detachment**, vitreous haemorrhage

scleritis, posterior uveitis, acute glaucoma
corneal ulcer, microbial keratitis, anterior uveitis, episcleritis

foreign body, mild chemical burn, abrasion, laceration, welding flash, **retinal detachment**
traumatic iritis, hyphaema

Infectious ulcer e.g. due to pseudomonas, **acanthamoeba**

papilloedema, optic neuritis, anterior uveitis
acute glaucoma posterior uveitis

REFERRAL TO AN OPTOMETRIST ON THE SAME OR NEXT DAY

Patient signs and symptoms

Red eye (brick red) with or without mucous, purulent or watery discharge from eye. With or without discomfort. No vision loss.

Contact lens related discomfort

Lid pain or swelling, lid redness and inflammation

Distortion in central vision

Cataract post-operative complaints more than 28 days post-op including soreness, redness, vision change

Ingrown eyelashes

Possible exemplars for referral to General Optometry (for diagnosis and/or work up for referral)

contact lens over-wear, contact lens related dryness, mechanical failure with the lens

internal / external hordeolum (stye/chalazion)
preseptal cellulitis

diabetic macular oedema,
wet macula degeneration

ocular surface dryness
cystoid macula oedema
posterior capsular opacification

trichiasis, entropion

Possible exemplars for referral to a Therapeutically Endorsed Optometrist (for diagnosis and/or work up for referral)

herpes simplex keratitis, iritis, episcleritis
bacterial, allergic or viral conjunctivitis

contact lens over-wear, contact lens related dryness, mechanical failure with the lens
infection

internal / external hordeolum (stye/chalazion)
preseptal cellulitis

diabetic macular oedema,
wet macula degeneration

ocular surface dryness
cystoid macula oedema
posterior capsular opacification
anterior uveitis
posterior uveitis

trichiasis, entropion

NEXT AVAILABLE APPOINTMENT WITH AN OPTOMETRIST (within 7 days)

Patient signs and symptoms

Possible exemplars for referral to General Optometry (for diagnosis and/or work up for referral)

Possible exemplars for referral to a Therapeutically Endorsed Optometrist (for diagnosis and/or work up for referral)

Long-standing or gradual decline in vision
e.g. over several months
Poor night vision

refractive error
dry macular degeneration
cataract
retinitis pigmentosa

refractive error
dry macular degeneration,
cataract
retinitis pigmentosa

Dry, gritty eyes, pinkish eyes, low grade irritation

dry eye
pterygium
ectropion

dry eye
pterygium
ectropion
blepharitis
ocular surface inflammation
long-standing conjunctivitis

Headaches

refractive error, eye strain

refractive error, eye strain

Diabetes without acute ocular symptoms

diabetic retinopathy
macula oedema
refraction changes

diabetic retinopathy
macula oedema
refraction changes

Sudden red eye but no pain/discomfort

sub-conjunctival haemorrhage

sub-conjunctival haemorrhage

Suspicious eyelid lesions, possibly ulcerated

BCC, SCC, squamous cell papilloma,
molluscum

BCC, SCC, squamous cell papilloma,
molluscum

Gradual onset of drooping eye lid

ptosis, myasthenia gravis

ptosis, myasthenia gravis

Proptosis

thyroid eye disease
intra-orbital mass

thyroid eye disease
intra-orbital mass

Family History of significant eye disease
or other health issue that impacts on vision
and eye health (even if asymptomatic)

macular degeneration
cataract
diabetes
glaucoma

macular degeneration
cataract
diabetes
glaucoma

REFERRAL BACK TO TREATING OPHTHALMOLOGIST IF WITHIN 28 DAYS OF SURGERY

due to Medicare rules

Patient signs and symptoms

Cataract post-operative complaints – soreness, redness, vision change

Example

endophthalmitis, uveitis, retinal detachment, cystoid macula oedema

MANAGE WITHIN THE GP SURGERY OR referral to an alternative medical specialist

Patient signs and symptoms

SUDDEN ONSET double vision, turned eye or droopy eyelid
– ocular presentation of a medical issue

Example

nerve palsy, stroke, bell's palsy, diabetic traumatic vasculopathy