

CONDITIONS REQUIRING IMMEDIATE REFERRAL TO HOSPITAL EMERGENCY DEPARTMENT

Patient signs and symptoms

Suspected penetrating eye injury

Any trauma or recent history of (including blunt, mild, etc)

Chemical injury

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

Painful lacrimal canal

Exemplar

E.g. wire in eye

hyphaema, retinal detachment

alkaline burn, severe acid burn

orbital cellulitis

acute dacryocystitis

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

Patient signs and symptoms

Sudden loss of vision in eye

Sudden onset double vision or turned eye

White pupil

Enlarged eyeball and watery eyes

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

Distortion in central vision

Presenting with (or recent history of) eye injury or mild blunt Trauma

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

Pain or severe redness in a contact lens wearer

Blurred vision, possible headaches

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

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

nerve palsy

retinoblastoma or congenital cataracts

buphthalmos

posterior vitreous detachment, retinal detachment, vitreous haemorrhage

diabetic macular oedema

foreign body, mild chemical burn, abrasion, laceration

papilloedema, optic neuritis

Therapeutically Endorsed Optometrist (for diagnosis and/or work up for referral)

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

nerve palsy

retinoblastoma or congenital cataracts

buphthalmos

posterior vitreous detachment, retinal detachment, vitreous haemorrhage

diabetic macular oedema

foreign body, mild chemical burn, abrasion, laceration, traumatic iritis

corneal ulcer, anterior uveitis, posterior uveitis

infectious ulcer due to e.g. *acanthamoeba* or *pseudomonas*

papilloedema, optic neuritis

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

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

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

infection

internal / external hordeolum (stye/chalazion)
preseptal cellulitis

trichiasis, entropion

NEXT AVAILABLE APPOINTMENT WITH AN OPTOMETRIST (within 7 days)

Patient signs and symptoms

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

Dry, gritty eyes, pinkish eyes, low grade irritation

Headaches

Turned eye

Diabetes without acute ocular symptoms

Sudden red eye but no pain/discomfort

Suspicious eyelid lesions, possibly ulcerated

Family history of paediatric eye conditions

Long-standing / gradual onset ptosis or proptosis

Learning difficulties, lack of focus,
developmental delay, disruptive behaviour

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

refractive error

dry eye, pterygium

refractive error, eye strain

squint, amblyopia

refraction changes, diabetic retinopathy,
macula oedema

sub-conjunctival haemorrhage

**BCC, SCC, squamous cell papilloma,
molluscum**

high myopia/hyperopia, squints,
amblyopia, **paediatric glaucoma**

intraorbital mass, nerve palsy

refractive error, binocular vision problems

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

refractive error

blepharitis, ocular surface inflammation,
long-standing conjunctivitis

refractive error, eye strain

squint, amblyopia

refraction changes, diabetic retinopathy,
macula oedema

sub-conjunctival haemorrhage

**BCC, SCC, squamous cell papilloma,
molluscum**

high myopia/hyperopia, squints,
amblyopia, **paediatric glaucoma**

intraorbital mass, nerve palsy

refractive error, binocular vision problems

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