

Primary Care Referral Guidelines – Ophthalmology

IMMEDIATE REFERRAL TO THE EMERGENCY DEPARTMENT

Please discuss all urgent referrals with our Eye Admitting Officer - call switchboard 9929 8666

- Sudden onset of new distortion of central vision
- Sudden loss of central vision
- For other indications for referral, please see below

1. Ophthalmology conditions not accepted

The following conditions are not routinely seen at the Royal Victorian Eye and Ear Hospital and may be appropriately managed by a local ophthalmologist or optometrist until they reach the clinical thresholds identified in these Referral Guidelines.

Condition	Description
AMD	<ul style="list-style-type: none"> ◆ Family history but asymptomatic ◆ Retinal Pigment Epithelial changes (previously called dry AMD) ◆ Drusen ◆ Patients receiving anti-VEGF treatment already in the community including interstate
Blepharitis	<ul style="list-style-type: none"> ◆ Chronic (not severe) ◆ Itchy eyes ◆ No lid or corneal changes
Cataract	<ul style="list-style-type: none"> ◆ BCVA in affected eye $\leq 6/9$ (some exceptions)
Conjunctivitis	<ul style="list-style-type: none"> ◆ No other signs or symptoms
Cosmetic Contact Lens	<ul style="list-style-type: none"> ◆ New or replacement
Diabetes	<ul style="list-style-type: none"> ◆ Newly diagnosed or established for fundus exam (screening) ◆ Non-proliferative (background) diabetic retinopathy (minimal-mild)
Dry eyes	<ul style="list-style-type: none"> ◆ Longstanding
Entropion/ Ectropion	<ul style="list-style-type: none"> ◆ No corneal involvement or lid irritation
Epiphora (watery eye)	<ul style="list-style-type: none"> ◆ Intermittent watery ◆ Blocked tear duct
Epiretinal membrane	<ul style="list-style-type: none"> ◆ Asymptomatic VA 6/9 or better and no significant distortion

Condition	Description
Excess Eyelid Skin (Dermatochalasis)	<ul style="list-style-type: none"> ◆ Not obscuring line of sight (excess skin of upper eyelids with skin NOT resting on the lashes in straight ahead gaze and therefore NOT obscuring line of sight)
Flashes	<ul style="list-style-type: none"> ◆ With associated history of migraine
Floaters	<ul style="list-style-type: none"> ◆ Longstanding with no other symptoms
Headaches	<ul style="list-style-type: none"> ◆ When reading ◆ Migraine with no ophthalmic symptoms ◆ Tension headaches with no ophthalmic symptoms
Itchy eyes	<ul style="list-style-type: none"> ◆ Longstanding ◆ Children
Pterygium	<ul style="list-style-type: none"> ◆ Asymptomatic and does not require surgery
Red eye	<ul style="list-style-type: none"> ◆ Chronic ◆ No associated visual loss
Refraction	<ul style="list-style-type: none"> ◆ For glasses check ◆ Refractive laser surgery
Retinal	<ul style="list-style-type: none"> ◆ Asymptomatic Epiretinal Membrane (ERM – stable non-sight threatening retinal disease which is asymptomatic)
Trichiasis	<ul style="list-style-type: none"> ◆ With no corneal involvement ◆ Removal of eyelash in primary health care sector

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2. Clinic Timeframe Categories

The following table gives an indication of the timeframe within which patients of different acuity are expected to be seen.

Category	Definition
Emergency	<p>A patient whose condition is identified from referral details as having an acute sight or life threatening condition where immediate medical or surgical intervention is required</p> <p><i>Discuss with the Admitting Officer in the Emergency Department – call switch on 9929 8666 – to confirm immediate referral to the Emergency Department</i></p>
Urgent: Waiting list: Category 1	A patient whose condition is identified from referral details as having the potential to deteriorate quickly to the point that it may become an emergency
Soon(semi-urgent): Waiting list: Category 2	A patient whose condition is identified from referral details as causing some pain, dysfunction or disability, but which is not likely to deteriorate quickly or become an emergency
Routine: (next available) Waiting list: Category 3	Patients whose condition is identified from referral details as being unlikely to deteriorate quickly and does not have the potential to become an emergency
Primary Care - not accepted	<p>Patients whose condition is identified from referral details as requiring primary care, and not reaching the threshold criteria for the hospital's specialist services. Refer to the Primary Care Management Guidelines.</p> <p>Patients over 45 years of age should have regular eye examinations with an ophthalmologist/optometrist every three years.</p>

3. Referral Resources

In order to triage accurately to the most appropriate specialist clinic, within a clinically suitable timeframe, it is critical that we receive accurate and detailed referral information. In some cases this may require diagnostic support from local ophthalmologists or optometrists.

The referring GP must include:

- Clear statement of symptoms
- Duration of problem
- Functional impact
- Risk factors
- Date of last eye examination – include report
- Current diagnostic report if indicated in the referral guidelines

These guidelines are not designed to assist with a definitive diagnosis, but rather to identify key clinical thresholds requiring referral to the Eye and Ear Hospital for specialist diagnosis.

If the GP is unable to ascertain the clinical information required to identify the thresholds, this can be obtained from an Ophthalmologist or Optometrist. To assist the GP a form letter, [Request for Diagnostic Support](#), is available that details the information required for the patient to be triaged appropriately at the hospital.

Local ophthalmologists and optometrists can be located at [HSD - Search](#).

(Type in 'Suburb/Town or Postcode' > Select the 'Practitioner' tab > Select Ophthalmologist or Optometrist in 'Speciality' > Select 'Site search' for clinics or 'Practitioner Search' for specific people).

Optometrists can also be located through www.optometrists.asn.au/victoria Ophthalmologists can also be located through www.ranzco.edu

4. Referral Guidelines

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
DIAGNOSES		
AMD Top		
Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Choroidal Neovascularization (CNV), also known as Wet AMD <ul style="list-style-type: none"> Blurred or distorted central vision Amsler grid showing central vision changes	Optometrist/Ophthalmologist report including VA, refraction & retinal examination <ul style="list-style-type: none"> Refer - Category 1 New Patients will only receive 3 anti-VEGF treatments at RVEEH Patients already receiving anti-VEGF treatment in the community will not be accepted as a patient at RVEEH to continue this management.	<ul style="list-style-type: none"> Prompt treatment to preserve central vision
Cataracts Top		
Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Cataract <ul style="list-style-type: none"> Best Corrected Visual Acuity (BCVA) - with distance glasses 	Optometrist/ophthalmologist report including VA, refraction and impact of symptoms <ul style="list-style-type: none"> Level of visual impairment (recreational, educational, occupational, driving) Social circumstances Whether first or second eye Patient confirms they want surgery <ul style="list-style-type: none"> Worse than or equal to 6/12 BCVA in cataract affected eye- Category 3 Worse than or equal to 6/24 BCVA in cataract affected eye but better than Count Fingers- Category 2 Worse than 6/9 vision and a professional driver – Category 2 Only functional eye – Category 2 With risk of falls – Category 2 	Cataract Surgery <ul style="list-style-type: none"> Surgical Removal of the natural lens. Implantation of an Intra-ocular Lens
Posterior Capsular Opacity	Optometrist/ophthalmologist	Capsulotomy

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
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Symptomatic

- ♦ Reduced visual acuity as compared to 1/12 post-Cataract surgery
- ♦ Glare

report including VA, refraction and impact of symptoms

- ♦ Refer - Category 3

- ♦ Treatment of thickened posterior lens capsule with laser

Corneal [Top](#)

Evaluation

Threshold Criteria / Referral Guidelines

Tertiary Care Management

Corneal decompensation

- ♦ Bullous Keratopathy
- ♦ Endothelial Keratopathy

Optometrist/Ophthalmologist report

Refer urgently – Category 1

- ♦ Medical or surgical management of corneal disease

Fuch’s dystrophy

Optometrist/Ophthalmologist report

Refer – Category 2

- ♦ Management of corneal disease

Keratoconus

Optometrist/Ophthalmologist report

- ♦ With hydrops – Category 1
- ♦ Without hydrops refer – Category dependent on clinical need

- ♦ Management with contact lenses
- ♦ Corneal Cross Linking

Keratitis

Optometrist/Ophthalmologist report

- ♦ Refer urgently – Category 1

- ♦ Medical or surgical treatment of keratitis to reduce pain and improve vision

Pterygium

- ♦ symptomatic

- ♦ Refer – Category 2 or 3 depending on clinical need
- ♦ Red / irritated / distorting vision
- ♦ Patient wants surgery

- ♦ Surgical removal +/- conjunctival grafting

Diabetic Eye Disease [Top](#)

Evaluation

Threshold Criteria / Referral Guidelines

Tertiary Care Management

Diabetic Retinopathy
Diabetic Macular Oedema (DMO)
Vitreous Haemorrhage

Retinal Assessment including VA & refraction with an Optometrist or Ophthalmologist

- ♦ Refer – Category dependent on clinical need.
- ♦ Clinical need is defined by [NHMRC Guidelines](#)

- ♦ Medical, Laser and Surgical management of diabetic retinopathy for the preservation of vision

Diabetes with sudden Loss of Vision

[Refer immediately to ED](#)

Eye infections / inflammations [Top](#)

Evaluation

Threshold Criteria / Referral Guidelines

Tertiary Care Management

Viral / bacterial conjunctivitis with discharge

- ♦ Red eye with reduced vision

- ♦ Failure to respond to topical treatment within 3 days

[Refer immediately to ED](#)

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
<ul style="list-style-type: none"> ♦ Suspected iritis ♦ Suspected corneal ulcer ♦ Suspected herpes simplex ♦ Infection ♦ Herpes zoster ophthalmicus with eye involvement 		
Allergic Eye Disease (Vernal Catarrh) <ul style="list-style-type: none"> ♦ A form of conjunctivitis, often in younger age group ♦ Severe itch ♦ Stringy mucoid discharge ♦ Typical thickened swollen "leathery" inferior fornix +/- cobblestone papillae, upper lid. 	<ul style="list-style-type: none"> ♦ Severe or with decreased vision – Refer immediately to ED ♦ Children –Category 1 ♦ Adults –Category 2 	<ul style="list-style-type: none"> ♦ Topical antihistamines
Punctal stenosis <ul style="list-style-type: none"> ♦ Watery eye 	Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Refer – Category 3 ♦ Children – Category 2 	<ul style="list-style-type: none"> ♦ Surgery – DCR
Peri-orbital (Preseptal) + Orbital cellulitis <ul style="list-style-type: none"> ♦ Big puffy eye ♦ Swollen lid ++ ♦ Unable to open eye ♦ Diplopia ♦ Loss of vision 	Refer immediately to ED	

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Eyelids / malposition

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Blepharospasm	Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Intermittent blepharospasm – Category 3 ♦ Constant blepharospasm – Category 2 	<ul style="list-style-type: none"> ♦ Medical management of Blepharospasm
Blepharitis <ul style="list-style-type: none"> ♦ Severe and persistent blepharitis with corneal or lid changes 	Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Refer Category 2 or 3 	<ul style="list-style-type: none"> ♦
Ectropion & Entropion <ul style="list-style-type: none"> ♦ With corneal involvement or lid irritation ♦ Unmanageable pain ♦ Corneal damage 	Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Refer – Category 1,2 or 3 dependent upon clinical need 	<ul style="list-style-type: none"> ♦ Prevention of corneal disease ♦ Check for corneal damage with fluorescein
Excess eyelid skin (Dermatochalasis)	<ul style="list-style-type: none"> ♦ Obscuring line of sight (Excess skin of upper eyelids with skin resting on the lashes in straight ahead gaze and 	<ul style="list-style-type: none"> ♦ Preserve line of sight

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
	therefore obscuring line of sight, as per MBS definition 45617 - Category 3	
Ptosis <ul style="list-style-type: none"> ♦ Drooping upper eyelid ♦ Unilateral or Bilateral ♦ With/without neurological signs 	<ul style="list-style-type: none"> ♦ Sudden onset /with diplopia – Category 1 ♦ Children – Category 1 or 2 depending on age ♦ Longstanding – Category 3 	<ul style="list-style-type: none"> ♦ Preservation of line of sight ♦ Diagnosis and management of underlying neurological cause
Chalazian / styes <ul style="list-style-type: none"> ♦ Chronic (3 months) recurrent chalazian which is non-responsive to warm compress 	<ul style="list-style-type: none"> ♦ Refer - Category 2 	<ul style="list-style-type: none"> ♦ Surgical removal
Lid Lesions	<ul style="list-style-type: none"> ♦ BCC/SCC or Non-specific lesion increasing in size, changing in colour – Category 1 ♦ Non-specific lesion – Category 2 	<ul style="list-style-type: none"> ♦ Surgical removal of cancerous lesions
Prosthesis <ul style="list-style-type: none"> ♦ Poor fit ♦ Infection 	<ul style="list-style-type: none"> ♦ Refer – Category 2 or 3 depending on clinical need ♦ Replacement of existing prosthesis will only be considered for patients who have had previous eye surgery at RVEEH 	<ul style="list-style-type: none"> ♦ Management of prosthetic eyes

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Eye pain/Discomfort

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Corneal or Sub-Tarsal Foreign Body <ul style="list-style-type: none"> ♦ If unable to remove FB 	<u>Refer immediately to ED</u>	<ul style="list-style-type: none"> ♦ Check for corneal damage with fluorescein
Contact Lens wearer <ul style="list-style-type: none"> ♦ Cease contact lens wear 	Refer - Category 2	<ul style="list-style-type: none"> ♦ Management of pain ♦ Prevention of secondary corneal disease
Acute Angle Closure Glaucoma See Glaucoma		
Corneal Ulcer	Optometrist/Ophthalmologist report <u>Refer immediately to ED</u>	<ul style="list-style-type: none"> ♦ Treatment of ulcer to manage pain and improve vision
Proptosis <ul style="list-style-type: none"> ♦ Acute, chronic, endocrine associated ♦ Red eye with pain ♦ Pain on eye movements with reduction of vision ♦ Orbital Masses 	Assessment with an Optometrist or Ophthalmologist <u>Refer immediately to ED</u>	<ul style="list-style-type: none"> ♦ Emergency treatment to prevent vision loss
Optic Neuritis	<u>Refer immediately to ED</u>	<ul style="list-style-type: none"> ♦ Emergency treatment to

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
♦ Pain on eye movements with reduction of vision		prevent vision loss

Glaucoma [Top](#)

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
<p>The following will be identified by a glaucoma assessment by local ophthalmologist or optometrist:</p> <p>Glaucoma with evidence of progression</p> <p>Significant increased Intraocular Pressure (IOP) ≥ 26 mmHg</p> <p>Narrow Angles</p> <p>Advanced Glaucoma/ Uncontrolled Glaucoma</p> <p>End Stage Glaucoma</p>	<p>Optometrist/ophthalmologist report including VA, refraction, IOP, gonioscopy, pachymetry, visual fields & disc assessment</p> <ul style="list-style-type: none"> ♦ Glaucoma with evidence of progression – Category 2 ♦ Uncontrolled IOP/> 26 mmHg – Category 1 ♦ Controlled IOP – Category 2/3 ♦ Narrow Angles – Category 2 	<p>Control of the IOP with:</p> <ul style="list-style-type: none"> ♦ Eye drops ♦ Laser treatment ♦ Surgical treatment <p>Prophylactic Iridotomy</p> <ul style="list-style-type: none"> ♦ To prevent acute angle closure glaucoma

<p>Acute Angle Closure Glaucoma</p> <ul style="list-style-type: none"> ♦ History of glaucoma ♦ Red painful eye ♦ Significant reduction or loss of vision ♦ Photophobia ♦ Partly opaque cornea ♦ Hard, tender eye 	<p>Refer immediately to ED</p>	<ul style="list-style-type: none"> ♦ Emergency management to preserve vision
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Ophthalmological headache [Top](#)

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
<p>Raised intracranial pressure</p> <ul style="list-style-type: none"> ♦ +/- Neurological signs/symptoms ♦ Head ache 	<p>Refer immediately to ED</p>	
<p>Giant cell arteritis and other vascular disease</p> <ul style="list-style-type: none"> ♦ Immediate discussion with Ophthalmologist for acute sight threatening giant cell arteritis is mandatory ♦ Immediate ESR/CRP/FBE (no need to wait for results) 	<ul style="list-style-type: none"> ♦ With vision loss - Refer immediately to ED ♦ If pathology is suspected with confirmatory signs/symptoms and raised ESR/CRP – Category 1 	<ul style="list-style-type: none"> ♦ Preservation of vision
<p>Headache with Ocular pathology</p> <ul style="list-style-type: none"> ♦ Headaches associated with ocular signs and symptoms: <ul style="list-style-type: none"> ▪ red eye ▪ epiphora ▪ proptosis 	<ul style="list-style-type: none"> ♦ With diplopia or loss of vision and/or ♦ Papilloedema <p>Refer immediately to ED</p> <ul style="list-style-type: none"> ♦ Otherwise Category 1 or 2 based on clinical need 	<ul style="list-style-type: none"> ♦ Preservation of vision

Retinal Disorders [Top](#)

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
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Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
Epiretinal Membrane	Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Symptomatic VA \leq6/12 – Category 3 ♦ For possible surgery and with traction– Category 2 	♦ Surgical Management
Macular hole	Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Partial thickness – Category 3 ♦ Full thickness – Category 2 	♦ Surgical Management
Retinal Vein / Artery Occlusion <ul style="list-style-type: none"> ♦ Central ♦ Branch 	Optometrist/Ophthalmologist report - Category 1	
Retinitis Pigmentosa	Optometrist/Ophthalmologist report - Category 2	
Vitreous Haemorrhage	Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Known Diabetic Retinopathy – post PRP laser - Category 1 ♦ New Vitreous Haemorrhage – no previous history - Refer immediately to ED 	♦ Surgical Management
Central Serous Retinopathy <ul style="list-style-type: none"> ♦ Amsler grid changes 	♦ Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Category 1 	
Choroidal Naevus	Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Category 2 	♦ Monitoring lesion
Intraocular melanoma	♦ Optometrist/Ophthalmologist report: <ul style="list-style-type: none"> ♦ Category 1 	♦ Surgical and medical treatment for the preservation of vision and the prevention of metastatic disease

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Strabismus (Squint)

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Strabismus / Ocular misalignment <ul style="list-style-type: none"> ♦ strabismus, amblyopia (lazy eye), diplopia and thyroid eye disease ♦ Adults and children with developmental, neurological and other problems. ♦ Esotropia (ET) (convergent) ♦ Exotropia (XT) (divergent) 	Optometrist/Ophthalmologist report <ul style="list-style-type: none"> ♦ Adults, refer – Category 1 or 2 depending on clinical need ♦ Children with amblyogenic conditions (eg. Strabismus, anisometropia) under the age of 8 – Category 1 ♦ Children (8-18 years) with longstanding squint – Category 2 	<ul style="list-style-type: none"> ♦ Surgical management of ocular misalignments ♦ Monitored occlusion therapy to treat amblyopia in children ♦ Prescription of prism aids to reduce or eliminate double vision.

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
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- ♦ Thyroid Eye Disease (TED) / Thyroid Associated Ophthalmopathy (TAO)
- ♦ Nerve Palsies

Trauma Top		
Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management

<p>Adnexal (lid) trauma:</p> <ul style="list-style-type: none"> ♦ Full thickness lacerations of the upper lid ♦ Suspected canalicular or levator disruption 	<p>Refer immediately to ED</p>	<ul style="list-style-type: none"> ♦ Surgical repair of damage caused by trauma to maintain functional anatomical integrity
<p>Blunt trauma</p> <ul style="list-style-type: none"> ♦ Hyphema ♦ Traumatic mydriasis ♦ Loss of vision 	<p>Refer immediately to ED</p>	
<p>Chemical burns</p> <p>Irrigate all chemical injuries immediately for at least 10 mins with Saline, Hartmanns or Water</p>	<ul style="list-style-type: none"> ♦ History (acid, alkali, other) ♦ Phototoxic burns/UV burns <p>Refer immediately to ED</p>	<ul style="list-style-type: none"> ♦ pH neutralisation of ocular surfaces ♦ Management of resulting injury
<p>Contact lens wearer</p>	<p>If acute, or associated ulcer – Refer immediately to ED</p>	<p>Review of patient’s contact lens management by patient of contact lens</p>
<p>Foreign bodies</p> <ul style="list-style-type: none"> ♦ Within pupil zone ♦ Under upper eyelid ♦ If difficult, incomplete or unable to remove ♦ If pain persists or increases ♦ Intra-ocular ♦ If in doubt 	<p>Refer immediately to ED</p>	<ul style="list-style-type: none"> ♦ Removal of foreign body ♦ Management of wound/injury
<p>Orbital fracture</p>	<ul style="list-style-type: none"> ♦ Diplopia +/- CT scan <p>Refer immediately to ED</p>	<ul style="list-style-type: none"> ♦ Surgical repair of fractures and removal of entrapped orbital contents
<p>Retinal Detachments</p> <ul style="list-style-type: none"> ♦ Sudden unilateral loss of vision ♦ With or without preceding floaters or flashes ♦ History of trauma ♦ History of severe short-sightedness ♦ A “veil” over the vision 	<p>Refer immediately to ED</p>	
<p>Vitreous Haemorrhage</p>	<p>Retinal Assessment with an Optometrist or Ophthalmologist including VA and refraction</p>	

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
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- ◆ Known Diabetic Retinopathy – post PRP laser - Category 1
- ◆ New vitreous haemorrhage, no previous history – [Refer immediately to ED](#)

Visual Disturbance/Vision Loss (non-cataract) Top		
Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management

Retinal Detachments

[Refer immediately to ED](#)

- ◆ Surgical repair of retinal detachment

SYMPTOMS

Diplopia Top		
Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management

Diplopia / Ocular misalignment

- ◆ strabismus, amblyopia (lazy eye), diplopia and thyroid eye disease
- ◆ Adults and children with developmental, neurological and other problems.
- ◆ Esotropia (ET) (convergent)
- ◆ Exotropia (XT) (divergent)
- ◆ Thyroid Eye Disease (TED) / Thyroid Associated Ophthalmopathy (TAO)
- ◆ Nerve Palsies

Optometrist/Ophthalmologist report

- ◆ Adults, refer – Category 1 or 2 depending on clinical need
- ◆ Children with amblyogenic conditions (eg. Strabismus, anisometropia) under the age of 8 – Category 1

- ◆ Surgical management of ocular misalignments
- ◆ Monitored occlusion therapy to treat amblyopia in children
- ◆ Prescription of prism aids to reduce or eliminate double vision.

Eye infections / inflammations Top		
Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management

Red Painful +/- Watery Eye

If any of the following occur:

- ◆ Fluorescein dye inserted in the eye cannot be blown from the nose after five minutes
- ◆ Photophobia/redness
- ◆ Hazy and enlarged cornea
- ◆ Frank suppuration
- ◆ Excessive lacrimation

- ◆ Acquired - [Refer immediately to ED](#)
- ◆ Long standing – Refer Category 3

Ophthalmological headache Top		
Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management

Headache with Ocular pathology

- ◆ Headaches associated with ocular signs and symptoms:
 - red eye
 - epiphora

- ◆ With diplopia or loss of vision and/or
- ◆ Papilloedema – [Refer immediately to ED](#)

- ◆ Preservation of vision

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
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- | | | |
|---|--|--|
| <ul style="list-style-type: none"> ▪ proptosis | <ul style="list-style-type: none"> ♦ Otherwise Category 1 or 2 based on clinical need | |
|---|--|--|

Eye pain/Discomfort [Top](#)

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
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Dry Eye

- ♦ painful and unresponsive to sustained lubrication over 2/52
- ♦ Associated with known Sjogren's syndrome
- ♦ With conjunctival inflammatory condition
- ♦ With ocular pemphigoid

Refer Category 2

- ♦ Management of ocular discomfort
- ♦ Prevention of secondary corneal disease

Red eye with pain

[Refer immediately to ED](#)

- ♦ Emergency treatment to prevent vision loss

Visual Disturbance/Vision Loss (non-cataract) [Top](#)

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
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Sudden loss of vision

- ♦ With/without pain on eye movements

[Refer immediately to ED](#)

Blurred vision

- ♦ With red eye - [Refer immediately to ED](#)
- ♦ With headache – Category 1
- ♦ Optometrist/Ophthalmologist report - Idiopathic

- ♦ Preservation of vision

Children

- ♦ with difficulty with long distance vision (>age 12)
- ♦ with longstanding reduced vision

- ♦ Optometrist/Ophthalmologist report – Category 2

- ♦ Management of visual problems and prevention of future vision loss

Neuro-Ophthalmic Disorders

- ♦ Sudden unilateral or bilateral loss of vision
- ♦ Sudden Lid Ptosis
- ♦ Sudden Double Vision
- ♦ Pain on eye movements
- ♦ Sudden visual field loss - confrontation field or formal field test results

- ♦ [Refer immediately to ED](#)

White pupil reflex in children

- ♦ Refer urgently – Category 1

- ♦ Management of sight threatening and potentially life threatening condition.

Floaters/Flashes

- Optometrist/Ophthalmologist report
- ♦ With reduced vision OR cobwebs/curtain over vision –

- ♦ Prevention of retinal detachment

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
	<p><u>Refer immediately to ED</u></p> <p>Otherwise refer – Category 1</p>	
