NHS Dudley Referral *Guide** for some Abnormal Ocular Conditions **for Optometry**

July 2010

(Not an exhaustive listing)

Monocular and patients with other risk factors may constitute a higher priority as will severity of symptoms and signs

EMERGENCY – Immediate/Same Day to Emergency Referral Clinic (ERC)

Ring the Emergency Referral Clinic (ERC) at the Eye Department first and ask for Ophthalmic Triage Bleep or X3625. Discuss your findings and follow advice. Give the patient the completed Dudley GOS18 referral form to take to the ERC and send a copy to their GP

3rd Nerve palsy with pupil involvement
Acute Ptosis with Motility disorder
Amaurosis Fugax
BRAO – Acute
Chemical injuries
CL induced *corneal* infection
CRAO - Acute <12hrs
Corneal Graft infection/rejection (oedematous graft)/reduced vision
Canalicular laceration
Eyelid lacerations
Glaucoma - Acute
Horner's - Acute (exclude life threatening complications)
Hyphema
Hypopyon
Herpes simplex keratitis – de novo
Infectious Keratitis
Pre- or post septal Orbital Cellulitis
Papilloedema
Periorbital infection with skin necrosis (necrotizing fascitis)
Penetrating Injuries
Postoperative infection
Pre Retinal Hemorrhage/Vitreous Acute
Haemorrhage
Retinal Breaks and Tears
Retinal Detachment
Rubeosis
Sight Threatening Keratitis
Sudden Severe Ocular Pain especially associated with vision loss
Sudden Loss of Vision - Unexplained
Temporal Arteritis - Suspected (GCA)
Trauma/fracture
Uveitis – de novo
Vitreous haemorrhage
Vitreous Detachment Symptoms with pigment in the Vitreous – Shafer's sign

URGENT – without undue delay (within 1 week) Via GP

3rd Nerve palsy without pupil involvement
4th Nerve palsy– de novo
6th Nerve palsy– de novo
Acute Paediatric Ptosis
Anterior Uveitis - known
Blunt Trauma
Bells palsy
Blebitis –suspected
BRVO
Commotio Retinae
CRVO with elevated IOP
Dacrocystitis
Dacroadenitis
Diplopia – sudden onset
Ectropion – with significant exposure keratitis
Epiphora with blood stained tears
Eyelid neoplasia
Herpes simplex keratitis - known
IOP>30 mm Hg
Incomitancy – de novo
Lacrimal sac mass - non-compressible
Macular Hole <12 mo old
Proptosis with corneal exposure
Retinoblastoma
Retinopathy
Proliferative Diabetic Retinopathy
Retrobulbar/Optic Neuritis
Scleritis
Trichaisis with corneal fluorescein staining
Vernal keratoconjuctivitis
Viral keratoconjunctivitis
"Wet" Macular Degeneration (especially if new and vision better than 6/96 – notify GP & fast track to Macula Clinic using Dudley GOS18) [1]

Useful Telephone/Fax Numbers

Macula Clinic
Eye Department
Russell's Hall Hospital
Tel 01384 244812 (secretary)
Fax 01384 244880

Emergency Referral Clinic
Eye Department
Russell's Hall Hospital
Tel 01384 456111 ask for Ophthalmic Triage Bleep or X 3652

SOON – within 4 weeks via GP

Basal/Squamous Cell Carcinoma
Central Serous Retinopathy
Chalazion
Chronic proptosis without corneal exposure/visual dysfunction
Conjunctival cysts or Inclusions giving rise to Discomfort
CRAO>12 hrs old
CRVO with normal IOP
Diabetic maculopathy
Disc Hemorrhage
Dry Eye – severe with rheumatoid arthritis
Entropion
Ectropion
Episcleritis
Exophthalmos/Proptosis
Gradual onset diplopia
Melanosis of lids -Changed
Macular oedema
Pre-Proliferative Diabetic
Suspected choroidal melanoma
Suspected iris lesion
Trichaisis without corneal fluorescein staining

ROUTINE – within 12 weeks via GP

Adult Ptosis
Asteroid Hyalosis/Synchisis Scintillans(Confirm Dx)
Argyll Robertson (Confirm Dx exclude complications)
Chronic Horner's (Confirm Dx exclude complications)
Epiretinal membrane
Floppy eyelid syndrome
Hayfever conjunctivitis in juveniles
Holms-Aidies (Confirm Dx and rule out complications)
Hollenhorst plaques
Hypertensive Vessel Signs (and Diastole of >100 mm Hg to GP)
IOP >22mm Hg and <30mm Hg
IOP > 5mm Hg difference between eyes with no other abnormal findings
Keratoconus
Lattice degeneration – with atrophic round holes but no tears
Lens opacities, which visually disable Px
Dry macular degeneration that visually disables the Px for Registration
Naso-Lacrimal duct obstruction
Optic disc pallor
Optic disc pits
Persistent dry eye
Persistent blepharitis
Persistent conjunctivitis
Persistent Meibomian, Zeiss and Moll Cysts
Persistent epiphoria with recurrent conjunctivitis
Pigment Dispersion Syndrome
Previously undiagnosed field defects (repeatable)
Pterygium inflamed/threatening the visual axis/active
Pseudoexfoliation with raised IOP
Ptosis
Pupillary defects
Retinal haemorrhage
Retinitis Pigmentosa
Retinioschisis
Significant corneal dystrophy
Suspicious cupping
Subconjunctival Haemorrhage - recurrent
Vernal conjunctivitis
Xanthelasma

1. RCOpthth (2009) www.rcophth.ac.uk/docs/publications/AMD_GUIDELINES_FINAL_VERSION_Feb_09.pdf

***WHEN IN DOUBT REFER!**