

REFERRAL GUIDELINES FOR ABNORMAL OCULAR CONDITIONS

HOSPITAL/SAME DAY	SOON	IN TURN	OPTOMETRIST MANAGED
<p>Chemical Injuries</p> <p>Unexplained Sudden Loss of Vision</p> <p>Penetrating Injuries</p> <p>ANTERIOR</p> <p>Dacryocystitis (To GP same day)</p> <p>Hyphaema</p> <p>Hypopyon</p> <p>Keratitis with Red Eye</p> <p>Periorbital Inflammation with Pain and Swelling</p> <p>Pulsating Proptosis</p> <p>Corneal Foreign Bodies</p> <p>Blunt trauma</p> <p>VITREOUS</p> <p>Flashes/Floaters/Tobacco Dust/In a high risk group/Suspected retinal lesion (see College Guidelines)</p> <p>Vitreous Haemorrhage</p> <p>POSTERIOR</p> <p>CRAO within 24 hours, ideally 6 hours</p> <p>Papilloedema/3rd Nerve Palsy Urgent to Eye Department</p> <p>Retinal Breaks & Tears</p> <p>Retinal Detachment</p> <p>Suspected Choroidal Melanoma</p> <p>Suspected Temporal Arteritis</p> <p>Uveitis</p> <p>GLAUCOMA</p> <p>Acute Red Eye with raised IOP</p>	<p>Acute Diplopia</p> <p>Children with Squint or reduced vision</p> <p>Herpes Zoster (to GP same day); with Hutchinson's Sign - next day to Hospital</p> <p>ANTERIOR</p> <p>Change in Melanoma of Lids</p> <p>Rubeosis with V/A hand movements or better</p> <p>Scleritis</p> <p>VITREOUS</p> <p>Vitritis</p> <p>FUNDUS</p> <p>Amaurosis Fugax</p> <p>CRAO more than 24 hours old, refer 'within a week' to GP to exclude Giant Cell Arteritis</p> <p>CRVO (within 3 months)</p> <p>Wet Maculopathy – Amsler distortions, Metamorphopsia, especially if Sole Eye & VA 6/24 or better (if referring to WORTHING, fax a letter to ARMD clinic and the patient will be seen within 2 Weeks)</p> <p>Maculopathy with recent change in V/A</p> <p>Optic Disc Haemorrhage (only)</p> <p>Optic Disc Pallor—where compression lesion suspected (discuss with Eye Department by phone)</p> <p>Pre-Retinal Haemorrhage</p> <p>Retinitis</p> <p>GLAUCOMA</p> <p>IOP greater than 35mmHg</p> <p>DIABETIC PATIENTS</p> <p>More than 2 Haemorrhages, Exudates or Circinate Lesions within the Vascular Arcade</p> <p>Pre-retinal Haemorrhages Same Day, refer to Diabetic Retinal Clinic</p> <p>New vessels at Optic Disc or elsewhere</p>	<p>Variable non-specific Field Defects (no other signs)</p> <p>Repeatable Field Defects (twice)</p> <p>LIDS AND AREA</p> <p>Acquired Ptosis</p> <p>Basal Cell Carcinoma</p> <p>Changed Melanosis of Lids or Conjunctiva</p> <p>Entropion</p> <p>Episcleritis, recurrent</p> <p>Exophthalmos/Proptosis</p> <p>Inflamed Pingueculae</p> <p>Persistent Blepharitis •GP•</p> <p>Persistent Cysts of the Meibomian, Zeis or Moll Glands</p> <p>Persistent Hordeolum</p> <p>Suspected Malignant Lesions</p> <p>CONJUNCTIVA AND AREA</p> <p>Conjunctival Cysts or Inclusions giving rise to discomfort</p> <p>Conjunctivitis with abnormal V/A</p> <p>Persistent Epiphora •GP•</p> <p>Severe Dry Eye</p> <p>CORNEA</p> <p>Keratoconus</p> <p>Pterygium threatening Visual Axis</p> <p>Corneal Dystrophy and Reduced V/A</p> <p>IRIS</p> <p>Pupillary Defects</p> <p>Rubeosis with no Sight</p> <p>Suspected Iris Melanoma</p> <p>FUNDUS MACULAR</p> <p>Age Related Macular Degeneration with stable poor V/A •GP•</p> <p>Maculopathy with Stable V/A •GP•</p> <p>FUNDUS VASCULAR</p> <p>Hollenhorst Plaques</p> <p>Hypertensive Vessel Signs</p> <p>Retinal Haemorrhages (Non Diabetics)</p> <p>FUNDUS GENERAL</p> <p>Optic Disc Pits</p> <p>Retinitis Pigmentosa •GP•</p> <p>GLAUCOMA</p> <p>Disc Cupping with Persistent Field Defect</p> <p>IOP between 26mmHg and 35mmHg</p> <p>IOP greater than 5mm difference between eyes</p> <p>Optic Disc Pallor</p> <p>DIABETES</p> <p>All patients who are not currently on the diabetic screening programme to be referred to the Diabetic Screening Clinic if available</p>	<p>Refractively Managed Squint</p> <p>ANTERIOR</p> <p>Chronic Blepharitis •GP•</p> <p>Hayfever & Allergic Conjunctivitis (mild with normal V/A) •GP•</p> <p>Hordeolum</p> <p>Ingrowing Lashes (up to 3 Epilations performed) then refer 'In turn'</p> <p>Meibomian Gland Dysfunction</p> <p>Pingueculae</p> <p>Sub-Conjunctival Haemorrhage •GP•</p> <p>Superficial Foreign Bodies</p> <p>Diagnosed Episcleritis</p> <p>CORNEA</p> <p>Diagnosed Corneal Dystrophy with Good V/A</p> <p>Chronic Dry Eye •GP•</p> <p>Pterygium not threatening Visual Axis</p> <p>Superficial Corneal Abrasions •GP•</p> <p>IRIS</p> <p>Diagnosed Holmes-Adie Pupil</p> <p>VITREOUS</p> <p>Asteroid Hyalosis</p> <p>Floaters more than 3 months onset, no field loss, stable retina, with good vision (also see College Guidelines) •GP•</p> <p>FUNDUS</p> <p>'Dry' Macular changes & stable Amsler •GP•</p> <p>Diagnosed Flat Choroidal Naevus</p> <p>GLAUCOMA</p> <p>Disc Cupping Only (Fields & IOP normal)</p> <p>IOP less than 26mmHg (Normal Discs & Fields)</p> <p>DIABETES</p> <p>No significant changes •GP•</p>

West Sussex Local Optical Committee

The ocular conditions listed in this document are intended to reflect those that might be encountered in community practice and are not intended to be exhaustive. The suggestions for referral have been devised for general GUIDANCE only. They do not remove from practitioners their professional responsibility to each patient, who should be dealt with on an individual case basis. August 2006

Conditions marked with

•GP• may be managed by the patient's General Practitioner