

Referral Guidelines – Urgent and Soon

Symptoms

- Recent Unexplained Sudden Loss of Vision
- Sudden Severe Ocular Pain
- Painful Acute Diplopia
- Ptosis with headache
- Red Eye associated with any of:
 - decreased VA
 - perilimbal injection
 - photophobia
 - corneal staining.
- Penetrating Injuries
- Chemical Injuries

Conditions

- Acute Closed Angle Glaucoma
- CRAO < 12 hours old
- Hyphaema
- Hypopyon
- Orbital Cellulitis
- Papilloedema
- Pre-Retinal Haemorrhage
- Retinal Breaks or tears
- Retinal Detachment
- Sight Threatening Keratitis
- Temporal Arteritis
- Acute Anterior Uveitis
- Vitreous Detachment Symptoms with Pigment in the Vitreous.

Conditions

- Basal Cell Carcinoma
- Central Serous Retinopathy
- CMV and Candida Retinitis
- Commotio Retinae
- CRVO with Elevated IOP
- Dacroadenitis
- Dacrocystitis
- Diabetic Maculopathy
- Disc Haemorrhage
- Entropion
- Episcleritis / Scleritis
- IOP > 30mmHg
- Keratitis
- Macular Hole less than 6 months old
- Retrobulbar / Optic Neuritis
- Rubeosis
- Squamous Cell Carcinoma
- Sudden Onset Diplopia
- Wet Macular Degeneration
- Exophthalmos / Proptosis
- Suspected Choroidal Melanoma

**Bradford Royal Infirmary, Duckworth Lane, Bradford, BD9 6RJ
Urgent Referral Clinic (Formerly Eye Casualty) 01274 364238/
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PHONE DEPARTMENT FOR ADVICE

Referral Guidelines - Routine

<ul style="list-style-type: none"> • Amaurosis Fugax • Changed Melanosis of Lids or Conjunctiva • Conjunctival Cysts or Inclusions Giving Rise to Discomfort • CRAO > 12 Hours old • CRVO with Normal IOP • Ectropion • Foster-Fuchs Spot • Gradual Onset Diplopia • Hay Fever Conjunctivitis in Juveniles • Hollenhorst Plaques 	<ul style="list-style-type: none"> • IOP between 26 and 30mmHg • IOP > 5mmHg between eyes • Keratoconus • Lens opacities which visually disable the patient (also consider direct referral cataract pathway) • Macular Degeneration which Visually disable the patient • Macular Hole 6 – 12 months • Macular Oedema • Naso-Lacrimal Duct Obstruction • Optic Disc Pallor • Optic Disc Pits • Persistent Dry Eye • Persistent Blepharitis • Persistent Cysts of the Glands of Meibomius, Zeiss or Moll 	<ul style="list-style-type: none"> • Previously undiagnosed Field defects • Pterygium threatening the visual axis • Ptosis • Pupillary defects • Retinal Haemorrhage • Retinitis Pigmentosa • Retinoschisis • Significant Corneal dystrophy • Suspected Choroidal Melanoma • Suspicious Disc Cupping with Field Defect • Suspicious Disc Cupping with IOP > 21mmHg • Vernal Conjunctivitis
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The ocular conditions listed on these pages are intended to reflect those that might be encountered in community optometric practice and is not intended to be exhaustive. The suggestions for referral have been devised for **Guidance** only. They do not remove from practitioners their professional responsibility to each patient, who should be dealt with on an individual case basis.

PATIENTS WHO ARE MONOCULAR OR HAVE OTHER RISK FACTORS MAY CONSTITUTE A HIGHER PRIORITY

Red Eye Information

	Sensation	Visual Acuity	Pattern of Redness	Pupil response	Other findings	Action/Advice
Subconjunctival Haemorrhage	None	Normal	No vascular pattern visible. Can be localised or diffuse	Normal	None significant	Get BP Checked if occurs frequently
Viral Conjunctivitis	Itchy	Normal	Variable depending on severity	Normal	Watery Discharge	Refer to GP
Bacterial Conjunctivitis	Gritty	Normal	Variable depending on severity	Normal	Sticky Discharge	Advise Antibiotic drops
Allergic/ Seasonal Conjunctivitis	Gritty/Itchy	Normal	Red or pink, depending on severity	Normal	Follicular response. Swelling	Advise Antihistamine or Mast Cell Stabiliser Drops
Anterior Uveitis	Painful	Reduced	Circumlimbal	Miotic. Irregular if posterior synechiae present	Photophobia Flare and/or cells in Anterior Chamber	Urgent Referral to HES
Closed angle Glaucoma	Painful	Reduced	Circumlimbal	Fixed semi dilated	Very High IOP	Urgent Referral to HES
Keratits	Painful	Reduced	Circumlimbal	Normal	Photophobia. Staining with Fluorescein	Urgent Referral to HES
Episcleritis	Mild Pain / Tenderness	Normal	Sectoral	Normal	photophobia	Refer to GP

