

## CONDITIONS REQUIRING IMMEDIATE REFERRAL TO HOSPITAL EMERGENCY DEPARTMENT

### Patient signs and symptoms

Suspected penetrating eye injury

Chemical injury

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

### Example

E.g. wire in eye

alkaline burn, severe acid burn

orbital cellulitis

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

### Patient signs and symptoms

**Sudden** loss of vision in eye

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

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

Presenting with (or recent history of) eye injury or blunt trauma without suspicion of penetration

Pain or severe redness in a contact lens wearer

Sudden onset of blurred vision with headaches

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

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

posterior vitreous detachment, **retinal detachment**, vitreous haemorrhage

scleritis  
posterior uveitis

foreign body, mild chemical burn, abrasion, laceration, welding flash, **retinal detachment**

papilloedema, optic neuritis

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

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

posterior vitreous detachment, **retinal detachment**, vitreous haemorrhage

scleritis, posterior uveitis, acute glaucoma  
corneal ulcer, microbial keratitis, anterior uveitis, episcleritis

foreign body, mild chemical burn, abrasion, laceration, welding flash, **retinal detachment**  
**traumatic iritis, hyphaema**

Infectious ulcer e.g. due to pseudomonas, **acanthamoeba**

papilloedema, optic neuritis, anterior uveitis  
acute glaucoma posterior uveitis

## 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

Distortion in central vision

Cataract post-operative complaints more than 28 days post-op including soreness, redness, vision change

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

diabetic macular oedema,  
wet macula degeneration

ocular surface dryness  
cystoid macula oedema  
posterior capsular opacification

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

contact lens over-wear, contact lens related dryness, mechanical failure with the lens  
infection

internal / external hordeolum (stye/chalazion)  
preseptal cellulitis

diabetic macular oedema,  
wet macula degeneration

ocular surface dryness  
cystoid macula oedema  
posterior capsular opacification  
anterior uveitis  
posterior uveitis

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

Diabetes without acute ocular symptoms

Sudden red eye but no pain/discomfort

Suspicious eyelid lesions, possibly ulcerated

Gradual onset of drooping eye lid

Proptosis

Family History of significant eye disease  
or other health issue that impacts on vision  
and eye health (even if asymptomatic)

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

refractive error  
dry macular degeneration  
cataract  
retinitis pigmentosa

dry eye  
pterygium  
ectropion

refractive error, eye strain

diabetic retinopathy  
macula oedema  
refraction changes

sub-conjunctival haemorrhage

BCC, SCC, squamous cell papilloma,  
molluscum

ptosis, myasthenia gravis

thyroid eye disease  
intra-orbital mass

macular degeneration  
cataract  
diabetes  
glaucoma

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

refractive error  
dry macular degeneration,  
cataract  
retinitis pigmentosa

dry eye  
pterygium  
ectropion  
blepharitis  
ocular surface inflammation  
long-standing conjunctivitis

refractive error, eye strain

diabetic retinopathy  
macula oedema  
refraction changes

sub-conjunctival haemorrhage

BCC, SCC, squamous cell papilloma,  
molluscum

ptosis, myasthenia gravis

thyroid eye disease  
intra-orbital mass

macular degeneration  
cataract  
diabetes  
glaucoma



## REFERRAL BACK TO TREATING OPHTHALMOLOGIST IF WITHIN 28 DAYS OF SURGERY

due to Medicare rules

### Patient signs and symptoms

Cataract post-operative complaints – soreness, redness, vision change

### Example

endophthalmitis, uveitis, retinal detachment, cystoid macula oedema

## 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, stroke, bell's palsy, diabetic traumatic vasculopathy