the royal victorian eye and ear hospital

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	• AMD for review • 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	• Chronic (not severe) • Itchy eyes • No lid or corneal changes
Blocked Nasolacrimal Duct	• Child less than 18 months old
Cataract	• Without an Optometric/Ophthalmic report • BCVA in affected eye ≤6/9 (some exceptions) • Congenital Cataract in a child <18yrs old
Conjunctivitis	• No other signs or symptoms • With mild symptoms
Cosmetic Contact Lens	• New or replacement
Diabetes	• Newly diagnosed or established for fundus exam (screening) • Non-proliferative (background) diabetic retinopathy (minimal-mild)
Dry eyes	• Longstanding
Entropion/ Ectropion	• No corneal involvement or lid irritation
Epiphora (watery eye)	• Child less than 18 months old • Intermittent watery • Blocked tear duct

Condition	Description
Epiretinal membrane	• Asymptomatic VA 6/9 or better and no significant distortion
Excess Eyelid Skin (Dermatochalasis)	• 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	• With associated history of migraine
Floaters	• Longstanding with no other symptoms
Genetic Eye Conditions	• Without an Optometric/Ophthalmic report
Headaches	• When reading • Migraine with no ophthalmic symptoms • Tension headaches with no ophthalmic symptoms
Itchy eyes	• Longstanding • Children
Neuro-Ophthalmology	• Non-existing RVEEH patients will be forwarded to the Alfred Hospital Neuro-Ophthalmology Unit (unless under 18yrs of age) • Including: Optic Neuritis, diplopia, sudden ptosis, papilloedema, BIH, pupil defects
Oculoplastics	• Dermatochalasis NOT affecting vision • Orbital fat prolapse
Pharmaceutical toxicity	• Baseline check prior to commencement of Ethambutol or Plaquenil • Review of Ethambutol toxicity (or suspected)
Prosthesis / Artificial Eye	• Scleral shell contact lens • Review of existing Prosthesis • Replacement of lost or damaged prosthesis
Pterygium / Pingueculum	• Asymptomatic and does not require surgery
Ptosis	• Child under 2 yrs old
Red eye	• Chronic • No associated visual loss
Refraction	• For glasses check • Refractive laser surgery • Blurred vision check
Retinal	• Asymptomatic Epiretinal Membrane (ERM – stable non-sight threatening retinal disease which is asymptomatic)
Toxoplasmosis	• Inactive
Trichiasis	• 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	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 *Discuss with the Admitting Officer in the Emergency Department – call switch on 9929 8666 – to confirm immediate referral to the Emergency Department*
Urgent: (within 1 week) Waiting list: Category **1A**	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.
Urgent: (1 week to 30 days) Waiting list: Category **1B**	A patient whose condition is identified from referral details as having the potential to deteriorate quickly, with significant consequences for health and quality of life, if not managed promptly.
Routine (30-90 days) 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: (90-365 days) 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	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. Patients over 45 years of age should have regular eye examinations with an ophthalmologist/optometrist every three years.

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 a report 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 from Optometrist or private Ophthalmologist 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 Optometry Australia Ophthalmologists can also be located through RANZCO.

4. Referral Guidelines

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
DIAGNOSES		
AMD Evaluation	Top Threshold Criteria / Referral Guidelines	Tertiary Care Management
Choroidal Neovascularization (CNV), also known as Wet AMD • Blurred or distorted central vision Amsler grid showing central vision changes	Optometrist/Ophthalmologist report including VA, refraction & retinal examination • Refer • **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.	• Prompt treatment to preserve central vision
Cataracts Evaluation	Top Threshold Criteria / Referral Guidelines	Tertiary Care Management

Cataract
• Best Corrected Visual Acuity (BCVA) - with distance glasses
	Optometrist/ophthalmologist report including VA, refraction and impact of symptoms
	• Level of visual impairment (recreational, educational, occupational, driving)
	• Social circumstances
	• Whether first or second eye
	Patient confirms they want surgery
	• Points that assist with triage:
	  • Worse than or equal to 6/12 BCVA in cataract affected eye
	  • Worse than or equal to 6/24 BCVA in cataract affected eye but better than Count Fingers
	  • Worse than 6/9 vision and a professional driver
	  • Only functional eye
	  • With risk of falls
		Cataract Surgery
		• 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
Symptomatic • Reduced visual acuity as compared to 1/12 post-Cataract surgery • Glare	report including VA, refraction and impact of symptoms • Refer	• Treatment of thickened posterior lens capsule with laser

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Corneal

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Corneal decompensation • Bullous Keratopathy • Endothelial Keratopathy	Optometrist/Ophthalmologist report Refer urgently	• Medical or surgical management of corneal disease
Fuch's dystrophy	Optometrist/Ophthalmologist report Refer	• Management of corneal disease
Keratoconus	Optometrist/Ophthalmologist report • With hydrops – refer urgently • With progression, for treatment etc - refer	• Management with contact lenses • Corneal Cross Linking
Keratitis	Optometrist/Ophthalmologist report • Refer urgently	• Medical or surgical treatment of keratitis to reduce pain and improve vision
Pterygium • symptomatic	• Refer • Red / irritated / distorting vision • Patient wants surgery	• Surgical removal +/- conjunctival grafting

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Diabetic Eye Disease

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 • 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	

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Eye infections / inflammations

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
◆ Suspected iritis ◆ Suspected corneal ulcer ◆ Suspected herpes simplex ◆ Infection ◆ Herpes zoster ophthalmicus with eye involvement		
Allergic Eye Disease (Vernal Catarrh) ◆ A form of conjunctivitis, often in younger age group ◆ Severe itch ◆ Stringy mucoid discharge ◆ Typical thickened swollen "leathery" inferior fornix +/- cobblestone papillae, upper lid.	◆ Severe or with decreased vision – Refer immediately to ED ◆ Children – refer urgently ◆ Adults – refer	◆ Topical antihistamines
Punctal stenosis ◆ Watery eye	Optometrist/Ophthalmologist report ◆ Refer adults and children	◆ Surgery – DCR
Peri-orbital (Preseptal) + Orbital cellulitis ◆ 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 ◆ Intermittent blepharospasm ◆ Constant blepharospasm	◆ Medical management of Blepharospasm
Blepharitis ◆ Severe and persistent blepharitis with corneal or lid changes	Optometrist/Ophthalmologist report ◆ Refer	◆ Medical management of Blepharitis
Ectropion & Entropion ◆ With corneal involvement or lid irritation ◆ Unmanageable pain ◆ Corneal damage	Optometrist/Ophthalmologist report ◆ Refer	◆ Prevention of corneal disease ◆ Check for corneal damage with fluorescein
Excess eyelid skin (Dermatochalasis)	◆ Obscuring line of sight (Excess skin of upper eyelids with skin resting on the lashes in straight ahead gaze and	◆ 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 - refer	
Ptosis • Drooping upper eyelid • Unilateral or Bilateral • With/without neurological signs	• Sudden onset /with diplopia – refer urgently • Children – refer urgently • Adult, Longstanding – refer	• Preservation of line of sight • Diagnosis and management of underlying neurological cause
Chalazion / styes • Chronic (3 months) recurrent chalazion which is non-responsive to warm compress	• Refer	• Surgical removal
Lid Lesions	• BCC/SCC or Non-specific lesion increasing in size, changing in colour – refer urgently • Non-specific lesion – refer	• Surgical removal of cancerous and non-cancerous lesions
Prosthesis • Poor fit • Infection	• Refer • Replacement of existing prosthesis will only be considered for patients who have had previous eye surgery at RVEEH • Any review of an existing prosthesis can be arranged in the community with an Ocularist	• 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 • If unable to remove FB	Refer immediately to ED	• Check for corneal damage with fluorescein • Management of pain and corneal injury • Preservation of vision
Contact Lens wearer • Cease contact lens wear	Refer	• Management of pain • Prevention of secondary corneal disease
Acute Angle Closure Glaucoma See Glaucoma		
Corneal Ulcer	Optometrist/Ophthalmologist report Refer immediately to ED	• Treatment of ulcer to manage pain and improve vision

Proptosis • Acute, chronic, endocrine associated • Red eye with pain • Pain on eye movements with reduction of vision • Orbital Masses	Assessment with an Optometrist or Ophthalmologist Refer immediately to ED	• Emergency treatment to prevent vision loss
Optic Neuritis • Pain on eye movements with reduction of vision	Refer immediately to ED	• Emergency treatment to prevent vision loss

Genetic Eye Disease

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Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Inherited Eye Diseases • For genetic counselling or electrophysiology testing	Assessment with an Optometrist or Ophthalmologist • Where patient is requesting genetic testing/genetic family planning – refer urgently	• Electrodiagnostic testing to confirm diagnosis • Genetic investigation to confirm diagnosis and heritability of disease • Genetic counselling
Genetic Disease with Ophthalmic Component • For genetic counselling or electrophysiology testing	Assessment with an Optometrist or Ophthalmologist	• Electrodiagnostic testing to confirm diagnosis • Genetic investigation to confirm diagnosis and heritability of disease • Genetic counselling

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
Glaucoma Evaluation	Threshold Criteria / Referral Guidelines	Top Tertiary Care Management
The following will be identified by a glaucoma assessment by local ophthalmologist or optometrist: Glaucoma with evidence of progression Significant increased Intraocular Pressure (IOP) ≥26 mmHg Narrow Angles Advanced Glaucoma/ Uncontrolled Glaucoma End Stage Glaucoma	Optometrist/ophthalmologist report including VA, refraction, IOP, gonioscopy, pachymetry, visual fields & disc assessment ◆ Glaucoma with evidence of progression - refer ◆ Uncontrolled IOP/> 26 mmHg – Refer urgently ◆ Controlled IOP ◆ Narrow Angles	Control of the IOP with: ◆ Eye drops ◆ Laser treatment ◆ Surgical treatment Prophylactic Iridotomy ◆ To prevent acute angle closure glaucoma ◆ Co-management with community providers where possible/clinically appropriate
Acute Angle Closure Glaucoma ◆ History of glaucoma ◆ Red painful eye ◆ Significant reduction or loss of vision ◆ Photophobia ◆ Partly opaque cornea ◆ Hard, painful eye	Refer immediately to ED	◆ Emergency management to preserve vision
Ophthalmological headache Evaluation	Threshold Criteria / Referral Guidelines	Top Tertiary Care Management
Raised intracranial pressure ◆ +/- Neurological signs/symptoms ◆ Head ache	Refer immediately to ED	
Giant cell arteritis and other vascular disease ◆ Immediate discussion with Ophthalmologist for acute sight threatening giant cell arteritis is mandatory ◆ Immediate ESR/CRP/FBE (no need to wait for results)	◆ With vision loss - Refer immediately to ED ◆ If pathology is suspected with confirmatory signs/symptoms and raised ESR/CRP – refer urgently	◆ Preservation of vision
Headache with Ocular pathology ◆ Headaches associated with ocular signs and symptoms: ▪ red eye ▪ epiphora ▪ proptosis ▪ diplopia ▪ visual disturbance	◆ With diplopia or loss of vision and/or ◆ Papilloedema Refer immediately to ED ◆ Otherwise – refer urgently	◆ Preservation of vision
Retinal Disorders Evaluation	Threshold Criteria / Referral Guidelines	Top Tertiary Care Management

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
Epiretinal Membrane	Optometrist/Ophthalmologist report ◆ Symptomatic VA ≤6/12 – refer ◆ For possible surgery and with traction– refer	◆ Surgical Management
Macular hole	Optometrist/Ophthalmologist report ◆ Partial thickness – refer ◆ Full thickness – refer	◆ Surgical Management
Retinal Vein / Artery Occlusion ◆ Central ◆ Branch	Optometrist/Ophthalmologist report – refer urgently	
Retinitis Pigmentosa	Optometrist/Ophthalmologist report - refer	
Vitreous Haemorrhage	Optometrist/Ophthalmologist report ◆ Known Diabetic Retinopathy – post PRP laser - Category 1 ◆ New Vitreous Haemorrhage – no previous history - Refer immediately to ED	◆ Surgical Management
Central Serous Retinopathy ◆ Amsler grid changes	◆ Optometrist/Ophthalmologist report ◆ Refer urgently	
Choroidal Naevus	Optometrist/Ophthalmologist report ◆ Refer	◆ Monitoring lesion
Intraocular melanoma	◆ Optometrist/Ophthalmologist report: ◆ Refer urgently	◆ 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 ◆ 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 ◆ Adults - refer urgently ◆ Children with amblyogenic conditions (eg. Strabismus, anisometropia) under the age of 8 – refer urgently ◆ Children (8-18 years) with longstanding squint – refer	◆ 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
• Thyroid Eye Disease (TED) / Thyroid Associated Ophthalmopathy (TAO) • Nerve Palsies		

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Trauma

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Adnexal (lid) trauma: • Full thickness lacerations of the upper lid • Suspected canalicular or levator disruption	Refer immediately to ED	• Surgical repair of damage caused by trauma to maintain functional anatomical integrity
Blunt trauma • Hyphema • Traumatic mydriasis • Loss of vision	Refer immediately to ED	
Chemical burns Irrigate all chemical injuries immediately for at least 10 mins with Saline, Hartmanns or Water	• History (acid, alkali, other) • Phototoxic burns/UV burns Refer immediately to ED	• pH neutralisation of ocular surfaces • Management of resulting injury
Contact lens wearer	If acute, or associated ulcer – Refer immediately to ED	• Review of patient's contact lens management by patient of contact lens
Foreign bodies • Within pupil zone • Under upper eyelid • If difficult, incomplete or unable to remove • If pain persists or increases • Intra-ocular • If in doubt	Refer immediately to ED	• Removal of foreign body • Management of wound/injury
Globe Rupture, Pentrating Injury, suspected Intra-Ocular Foreign Body	Refer immediately to ED	• Surgical repair
Orbital fracture	• Diplopia +/- CT scan Refer immediately to ED	• Surgical repair of fractures and removal of entrapped orbital contents
Retinal Detachments/Tears • 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	Refer immediately to ED	• Surgical or laser management of the detachment/tear
Vitreous Haemorrhage	Retinal Assessment with an Optometrist or Ophthalmologist including VA and refraction	

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
	◆ Known Diabetic Retinopathy – post PRP laser – refer urgently ◆ New vitreous haemorrhage, no previous history – Refer immediately to ED	

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Visual Disturbance/Vision Loss (non-cataract)

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Retinal Detachments	Refer immediately to ED	◆ Surgical repair of retinal detachment

SYMPTOMS

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Diplopia

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 urgently ◆ Children with amblyogenic conditions (eg. Strabismus, anisometropia) under the age of 8 – refer urgently	◆ Surgical management of ocular misalignments ◆ Monitored occlusion therapy to treat amblyopia in children ◆ Prescription of prism aids to reduce or eliminate double vision.

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Eye infections / inflammations

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	

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Ophthalmological headache

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
Headache with Ocular pathology ◆ Headaches associated with ocular signs and symptoms: ▪ red eye ▪ epiphora ▪ proptosis	◆ With diplopia or loss of vision and/or ◆ Papilloedema – Refer immediately to ED ◆ Otherwise refer urgently	◆ Preservation of vision

Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management at the Eye and Ear
Eye pain/Discomfort		Top
Evaluation	Threshold Criteria / Referral Guidelines	Tertiary Care Management
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	• 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
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 – refer urgently • Optometrist/Ophthalmologist report - Idiopathic	• Preservation of vision
Children • with difficulty with long distance vision (>age 12) • with longstanding reduced vision	• Optometrist/Ophthalmologist report – refer	• 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	• Management of sight threatening and potentially life threatening condition.
Floaters/Flashes	Optometrist/Ophthalmologist report • With reduced vision OR cobwebs/curtain over vision Refer immediately to ED • Otherwise refer urgently	• Prevention of retinal detachment