

## Primary Care Referral Guidelines –Ophthalmology

### IMMEDIATE REFERRAL TO THE EMERGENCY DEPARTMENT

Please discuss all urgent referrals with our Eye Admitting Officer - call switchboard 03 9929 8666

- Sudden onset of new distortion of central vision
- Sudden loss of *central* vision
- For other indications for referral, please see below

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### IMAGE REQUIREMENTS FOR RETINAL REFERRALS

We are currently trialling the use of direct electronic images for Vitreo-Retinal related referrals as per condition specific directives listed- please ensure that you have your patient's consent before forwarding any images via email to the Eye & Ear

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## 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
<b>Age-related Macular Degeneration (AMD)</b>	<ul style="list-style-type: none"> <li>◆ AMD for review</li> <li>◆ Family history but asymptomatic</li> <li>◆ Retinal Pigment Epithelial changes (previously called dry AMD)</li> <li>◆ Drusen</li> <li>◆ Patients receiving anti-VEGF treatment already in the community including interstate</li> </ul>
<b>Blepharitis</b>	<ul style="list-style-type: none"> <li>◆ Chronic (not severe)</li> <li>◆ Itchy eyes</li> <li>◆ No lid or corneal changes</li> <li>◆ Without an Optometric/Ophthalmic report</li> </ul>
<b>Blocked Nasolacrimal Duct</b>	<ul style="list-style-type: none"> <li>◆ Child less than 2 years old</li> </ul>
<b>Cataract</b>	<ul style="list-style-type: none"> <li>◆ Without an Optometric/Ophthalmic report</li> <li>◆ BCVA in affected eye <math>\leq 6/9</math> (some exceptions)</li> <li>◆ Congenital Cataract in a child &lt;18yrs old</li> <li>◆ Patient does not want surgery</li> </ul>
<b>Chalazion</b>	<ul style="list-style-type: none"> <li>◆ Present less than 8 weeks and no other contraindications</li> <li>◆ Child less than 2 years old</li> </ul>
<b>Conjunctivitis</b>	<ul style="list-style-type: none"> <li>◆ No other signs or symptoms</li> <li>◆ With mild symptoms</li> <li>◆ Without an Optometric/Ophthalmic Report</li> </ul>
<b>Cosmetic Contact Lens</b>	<ul style="list-style-type: none"> <li>◆ New or replacement</li> </ul>
<b>Diabetes</b>	<ul style="list-style-type: none"> <li>◆ Newly diagnosed or established for fundus exam (screening), including during pregnancy</li> <li>◆ Non-proliferative (background) diabetic retinopathy (minimal-mild)</li> </ul>
<b>Driving Assessment</b>	<ul style="list-style-type: none"> <li>◆ All vision assessments for the suitability of driving to be completed by community optometrist or ophthalmologist</li> </ul>

<b>Condition</b>	<b>Description</b>
<b>Dry eyes</b>	<ul style="list-style-type: none"> <li>◆ Longstanding</li> <li>◆ Without an Optometric/Ophthalmic report</li> </ul>
<b>Entropion/ Ectropion</b>	<ul style="list-style-type: none"> <li>◆ No corneal involvement or lid irritation</li> </ul>
<b>Epiphora (watery eye)</b>	<ul style="list-style-type: none"> <li>◆ Child less than 2 years old</li> <li>◆ Intermittent watery</li> <li>◆ Blocked tear duct</li> <li>◆ Without Optometric/Ophthalmic report</li> </ul>
<b>Epiretinal membrane</b>	<ul style="list-style-type: none"> <li>◆ Asymptomatic VA 6/9 or better and no significant distortion</li> </ul>
<b>Excess Eyelid Skin (Dermatochalasis)</b>	<ul style="list-style-type: none"> <li>◆ 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)</li> </ul>
<b>Flashes</b>	<ul style="list-style-type: none"> <li>◆ With associated history of migraine</li> </ul>
<b>Floater</b>	<ul style="list-style-type: none"> <li>◆ Longstanding with no other symptoms</li> </ul>
<b>Genetic Eye Conditions</b>	<ul style="list-style-type: none"> <li>◆ Without an Optometric/Ophthalmic report</li> </ul>
<b>Headaches</b>	<ul style="list-style-type: none"> <li>◆ When reading</li> <li>◆ Migraine with no ophthalmic symptoms</li> <li>◆ Tension headaches with no ophthalmic symptoms</li> </ul>
<b>Itchy eyes</b>	<ul style="list-style-type: none"> <li>◆ Longstanding</li> <li>◆ Children</li> <li>◆ Without an Optometric/Ophthalmic Report</li> </ul>
<b>Narrow Angles</b>	<ul style="list-style-type: none"> <li>◆ Without an Optometric/Ophthalmic Report</li> </ul>
<b>Neuro-Ophthalmology</b>	<ul style="list-style-type: none"> <li>◆ Non-existing RVEEH patients will be forwarded to the Alfred Hospital Neuro-Ophthalmology Unit (unless under 18yrs of age)</li> <li>◆ Including: Optic Neuritis, diplopia, sudden ptosis, papilloedema, BIH, pupil defects</li> </ul>
<b>Oculoplastics</b>	<ul style="list-style-type: none"> <li>◆ Dermatochalasis NOT affecting vision</li> </ul>
<b>Pharmaceutical toxicity</b>	<ul style="list-style-type: none"> <li>◆ Baseline check prior to commencement of Ethambutol or Plaquenil</li> <li>◆ Review of Ethambutol toxicity (or suspected)</li> </ul>

Condition	Description
<b>Prosthesis / Artificial Eye</b>	<ul style="list-style-type: none"> <li>◆ Scleral shell contact lens</li> <li>◆ Review of existing Prosthesis</li> <li>◆ Replacement of lost or damaged prosthesis</li> </ul>
<b>Pterygium/ Pingueculum</b>	<ul style="list-style-type: none"> <li>◆ Asymptomatic and does not require surgery</li> </ul>
<b>Ptosis</b>	<ul style="list-style-type: none"> <li>◆ Child under 2 years old</li> </ul>
<b>Red eye</b>	<ul style="list-style-type: none"> <li>◆ Chronic</li> <li>◆ No associated visual loss</li> </ul>
<b>Refraction</b>	<ul style="list-style-type: none"> <li>◆ For glasses check</li> <li>◆ Refractive laser surgery</li> <li>◆ Blurred vision check</li> </ul>
<b>Retinal</b>	<ul style="list-style-type: none"> <li>◆ Asymptomatic Epiretinal Membrane (ERM – stable non-sight threatening retinal disease which is asymptomatic)</li> </ul>
<b>Toxoplasmosis</b>	<ul style="list-style-type: none"> <li>◆ Inactive</li> </ul>
<b>Trichiasis</b>	<ul style="list-style-type: none"> <li>◆ With no corneal involvement</li> <li>◆ Removal of eyelash in primary health care sector</li> </ul>
<b>Visual Field Assessment</b>	<ul style="list-style-type: none"> <li>◆ Post stroke or other known neurological/neurosurgical condition</li> <li>◆ Estermann (for driving assessment)</li> </ul>

## 2. Clinic Timeframe Categories

The following table gives an indication of the timeframe within patients of different acuity are expected to be seen.

Category	Definition
Emergency	<p>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</p> <p><b><i>Discuss with the Admitting Officer in the Emergency Department – call switch on 03 9929 8666 – to confirm immediate referral to the Emergency Department</i></b></p>
Urgent: (within 1 week) Waiting list: Category <b>1A</b>	<p>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.</p>
Urgent: (1 week to 30 days) Waiting list: Category <b>1B</b>	<p>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.</p>
Routine (30-90 days) Waiting list: Category <b>2</b>	<p>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.</p>
Routine: (90-365 days) Waiting list: Category <b>3</b>	<p>Patients whose condition is identified from referral details as being unlikely to deteriorate quickly and does not have the potential to become an emergency.</p>
Primary Care - not accepted	<p>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 <a href="#">Primary Care Management Guidelines</a>.</p> <p>Patients over 45 years of age should have regular eye examinations with an ophthalmologist/optometrist every three years.</p>

### 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 within the last 3 months.**

If available, email an OCT with the patient's name and date of birth on the image for all referrals for macular conditions to [vruelectronicimages@eyeandear.org.au](mailto:vruelectronicimages@eyeandear.org.au). Please ensure you have the patient's consent to email the image.

The referring GP must include:

- ◆ Clear statement of symptoms
- ◆ Duration of problem
- ◆ Functional impact
- ◆ Risk factors
- ◆ Date of last eye examination (within last 3 months) – 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.

#### **Ophthalmologist and Optometrist directory**

- ◆ Local ophthalmologists and optometrists can be located at <https://about.healthdirect.gov.au/>

(Type in 'Suburb/Town or Postcode' > Select the 'Practitioner' tab > Select Ophthalmologist or Optometrist in 'Specialty' > Select 'Site search' for clinics or 'Practitioner Search' for specific people).

- ◆ Optometrists can also be located through <https://www.optometry.org.au/gps-health-care-professional/gps>
- ◆ Ophthalmologists can also be located through <https://ranzco.edu>





	<ul style="list-style-type: none"> <li>◆ If the person is a falls risk</li> <li>◆ If the person identifies as Aboriginal or Torres Strait Islander</li> </ul>	
<p>Posterior Capsular Opacity</p> <ul style="list-style-type: none"> <li>◆ Symptomatic</li> <li>◆ Reduced visual acuity as compared to 1/12 post-Cataract surgery</li> <li>◆ Glare bothersome</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report including VA, refraction &amp; retinal examination performed in the last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>◆ YAG Laser capsulotomy</li> </ul>
Corneal		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<p>Corneal decompensation</p> <ul style="list-style-type: none"> <li>◆ Bullous keratopathy</li> <li>◆ Endothelial keratopathy</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report performed in the last 3 months</li> <li>◆ <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical or surgical management of corneal disease</li> </ul>
<p>Corneal graft rejection</p>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report performed in the last 3 months</li> <li>◆ <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical management</li> </ul>
<p>Fuch's dystrophy</p>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report performed in the last 3 months</li> <li>◆ With corneal decompensation and bullae- <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical management</li> </ul>
<p>Keratoconus</p>	<ul style="list-style-type: none"> <li>◆ With hydrops <b>Refer urgently</b></li> <li>◆ With progression for treatment, needs <b>optometrist/ophthalmologist report</b> to include best corrected visual acuity and refraction (shows <b>evidence of progression</b> with past refractions and/or corneal topography)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Management with contact lenses</li> <li>◆ Corneal Cross Linking</li> </ul>

<p><b>Keratitis (Marginal, Microbial)</b></p> <ul style="list-style-type: none"> <li>Red eye, Foreign body sensation, photophobia, epiphora, blurred vision</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist/Ophthalmologist report performed in the last 3 months</li> <li><b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>Medical or surgical treatment of keratitis to reduce pain and improve vision</li> </ul>
<p><b>Pterygium</b></p> <ul style="list-style-type: none"> <li>symptomatic</li> </ul>	<ul style="list-style-type: none"> <li>Red / irritated / distorting vision</li> <li>Patient wants surgery</li> </ul>	<ul style="list-style-type: none"> <li>Surgical removal +/-conjunctival grafting</li> </ul>
<p><b>Diabetic Eye Disease</b></p>		
<p>Evaluation</p>	<p>Threshold Criteria/ Referral Guidelines</p>	<p>Tertiary Care Management</p>
<p><b>Diabetic Retinopathy</b></p> <p><b>Diabetic Macular Oedema (DMO)</b></p> <p><b>Vitreous Haemorrhage</b></p>	<ul style="list-style-type: none"> <li>Optometrist or Ophthalmologist report including best corrected visual acuity, refraction, and retinal assessment performed in the last 3 months.</li> <li>Refer: <ul style="list-style-type: none"> <li>Moderate – severe non-proliferative diabetic retinopathy</li> <li>Proliferative diabetic retinopathy</li> </ul> </li> <li>Provide if available: <ul style="list-style-type: none"> <li>Type of diabetes, duration of disease</li> <li>Any previous eye treatments e.g. retinal laser, surgery, intravitreal injections</li> <li>Optical coherence tomography (OCT) result</li> <li>Recent HbA1c result</li> <li>Fasting lipid results</li> <li>Blood pressure readings</li> <li>If the person identifies as Aboriginal or Torres Strait Islander</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Medical, Laser and Surgical management of diabetic retinopathy for the preservation of vision</li> </ul>
<p><b>Diabetes with sudden Loss of Vision</b></p>	<ul style="list-style-type: none"> <li><b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>Medical management</li> </ul>

<b>Eye inflammation/ infection</b>		
Evaluation	Threshold Criteria/ Referral Criteria	Tertiary Care Management
<p><b>Viral / bacterial conjunctivitis with discharge</b></p> <ul style="list-style-type: none"> <li>♦ Red eye with reduced vision</li> <li>♦ Suspected iritis</li> <li>♦ Suspected corneal ulcer</li> <li>♦ Suspected herpes simplex infection</li> <li>♦ Herpes zoster ophthalmicus with eye involvement</li> </ul>	<ul style="list-style-type: none"> <li>♦ Failure to respond to topical treatment within 3 days</li> <li>♦ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>
<p><b>Allergic eye disease (Vernal catarrh)</b></p> <ul style="list-style-type: none"> <li>♦ A form of conjunctivitis, often in younger age group</li> <li>♦ Severe itch</li> <li>♦ Stringy mucoid discharge</li> <li>♦ Typical thickened swollen "leathery" inferior fornix +/- cobblestone papillae, upper lid.</li> </ul>	<ul style="list-style-type: none"> <li>♦ Severe or with decreased vision – <b>Refer immediately to ED</b></li> <li>♦ Optometrist/Ophthalmologist report with detailed symptoms</li> <li>♦ Children – <b>Refer urgently</b></li> <li>♦ Adults – Refer</li> </ul>	<ul style="list-style-type: none"> <li>♦ Topical antihistamines</li> </ul>
<p><b>Punctal stenosis</b></p> <ul style="list-style-type: none"> <li>♦ Watery eye</li> </ul>	<ul style="list-style-type: none"> <li>♦ Optometrist/Ophthalmologist report performed in the last 3 months</li> <li>♦ Refer adults and children (&gt;2 years of age)</li> </ul>	<ul style="list-style-type: none"> <li>♦ Surgery -DCR</li> </ul>
<p><b>Peri-orbital (Preseptal) + Orbital cellulitis</b></p> <ul style="list-style-type: none"> <li>♦ Big puffy eye</li> <li>♦ Swollen lid ++</li> <li>♦ Unable to open eye</li> <li>♦ Diplopia</li> <li>♦ Loss of vision</li> </ul>	<ul style="list-style-type: none"> <li>♦ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>
<b>Eyelids/ Malposition</b>		
Evaluation	Threshold Criteria/ Referral Criteria	Tertiary Care Management

<p><b>Blepharospasm</b></p>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report performed within last 3 months, specify if:</li> <li>◆ Intermittent or constant</li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical management</li> </ul>
<p><b>Blepharitis</b></p> <ul style="list-style-type: none"> <li>◆ Severe and persistent blepharitis with corneal or lid changes</li> <li>◆ Longstanding not responding to treatment</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report performed within last 3 months detailing past treatment</li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical management</li> </ul>
<p><b>Ectropion &amp; Entropion</b></p> <ul style="list-style-type: none"> <li>◆ With corneal involvement or lid irritation</li> <li>◆ Unmanageable pain</li> <li>◆ Corneal damage</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report performed within last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>◆ Prevention of corneal disease</li> <li>◆ Check for corneal damage with fluorescein</li> </ul>
<p><b>Excess eyelid skin (Dermatochalasis)</b></p>	<ul style="list-style-type: none"> <li>◆ Obscuring line of sight (Excess skin of upper eyelids with skin resting on the lashes in straight ahead gaze and obscuring line of sight, as per MBS definition 45617)</li> <li>◆</li> </ul>	<ul style="list-style-type: none"> <li>◆ Surgical management</li> </ul>
<p><b>Ptosis</b></p> <ul style="list-style-type: none"> <li>◆ Drooping upper eyelid</li> <li>◆ Unilateral or Bilateral</li> <li>◆ With or without neurological signs</li> <li>◆ Obscuring line of sight</li> </ul>	<ul style="list-style-type: none"> <li>◆ Sudden onset and with diplopia (adult &amp; children)- <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Diagnosis and management of underlying neurological cause</li> </ul>
<p><b>Chalazion/Stye</b></p> <ul style="list-style-type: none"> <li>◆ Chronic (&gt;8 weeks) which is non-responsive to warm compresses</li> </ul>	<ul style="list-style-type: none"> <li>◆ For surgical excision</li> <li>◆ Children: <ul style="list-style-type: none"> <li>○ Duration &gt;8/52 if over 7 years old</li> <li>○ &gt;4-6/52 duration if under 7 years old (amblyogenic)</li> </ul> </li> <li>◆ Infected and possible cellulitis- <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Surgical removal of chalazion</li> </ul>
<p><b>Lid lesions</b></p> <ul style="list-style-type: none"> <li>◆ BCC &amp; SCC</li> <li>◆ Non-specific lid lesion</li> </ul>	<ul style="list-style-type: none"> <li>◆ Non-specific lid lesion increasing in size, changing colour -<b>Refer urgently</b></li> <li>◆ Provide pathology report if available</li> </ul>	<ul style="list-style-type: none"> <li>◆ Surgical removal of cancerous and non-cancerous lesions</li> </ul>
<p><b>Prosthesis</b></p>	<ul style="list-style-type: none"> <li>◆ Replacement of existing prosthesis will only</li> </ul>	<ul style="list-style-type: none"> <li>◆ Management of</li> </ul>

<ul style="list-style-type: none"> <li>Poor fit</li> <li>Infection</li> </ul>	<p>be considered for patients who have had previous eye surgery at RVEEH</p> <ul style="list-style-type: none"> <li>Any review of an existing prosthesis can be arranged in the community with an Ocularist</li> </ul>	<p>prosthesis</p>
<p><b>Eye pain/ Discomfort</b></p> <p>Evaluation <span style="float: right;">Threshold Criteria/ Referral Guidelines <span style="float: right;">Tertiary Care Management</span></span></p>		
<p><b>Corneal or Sub-Tarsal Foreign Body</b></p> <ul style="list-style-type: none"> <li>If unable to remove FB</li> <li>With rust ring</li> </ul>	<ul style="list-style-type: none"> <li><b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>Check for corneal damage with fluorescein</li> <li>Management of pain and corneal injury</li> </ul>
<p><b>Contact Lens Wearer</b></p> <ul style="list-style-type: none"> <li>Eye discomfort</li> <li>Cease contact lens wear</li> </ul>	<ul style="list-style-type: none"> <li>Pain and discomfort- <b>refer immediately to ED</b></li> <li>Non-acute pain, mild irritation: optometrist/ophthalmologist report performed in the last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>Management of pain</li> <li>Prevention of vision</li> </ul>
<p><b>Acute Angle Closure Glaucoma</b></p> <p>See Glaucoma</p>		
<p><b>Corneal Ulcer</b></p>	<ul style="list-style-type: none"> <li><b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>Treatment of ulcer to manage pain and improve vision</li> </ul>
<p><b>Proptosis</b></p> <ul style="list-style-type: none"> <li>Acute, chronic, endocrine associated</li> <li>Red eye with pain</li> <li>Pain on eye movements with reduction of vision</li> <li>Orbital Masses</li> </ul>	<ul style="list-style-type: none"> <li>Sudden onset: <b>Refer immediately to ED</b></li> <li>With loss of vision: <b>Refer urgently</b></li> <li>In presence of Thyroid Eye Disease <ul style="list-style-type: none"> <li>Acute pain <b>Refer urgently</b></li> <li>Inactive non-inflammatory</li> </ul> </li> <li>Include imaging report if available</li> </ul>	<ul style="list-style-type: none"> <li>Emergency treatment to prevent vision loss</li> </ul>
<p><b>Optic Neuritis</b></p> <ul style="list-style-type: none"> <li>Pain on eye movements with reduction of vision</li> </ul>	<ul style="list-style-type: none"> <li><b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>Emergency medical treatment to prevent vision loss</li> </ul>

<b>Genetic Eye Disease</b>		
Evaluation	Threshold Criteria/Referral Guidelines	Tertiary Care Management
<p><b>Inherited Eye Diseases</b></p> <ul style="list-style-type: none"> <li>For genetic counselling or electrophysiology testing</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist/ ophthalmologist report performed within the last 3 months</li> <li>Where patient is requesting genetic testing/genetic family planning – <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>Electrodiagnostic testing to confirm diagnosis</li> <li>Genetic investigation to confirm diagnosis and heritability of disease</li> <li>Genetic counselling</li> </ul>
<p><b>Genetic Disease with Ophthalmic Component</b></p> <ul style="list-style-type: none"> <li>For genetic counselling or electrophysiology testing</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist/ophthalmologist report performed within the last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>Electrodiagnostic testing to confirm diagnosis</li> <li>Genetic investigation to confirm diagnosis and heritability of disease</li> <li>Genetic counselling</li> </ul>
<b>Glaucoma</b>		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<p>The following will be identified by a glaucoma assessment by local ophthalmologist or optometrist:</p> <p><b>Glaucoma with evidence of progression</b></p> <p><b>Significant increased Intraocular Pressure (IOP) <math>\geq 26</math> mmHg</b></p> <p><b>Narrow Angles</b></p> <p><b>Advanced Glaucoma/ Uncontrolled Glaucoma</b></p> <p><b>End stage glaucoma</b></p>	<ul style="list-style-type: none"> <li>Optometrist/ophthalmologist report including VA, refraction, IOP, gonioscopy, pachymetry, visual fields &amp; disc assessment performed in the last 3 months <ul style="list-style-type: none"> <li>Glaucoma with evidence of progression</li> <li>Uncontrolled IOP/<math>&gt; 26</math> mmHg – <b>Refer urgently</b></li> <li>Narrow Angles</li> </ul> </li> <li>Provide if available: <ul style="list-style-type: none"> <li>Optical coherence tomography (OCT) including retinal nerve fiber layer results</li> <li>Optic disc photos</li> <li>If the person identifies as Aboriginal or Torres Strait Islander</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Control of the IOP with: <ul style="list-style-type: none"> <li>Eye drops</li> <li>Laser treatment</li> <li>Surgical treatment</li> </ul> </li> <li><b>Prophylactic Iridotomy</b> <ul style="list-style-type: none"> <li>To prevent acute angle closure glaucoma</li> <li>Co-management with community providers where possible/clinically appropriate</li> </ul> </li> </ul>
<p><b>Acute Angle Closure Glaucoma</b></p> <ul style="list-style-type: none"> <li>History of glaucoma</li> <li>Red painful eye</li> <li>Significant reduction or loss of vision</li> <li>Photophobia</li> <li>Partly opaque cornea</li> <li>Hard, painful eye</li> </ul>	<ul style="list-style-type: none"> <li><b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>Emergency medical management</li> </ul>

<b>Ophthalmological Headache</b>		
Evaluation	Threshold Criteria/Referral Guidelines	Tertiary Care Management
<p><b>Raised intracranial pressure</b></p> <ul style="list-style-type: none"> <li>◆ +/- Neurological signs/symptoms (proptosis, diplopia, visual disturbance)</li> <li>◆ Headache</li> </ul>	<ul style="list-style-type: none"> <li>◆ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Emergency medical management</li> </ul>
<p><b>Giant cell arteritis and other vascular disease</b></p> <ul style="list-style-type: none"> <li>◆ Immediate discussion with ophthalmologist for acute sight threatening giant cell arteritis is mandatory</li> <li>◆ Immediate ESR/CRP/FBE (<b>no need to wait for results</b>)</li> </ul>	<ul style="list-style-type: none"> <li>◆ With vision loss: <b>Refer to ED immediately</b></li> <li>◆ If pathology is suspected with confirmatory signs/symptoms and raised ESR/CRP- <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Emergency medical management</li> </ul>
<p><b>Headache with Ocular Pathology</b></p> <p>Associated with:</p> <ul style="list-style-type: none"> <li>◆ Diplopia</li> <li>◆ Loss of vision</li> <li>◆ Swollen optic nerve (papilloedema)</li> </ul>	<ul style="list-style-type: none"> <li>◆ <b>Refer immediately to ED</b></li> </ul>	
<b>Retinal Disorders</b>		
<p>If available, email an OCT with the patient's name and date of birth on the image for all referrals for macular conditions to <a href="mailto:vruelectronicimages@eyeandear.org.au">vruelectronicimages@eyeandear.org.au</a> Please ensure you have the patient's consent to email the image.</p>		
Evaluation	Threshold Criteria/Referral Guidelines	Tertiary Care Management
<p><b>Epiretinal membrane</b></p> <ul style="list-style-type: none"> <li>◆ Distorted vision</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/ ophthalmologist report performed within the last 3 months</li> <li>◆ Symptomatic and VA <math>\leq</math> 6/12</li> <li>◆ With traction, for possible surgery</li> <li>◆ Include OCT (colour) report if available via email to <a href="mailto:vruelectronicimages@eyeandear.org.au">vruelectronicimages@eyeandear.org.au</a></li> </ul>	<ul style="list-style-type: none"> <li>◆ Surgical management</li> </ul>
<p><b>Macular hole</b></p> <ul style="list-style-type: none"> <li>◆ Partial thickness</li> <li>◆ Full thickness</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/ophthalmologist report performed within last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>◆ Surgical management</li> </ul>

	<ul style="list-style-type: none"> <li>◆ Include OCT (colour) report if available via email <a href="mailto:vruelectronicimages@eyeandear.org.au">vruelectronicimages@eyeandear.org.au</a></li> </ul>	
<b>Retinal Vein occlusion</b> <ul style="list-style-type: none"> <li>◆ Central</li> <li>◆ Branch</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/ophthalmologist report performed within last 3 months- <b>Refer urgently</b></li> <li>◆</li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical management</li> </ul>
<b>Retinal Artery Occlusion</b> <ul style="list-style-type: none"> <li>◆ Central</li> <li>◆ Branch</li> </ul>	<ul style="list-style-type: none"> <li>◆ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical management</li> </ul>
<b>Retinitis Pigmentosa</b> <ul style="list-style-type: none"> <li>◆ Suspected</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/ophthalmologist report performed within last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>◆ Electrodiagnostic testing to confirm diagnosis</li> </ul>
<b>Vitreous Haemorrhage</b>	<ul style="list-style-type: none"> <li>◆ Optometrist/ophthalmologist report performed within last 3 months</li> <li>◆ Know diabetic retinopathy post PRP laser- <b>Refer urgently</b></li> <li>◆ New vitreous haemorrhage – no previous history- <b>Refer immediately to ED</b></li> <li>◆ Include OCT (colour) report if available via email to <a href="mailto:vruelectronicimages@eyeandear.org.au">vruelectronicimages@eyeandear.org.au</a></li> </ul>	<ul style="list-style-type: none"> <li>◆ Surgical management</li> </ul>
<b>Central Serous Retinopathy</b> <ul style="list-style-type: none"> <li>◆ Distorted central vision</li> <li>◆ Amsler grid changes</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report performed within last 3 months</li> <li>◆ New onset- <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical management</li> </ul>
<b>Choroidal Naevus</b>	<ul style="list-style-type: none"> <li>◆ Optometrist/ ophthalmologist report performed within last 3 months</li> <li>◆ Raised- <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Monitoring of lesion</li> </ul>
<b>Intraocular melanoma</b>	<ul style="list-style-type: none"> <li>◆ Optometrist/ophthalmologist report performed within last 3 months</li> <li>◆ <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Surgical and medical treatment for the preservation of vision and the prevention of metastatic disease</li> </ul>
<b>Strabismus (Squint)</b>		
<b>Evaluation</b>	<b>Threshold Criteria/ Referral Guidelines</b>	<b>Tertiary Care Management</b>
<b>Strabismus (Squint)/ Ocular Misalignment</b> <ul style="list-style-type: none"> <li>◆ Amblyopia (lazy</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report performed within last 3 months</li> <li>◆ Adults/ Children sudden onset – <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Surgical management of ocular misalignments</li> <li>◆ Monitored occlusion therapy to treat</li> </ul>



<p>eye), diplopia and thyroid eye disease</p> <ul style="list-style-type: none"> <li>♦ Adults and children with developmental, neurological and other problems.</li> <li>♦ Esotropia (ET) (convergent)</li> <li>♦ Exotropia (XT) (divergent)</li> <li>♦ Thyroid Eye Disease (TED) / Thyroid Associated Ophthalmopathy (TAO)</li> <li>♦ Nerve Palsies</li> </ul>	<ul style="list-style-type: none"> <li>♦ Children with amblyogenic conditions (e.g. Strabismus, anisometropia) under the age of 8 – <b>Refer urgently</b></li> <li>♦ Children (8-18 years) with longstanding squint</li> <li>♦ Adults longstanding squint for consideration of surgery</li> </ul>	<p>amblyopia in children</p> <ul style="list-style-type: none"> <li>♦ Prescription of prism aids to reduce or eliminate double vision.</li> </ul>
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<b>Trauma</b>		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<p><b>Adnexal (lid) trauma</b></p> <ul style="list-style-type: none"> <li>♦ Full thickness lacerations of the upper lid</li> <li>♦ Suspected canicular or levator disruption</li> </ul>	<ul style="list-style-type: none"> <li>♦ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Surgical repair of damage caused by trauma to maintain functional anatomical integrity</li> </ul>
<p><b>Blunt trauma</b></p> <ul style="list-style-type: none"> <li>♦ Hyphema</li> <li>♦ Traumatic mydriasis</li> <li>♦ Loss of vision</li> </ul>	<ul style="list-style-type: none"> <li>♦ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>
<p><b>Chemical burns</b></p> <ul style="list-style-type: none"> <li>♦ <u><a href="#">Irrigate all chemical injuries</a></u> immediately for at least 10 mins with Saline, Hartmann's solution or Water</li> </ul>	<ul style="list-style-type: none"> <li>♦ Provide History (acid, alkali, other)</li> <li>♦ Phototoxic burns/UV burns <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ pH neutralisation of ocular surfaces</li> <li>♦ Management of resulting injury</li> </ul>
<p><b>Contact lens wearer</b></p>	<ul style="list-style-type: none"> <li>♦ If acute, or associated ulcer – <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>
<p><b>Foreign bodies</b></p> <ul style="list-style-type: none"> <li>♦ Within pupil zone</li> <li>♦ Under upper eyelid</li> <li>♦ If difficult, incomplete or unable to</li> </ul>	<ul style="list-style-type: none"> <li>♦ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Removal of foreign body</li> <li>♦ Management of wound/injury</li> </ul>

<p>remove</p> <ul style="list-style-type: none"> <li>♦ If pain persists or increases</li> <li>♦ Intra-ocular</li> <li>♦ If in doubt</li> </ul>		
<p>Globe Rupture, Penetrating Injury, suspected Intra-Ocular Foreign Body</p>	<ul style="list-style-type: none"> <li>♦ Refer immediately to ED</li> </ul>	<ul style="list-style-type: none"> <li>♦ Surgical repair</li> </ul>
<p>Orbital fracture</p> <ul style="list-style-type: none"> <li>♦ Recent</li> </ul>	<ul style="list-style-type: none"> <li>♦ Refer immediately to ED</li> <li>♦ With known orbital wall fracture not yet treated- Refer urgently</li> <li>♦ For diplopia assessment (With orbital wall fracture already treated)</li> <li>♦ Provide imaging report (CT scan) if available</li> </ul>	<ul style="list-style-type: none"> <li>♦ Surgical repair of fractures and removal of entrapped orbital contents</li> </ul>
<p>Retinal Detachments/Tears</p> <ul style="list-style-type: none"> <li>♦ Sudden unilateral loss of vision</li> <li>♦ With or without preceding floaters or flashes</li> <li>♦ History of trauma</li> <li>♦ History of severe short-sightedness</li> <li>♦ A "veil" over the vision</li> </ul>	<ul style="list-style-type: none"> <li>♦ Refer immediately to ED</li> </ul>	<ul style="list-style-type: none"> <li>♦ Surgical or laser management of the detachment/ tear</li> </ul>

## SYMPTOMS

Diplopia		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<p>Diplopia</p> <ul style="list-style-type: none"> <li>♦ strabismus, amblyopia (lazy eye), diplopia and thyroid eye disease</li> <li>♦ Adults and children with developmental, neurological and other problems.</li> <li>♦ Esotropia (ET) (convergent)</li> <li>♦ Exotropia (XT)</li> </ul>	<ul style="list-style-type: none"> <li>♦ Optometrist/Ophthalmologist report performed within last 3 months</li> <li>♦ Adults, sudden inset- Refer urgently</li> <li>♦ Children with amblyogenic conditions (e.g. strabismus, anisometropia) under the age of 8 – Refer urgently</li> </ul>	<ul style="list-style-type: none"> <li>♦ Surgical management of ocular misalignments</li> <li>♦ Monitored occlusion therapy to treat amblyopia in children</li> <li>♦ Prescription of prism aids to reduce or eliminate double vision.</li> </ul>

<p>(divergent)</p> <ul style="list-style-type: none"> <li>♦ Thyroid Eye Disease (TED) / Thyroid Associated Ophthalmopathy (TAO)</li> <li>♦ Nerve Palsies</li> </ul>		
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<b>Eye infections/inflammations</b>		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<p>Red Painful +/- Watery Eye</p> <p>If any of the following occur:</p> <ul style="list-style-type: none"> <li>♦ Fluorescein dye inserted in the eye cannot be blown from the nose after five minutes</li> <li>♦ Photophobia/redness</li> <li>♦ Hazy and enlarged cornea</li> <li>♦ Frank suppuration</li> <li>♦ Excessive lacrimation</li> </ul>	<ul style="list-style-type: none"> <li>♦ Acquired - <b>Refer immediately to ED</b></li> <li>♦ Long standing inflammation not responsive to treatment"</li> <li>♦ Optometrist/ ophthalmologist report performed within the last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>

<b>Eye pain/ Discomfort</b>		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<p>Dry eye</p> <ul style="list-style-type: none"> <li>♦ Associated with known Sjogren's syndrome</li> <li>♦ Conjunctival inflammatory condition</li> <li>♦ With ocular pemphigoid</li> </ul>	<ul style="list-style-type: none"> <li>♦ Optometrist/ophthalmologist report performed within last 3 months</li> <li>♦ Painful and unresponsive to sustained lubrication over 2/52</li> </ul>	<ul style="list-style-type: none"> <li>♦ Management of ocular discomfort</li> <li>♦ Prevention of secondary corneal disease</li> </ul>
<p>Red eye with constant pain</p>	<ul style="list-style-type: none"> <li>♦ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Emergency management</li> </ul>

<b>Visual Disturbance/ Vision Loss (non-cataract)</b>		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<p>Sudden loss of vision</p> <ul style="list-style-type: none"> <li>♦ With/without pain on eye movements</li> </ul>	<ul style="list-style-type: none"> <li>♦ <b>Refer immediately to ED</b></li> </ul>	
<p>Blurred vision</p>	<ul style="list-style-type: none"> <li>♦ With red eye - <b>Refer immediately to ED</b></li> <li>♦ With headache - <b>Refer urgently</b></li> <li>♦ Idiopathic- optometrist/ophthalmologist report performed within last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>

<p><b>Children</b></p> <ul style="list-style-type: none"> <li>◆ with difficulty with long distance vision (&gt;age 12)</li> <li>◆ with longstanding reduced vision</li> </ul>	<ul style="list-style-type: none"> <li>◆ Optometrist/Ophthalmologist report performed within last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>◆ Management of visual problems and prevention of future vision loss</li> </ul>
<p><b>Neuro-Ophthalmic Disorders</b></p> <ul style="list-style-type: none"> <li>◆ Sudden unilateral or bilateral loss of vision</li> <li>◆ Sudden Lid Ptosis</li> <li>◆ Sudden Double Vision</li> <li>◆ Pain on eye movements</li> <li>◆ Sudden visual field loss - confrontation field or formal field test results</li> </ul>	<ul style="list-style-type: none"> <li>◆ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical management</li> </ul>
<p><b>White pupil reflex in children</b></p>	<ul style="list-style-type: none"> <li>◆ <b>Refer urgently</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Management of sight threatening and potentially life-threatening condition</li> </ul>
<p><b>Floaters/ flashes</b></p> <ul style="list-style-type: none"> <li>◆ With reduced vision OR cobwebs/curtain over vision</li> </ul>	<ul style="list-style-type: none"> <li>◆ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>◆ Medical and/or surgical management</li> </ul>