

## **IMMEDIATE REFERRAL TO THE EMERGENCY DEPARTMENT**

### **CORNEA**

- Corneal Ulcers/Corneal foreign body [\[see pg 13\]](#)
- Keratitis (Marginal, Microbial) [\[see pg 14\]](#)
- Contact Lens Wearer with pain and discomfort [\[see pg 18\]](#)

### **EYE INFECTIONS and INFLAMMATION**

- Peri-orbital + Orbital cellulitis [\[see pg 16\]](#)
- Viral / bacterial conjunctivitis with discharge, red eye with reduced vision, suspected iritis, suspected corneal ulcer, suspected herpes simplex, Infection Herpes zoster with eye involvement [\[see pg 15\]](#)
- Allergic eye disease (Vernal catarrh) with severe and decreased vision [\[see pg 15\]](#)
- Sudden onset with red eye, pain, blurred vision, or acute discharge [\[see pg 25\]](#)

### **EYELID MALPOSITION**

- Sub-Tarsal Foreign Body, if unable to remove FB or has rust ring [\[see pg 16\]](#)
- Chalazion / Styte if infected and possible cellulitis [\[see pg 17\]](#)

### **NEURO-OPHTHALMOLOGY**

- Optic Neuritis - suspected in an Adult or Child [\[see pg 18\]](#)
- Suspected Intracranial Hypertension [\[see pg 20\]](#)
- Giant Cell Arteritis – Headache with throbbing sensation on one side of head, jaw pain/blurred vision/vision loss [\[see pg 20\]](#)
- Headache with ocular pathology/**Papilledema** over 16yrs [\[see pg 20\]](#) Children under 16yrs **should be advised to attend RCH ED**
- Pupil Defects – Newly detected with visual symptoms/ptosis [\[see pg 21\]](#)

### **RETINA**

- Sudden onset of new distortion of central vision
- Diabetes with sudden Loss of vision [\[see pg 14\]](#)
- Vitreous Haemorrhage - New VH, no previous history [\[see pg 22\]](#)
- Retinal Artery Occlusion–CRAO/BRAO [\[see pg 22\]](#)
- Flashes with reduced vision or cobwebs/curtain over vision [\[see pg 27\]](#)
- Retinal Detachments /Tears/Holes [\[see pg 23\]](#)

### **GLAUCOMA**

- Acute Angle Closure Glaucoma [\[see pg 20\]](#)

### **VISUAL DISTURBANCE/VISION LOSS (NON-CATARACT)**

- Sudden loss of vision with or without pain on eye movements [\[See pg 26\]](#)
- Binocular visual field loss (non-glaucomatous) or acute VF defects with systemic symptoms [\[see pg 26\]](#)
- Neuro-Ophthalmic Disorders [\[see pg 27\]](#)

### **TRAUMA**

- Lid Trauma, Blunt Trauma, Chemical Burns [\[See pg 24\]](#)
- Globe Rupture, Penetrating Injury, Suspected Intra-Ocular Foreign Body [\[See pg 25\]](#)
- Suspected Orbital Fracture [\[see pg 25\]](#)

## **Urgent referrals to specialist eye clinics**

Please **fax** all urgent (specialist eye clinic) referrals to the Eye and Ear Hospital Patient Services and Access team on 9929 8408, to ensure these are processed without delay.

### **About**

These guidelines have been developed in line with the Victorian Statewide Referral Criteria, to ensure there is timely access for patients to specialist clinics in public hospitals, by improving the quality and appropriateness of referrals. For more information regarding the Statewide referral criteria, please visit [src.health.vic.gov.au/about](http://src.health.vic.gov.au/about).

These guidelines are also 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.

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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') in a patient &gt;55 yrs old</li> <li>• Stable Drusen</li> <li>• Early Intermediate, or stable Geographic Atrophy (GA)</li> <li>• Patients already treated with anti-VEGF in the community, including interstate or overseas</li> </ul>
<b>Blepharitis</b>	<ul style="list-style-type: none"> <li>• Chronic (not severe) with 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> <li>• Lens opacities that do not have an impact on the patient's activities of daily living</li> </ul>
<b>Chalazion</b>	<ul style="list-style-type: none"> <li>• Not accepted unless cellulitis is suspected, present to ED</li> </ul>
<b>Conjunctivitis</b>	<ul style="list-style-type: none"> <li>• With no other signs or symptoms</li> <li>• With mild symptoms (unless child on ocular steroids)</li> <li>• Without an Optometric/Ophthalmic Report</li> </ul>
<b>Cosmetic Contact Lens</b>	<ul style="list-style-type: none"> <li>• New or replacement (functional or cosmetic)</li> </ul>
<b>Defence Vision Exam</b>	<ul style="list-style-type: none"> <li>• All vision assessments for Defence Services are to be completed by a community ophthalmologist</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 to moderate NPDR)</li> <li>• Non-centre involving macular oedema</li> <li>• Previously treated with anti-VEGF in the community, including interstate or overseas</li> </ul>
Condition	Description

<b>Driving Assessment</b>	<ul style="list-style-type: none"> <li>• All vision assessments for the suitability of driving are to be completed by a community optometrist or ophthalmologist</li> </ul>
<b>Dry eyes</b>	<ul style="list-style-type: none"> <li>• Longstanding (even if no relief of symptoms with regular use of lubricants)</li> <li>• Without corneal changes</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>• Without Optometric/Ophthalmic report</li> </ul>
<b>Epi-retinal 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>Floaters</b>	<ul style="list-style-type: none"> <li>• Longstanding (&gt;6/52) with no other symptoms</li> <li>• Posterior Vitreous Detachment (PVD) for review and no new symptoms</li> </ul>
<b>Genetic Eye Conditions</b>	<ul style="list-style-type: none"> <li>• Without an Optometric/Ophthalmic report (unless for family planning)</li> </ul>
<b>Glaucoma</b>	<ul style="list-style-type: none"> <li>• Requests for the diagnosis or ongoing management of: <ul style="list-style-type: none"> <li>○ Glaucoma suspect</li> <li>○ Ocular hypertension</li> <li>○ Stable early and moderate glaucoma</li> </ul> </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 or adults with no other symptoms</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>NDIS assessment</b>	<ul style="list-style-type: none"> <li>• Needs to be completed by community optometrist</li> </ul>

Condition	Description
<b>Neuro-Ophthalmology</b>	<ul style="list-style-type: none"> <li>Children under 16yrs of age with BIH or Children with Optic Nerve Coloboma; needs to be referred to Royal Children's Hospital (RCH)</li> <li>Children under 16yrs with suspected papilloedema; <b>should be advised to attend RCH ED</b></li> <li>Unless under 18yrs of age, non-existing RVEEH patients may be forwarded to the Alfred Hospital Neuro-Ophthalmology Unit <ul style="list-style-type: none"> <li>Including: Optic Neuritis, sudden onset diplopia (adults), sudden ptosis, suspected optic disc drusen, BIH, possible pupil defects, adult with Ethambutol toxicity, acquired nystagmus, neurofibromatosis review, suspected myasthenia gravis, intracranial tumours, recent CVA for assessment, and second opinion for any neuro-ophthalmological condition</li> </ul> </li> </ul>
<b>Oculoplastics</b>	<ul style="list-style-type: none"> <li>Dermatochalasis NOT affecting vision</li> <li>Children under 2yrs with suspected or known blocked nasolacrimal duct; needs to be referred to RCH</li> </ul>
<b>Pharmaceutical toxicity</b>	<ul style="list-style-type: none"> <li>Baseline screening or check prior to commencement of Ethambutol or Plaquenil (refer to the Australian College of Optometry)</li> <li>Review of adult with known, high risk, or suspected Ethambutol toxicity (unless existing RVEEH patient)</li> </ul>
<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> <li>*Refer directly to Ocularist</li> </ul>
<b>Pterygium / Pingueculum</b>	<ul style="list-style-type: none"> <li>Asymptomatic pterygium and does not require surgery</li> <li>Pinguecula with symptoms of dry eyes and irritation</li> </ul>
<b>Ptosis</b>	<ul style="list-style-type: none"> <li>Child under 2 years old (needs to be referred to Children's Hospital)</li> </ul>
<b>Recurrent Corneal Erosion (RCES)</b>	<ul style="list-style-type: none"> <li>History of RCES or currently not 'active'</li> <li>Monitoring of previously discharged Corneal Clinic patient with no indication of progression</li> </ul>
<b>Red eye</b>	<ul style="list-style-type: none"> <li>Chronic and mild</li> <li>No associated vision loss or pain</li> </ul>
<b>Refraction</b>	<ul style="list-style-type: none"> <li>For glasses check or any refractive investigation</li> <li>Refractive laser surgery</li> <li>Blurred vision check (adult or child)</li> </ul>



Condition	Description
<b>Retinal</b>	<ul style="list-style-type: none"> <li>Asymptomatic Epiretinal Membrane (ERM), with VA 6/9 or better, and no impending macular hole or schisis</li> <li>Chronic or old artery occlusion (BRAO/CRAO) with no new symptoms</li> </ul>
<b>Toxoplasmosis</b>	<ul style="list-style-type: none"> <li>Inactive (even if on prophylactic treatment); For optometry review</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 visual field test (for driving assessment)</li> </ul>

## 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	<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 9929 8666 – to confirm immediate referral to the Emergency Department</i></b></p>
Urgent: (within 1 week) Waiting list: Category <b>1A</b>	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 <b>1B</b>	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 <b>2</b>	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 <b>3</b>	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	<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 – The Royal Victorian Eye and Ear Hospital</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 most cases, this **will require a report from local ophthalmologist or optometrist 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.

#### Referral information

All referrals 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
- If the person identifies as Aboriginal or Torres Strait Islander

*\*Additional information may be required for specific ocular conditions - please refer to the referral guidelines below for further details.*

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**

If the referring GP is unable to ascertain the clinical information required to identify the thresholds, this can be obtained from an Ophthalmologist or Optometrist.

- 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/>

## 4. Referral Guidelines

### DIAGNOSIS

#### AMD

Evaluation

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 BCVA, refraction & retinal examination performed in the last 3 months
- RVEEH will accept newly diagnosed untreated patients, and where possible will facilitate their discharge for ongoing management in the community once stable (in line with SRC)
- New patients will only receive 3 anti-VEGF treatments at the Eye and Ear
- **Patients that have received ANY anti-VEGF treatment in the community, including interstate or overseas, will not be accepted as a patient at RVEEH for continued management**

- Urgent treatment to preserve central vision

#### Cataract / Lens

Evaluation

Threshold Criteria/Referral Guidelines

Tertiary Care Management

**Cataract**

- Patient wants surgery
- Best Corrected Visual Acuity (BCVA)
- Cataract type
- Symptomatic

- Optometrist/ophthalmologist report including BCVA, type of cataract, refraction details (each eye) and dilated retinal examination performed in the **last 3 months**

#### Refer

- BCVA of cataract affected eye is CF/HM/LP – **refer urgently (to specialist eye clinics)**
- Worse than or equal to 6/12 BCVA in cataract affected eye
- Symptomatic cortical or posterior-subcapsular cataract (regardless of vision)
- Known history of angle closure or narrow AC's
- Professional driver and BCVA 6/9 or worse
- Only functional eye

**Cataract Surgery:**

- Surgical removal of the natural lens and implantation of an Intra-ocular Lens

Cataract cont'd...	<b>Also provide details where applicable:</b> <ul style="list-style-type: none"> <li>♦ If patient is diabetic and there is a poor/no view of the retina during the eye assessment</li> <li>♦ Past history of vitrectomy in affected eye</li> <li>♦ Symptomatic anisometropia</li> <li>♦ If the person is a carer</li> <li>♦ If the person is a falls risk</li> </ul>	
<b>Posterior Capsular Opacity (PCO)</b> <ul style="list-style-type: none"> <li>♦ Symptomatic</li> <li>♦ Reduced visual acuity as compared to 1/12 post-Cataract surgery</li> </ul>	<ul style="list-style-type: none"> <li>♦ Optometrist/Ophthalmologist report including BCVA, refraction &amp; retinal examination performed in the last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>♦ YAG Laser capsulotomy</li> </ul>
<b>Cornea/Conjunctiva</b>		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
Corneal Ulcers	<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> <li>♦ Treatment of ulcer to manage pain and improve vision</li> </ul>
<b>Corneal foreign body</b> <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>
<b>Corneal decompensation</b> <ul style="list-style-type: none"> <li>♦ Bullous keratopathy</li> <li>♦ Endothelial keratopathy</li> <li>♦ Band Keratopathy</li> </ul>	<ul style="list-style-type: none"> <li>♦ Optometrist/Ophthalmologist report performed in the last 3 months</li> <li>♦ <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical or surgical management of corneal disease</li> </ul>
<b>Corneal graft rejection</b>	<ul style="list-style-type: none"> <li>♦ Optometrist/Ophthalmologist report performed in the last 3 months</li> <li>♦ <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>
<b>Fuch's dystrophy</b>	<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 (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>

Keratoconus	<ul style="list-style-type: none"> <li>Optometrist/Ophthalmologist report performed in the last 3 months</li> <li>With hydrops - <b>Refer urgently (to specialist eye clinics)</b></li> <li>With CCT &lt;410 microns - <b>Refer urgently (to specialist eye clinics)</b></li> <li>With progression for treatment must include <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> <li>Surgical treatment</li> </ul>
Keratitis (Marginal, Microbial) <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>
Corneal or Conjunctival lesion	<ul style="list-style-type: none"> <li>Optometrist/Ophthalmologist report performed in the last 3 months</li> <li><b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Medical or surgical treatment</li> </ul>
Pterygium <ul style="list-style-type: none"> <li>Patient wants surgery</li> <li>Red / irritated / distorting vision</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist/Ophthalmologist report performed in the last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>Surgical removal +/-conjunctival grafting</li> </ul>

Diabetic Eye Disease		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
Severe Non-Proliferative Diabetic Retinopathy  Proliferative Diabetic Retinopathy  Diabetic Macular Oedema (DMO) <ul style="list-style-type: none"> <li><u>Centre involving</u> only</li> </ul> Vitreous Haemorrhage	<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> </ul> <p><b>Refer:</b></p> <ul style="list-style-type: none"> <li>Diabetes with sudden Loss of Vision; <b>Refer immediately to ED</b></li> <li>Vitreous Haemorrhage; <b>Refer urgently (to specialist eye clinics)</b></li> </ul> <p><b>Provide:</b></p> <ul style="list-style-type: none"> <li>Type of diabetes, duration of disease</li> <li>Any previous eye treatments (e.g. intravitreal injections, retinal laser, surgery)</li> <li>Optical coherence tomography (OCT) result to <a href="mailto:vruelctronicimages@eyeandear.org.au">vruelctronicimages@eyeandear.org.au</a> (mandatory)</li> </ul>	<ul style="list-style-type: none"> <li>Medical, Laser and Surgical management of diabetic retinopathy for the preservation of vision</li> </ul>

Diabetic Eye Disease cont'd...	<ul style="list-style-type: none"> <li>Recent HbA1c result &amp; Fasting lipid results</li> <li>Blood pressure readings</li> </ul> <p><b>Patients that have received ANY anti-VEGF treatment in the community, including interstate or overseas, will not be accepted</b></p>	
Eye inflammation/ infection		
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 iritisSuspected corneal ulcerSuspected herpes simplex infectionHerpes zoster ophthalmicus with eye involvement</li> </ul>	<ul style="list-style-type: none"> <li>Failure to respond to topical treatment within 3 days</li> </ul> <p><b>Refer immediately to ED</b></p>	<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>Optometrist/Ophthalmologist report with detailed symptoms</li> <li>Severe or with decreased vision – <b>Refer immediately to ED</b></li> <li>Child using ocular steroids – <b>Refer urgently (to specialist eye clinics)</b></li> <li>Adult or child with moderately severe symptoms – <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Topical antihistamines</li> </ul>
<p><b>Nasolacrimal Duct Obstruction (NLDO)</b></p> <p>Punctal stenosis Watery eye</p>	<ul style="list-style-type: none"> <li>Optometrist/Ophthalmologist report performed in the last 3 months</li> <li>NLDO with dacryocystitis - <b>Refer urgently (to specialist eye clinics)</b></li> <li>Refer adults and children (&gt;2 years of age)</li> </ul>	<ul style="list-style-type: none"> <li>Surgery -DCR</li> </ul>

<b>Peri-orbital (Preseptal) + Orbital cellulitis</b> <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
<b>Sub-Tarsal Foreign Body</b> <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>♦ Management of pain and removal of FB</li> </ul>
<b>Blepharospasm</b>	<ul style="list-style-type: none"> <li>♦ Intermittent or constant</li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>
<b>Blepharitis</b> <ul style="list-style-type: none"> <li>♦ Severe and persistent blepharitis with corneal or lid changes</li> <li>♦ Not responding to treatment with warm compressions and lid scrubs</li> </ul>	<ul style="list-style-type: none"> <li>♦ Optometrist/Ophthalmologist report performed within last 3 months detailing past treatment</li> <li>♦ With photophobia and/or blurred vision - <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>
<b>Ectropion &amp; Entropion</b> <ul style="list-style-type: none"> <li>♦ With corneal involvement</li> <li>♦ Lid irritation or watery eyes</li> <li>♦ Unmanageable pain</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> <li>♦ Surgical management</li> </ul>
<b>Excess eyelid skin (Dermatochalasis)</b>	<ul style="list-style-type: none"> <li>♦ Optometrist/Ophthalmologist report performed within last 3 months</li> <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> </ul>	Surgical management



<b>Ptosis</b> <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 (adult &amp; children) – <b>Refer urgently (to specialist eye clinics)</b></li> <li>• Over 2 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnosis and management of underlying neurological cause</li> </ul>
<b>Chalazion / Stye</b>	<ul style="list-style-type: none"> <li>• Not Accepted</li> <li>• Infected and possible cellulitis- <b>Refer immediately to ED</b></li> <li>•</li> </ul>	
<b>Lid lesions</b> <ul style="list-style-type: none"> <li>• BCC &amp; SCC</li> <li>• Non-specific lid lesion</li> <li>• Benign papilloma</li> </ul>	<ul style="list-style-type: none"> <li>• Presumed (or confirmed) BCC, SCC – <b>Refer Urgently (to specialist eye clinics)</b></li> <li>• Non-specific lid lesion increasing in size, changing colour - <b>Refer urgently (to specialist eye clinics)</b></li> <li>• <b>Provide pathology report if available</b></li> <li>• Optometrist/Ophthalmologist report performed within last 3 months <u>if benign papilloma or non-specific lid lesion</u></li> </ul>	<ul style="list-style-type: none"> <li>• Surgical removal of cancerous and non-cancerous lesions</li> </ul>
<b>Prosthesis</b> <ul style="list-style-type: none"> <li>• Poor fit</li> <li>• Infection</li> <li>• Exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Refer if existing prosthesis not fitting well and may require further surgery</li> <li>• With discharge/infection or extrusion/exposure of prosthesis/implant – <b>Refer urgently (to specialist eye clinics)</b></li> <li>• Publicly funded replacement of existing prosthesis will only be considered for patients who have had previous eye surgery at RVEEH (as patient of the Oculoplastic or Ocular Oncology clinic)</li> <li>• <b>General review of any existing prosthesis (including replacement of lost or damaged prosthesis) is to be managed in the community by an Ocularist</b></li> </ul>	<ul style="list-style-type: none"> <li>• Management of prosthesis</li> </ul>
<b>Eye pain/ Discomfort</b>		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<b>Corneal Ulcer</b> <b>Corneal Foreign Body</b>	<ul style="list-style-type: none"> <li>• See "Corneal/Conjunctiva" section</li> </ul>	
<b>Contact Lens Wearer</b> <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 loss</li> </ul>

Sub Tarsal Foreign Body	<ul style="list-style-type: none"> <li>See "Eyelids/Malposition" section</li> </ul>	
<b>Proptosis</b> <ul style="list-style-type: none"> <li>Acute, chronic, endocrine associated</li> </ul>	<p><b>Refer urgently (to specialist eye clinics) if:</b></p> <ul style="list-style-type: none"> <li>Sudden/recent onset</li> <li>With vision loss (or threat to vision)</li> <li>With redness and pain – including on eye movements</li> <li>With diplopia or restricted eye movement</li> <li>In presence of a space occupying lesion</li> <li>Thyroid Eye Disease with inflammation</li> </ul> <p>Routine referral if:</p> <ul style="list-style-type: none"> <li>Stable and longstanding</li> <li>In presence of inactive Thyroid Eye Disease</li> <li>Non-inflammatory</li> <li>Idiopathic / no cause provided</li> <li>No vision loss/threat to vision</li> </ul> <ul style="list-style-type: none"> <li><b>Include imaging report if available</b></li> </ul>	<ul style="list-style-type: none"> <li>Emergency treatment to prevent vision loss</li> </ul>
<b>Optic Neuritis</b> <ul style="list-style-type: none"> <li>Suspected</li> <li>New diagnosis (child)</li> </ul>	<ul style="list-style-type: none"> <li>Suspected optic neuritis (adult or child) - <b>Refer immediately to ED</b> <ul style="list-style-type: none"> <li>Sudden loss of vision</li> <li>Pain on eye movements</li> </ul> </li> <li>Child with <u>new</u> diagnosis of Optic Neuritis - <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Emergency medical treatment to prevent vision loss</li> </ul>

Genetic Eye Disease		
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 (unless family planning)</li> <li>Where genetic testing/genetic family planning is requested <u>and</u> patient or patient's partner is pregnant – <b>Refer urgently (to specialist eye clinics)</b></li> <li>For Lebers Hereditary Optic Neuropathy – <b>Refer Urgently (to specialist eye clinics)</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> <li>For Para-neoplastic syndromes requesting electrophysiology testing – <b>Refer urgently (to specialist eye clinics)</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>

  

Glaucoma		
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> <p><b>Note: Requests for the diagnosis or ongoing management of glaucoma suspect, ocular hypertension or stable, early, and moderate</b></p>	<p><b>Referral <u>must</u> include optometrist/ ophthalmologist report including VA, refraction, IOP and visual field tests performed in the last 3 months, as well as the presence of:</b></p> <ul style="list-style-type: none"> <li>Secondary glaucoma</li> <li>If the patient has only one seeing eye</li> <li>Multiple ocular surgeries</li> <li>Ocular trauma</li> </ul> <p><b>In addition:</b></p> <ul style="list-style-type: none"> <li>Unstable, mild or moderate progressive glaucoma – <u>must</u> provide evidence of progression over 3 months on visual field test</li> <li>OCT including RNFL results must be included</li> <li>Uncontrolled IOP/<math>&gt; 26</math> mmHg – <b>Refer urgently (to specialist eye clinics)</b></li> </ul> <p><b>Provide if available:</b></p> <ul style="list-style-type: none"> <li>Central corneal thickness measurement of both eyes performed in the last 3 months</li> <li>Optic disc photos</li> <li>Gonioscopy test results</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> </ul> <p><b>Prophylactic Iridotomy</b></p> <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> <p><b>Discharge Management</b></p> <ul style="list-style-type: none"> <li>Continue care for the reason of referral until condition is deemed by the medical practitioner as stable</li> </ul>

glaucoma will not be accepted	<ul style="list-style-type: none"> <li>If the person identifies as an Aboriginal or Torres Strait Islander</li> </ul>	
<b>Acute Angle Closure Glaucoma</b> <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>
Neuro-Ophthalmological		
Evaluation	Threshold Criteria/Referral Guidelines	Tertiary Care Management
<b>Raised intracranial pressure (ICP)</b> <ul style="list-style-type: none"> <li>+/- Neurological signs/symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Suspected intracranial hypertension - <b>Refer immediately to ED</b></li> <li>Benign intracranial hypertension for review or second opinion (routine referral)</li> </ul>	<ul style="list-style-type: none"> <li>Emergency medical management</li> </ul>
<b>Giant cell arteritis (GCA) and other vascular disease</b> <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>Headache with throbbing sensation on side of back of head, jaw pain, blurred vision/vision loss - <b>Refer immediately to ED</b></li> <li>If pathology is suspected with confirmatory signs/symptoms and raised ESR/CRP- <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Emergency medical management</li> </ul>
<b>Headache with ocular pathology/symptoms</b> <p>Associated with:</p> <ul style="list-style-type: none"> <li>Diplopia or blurred vision</li> <li>Visual disturbance or reduced vision</li> <li>Symptoms of Amaurosis Fugax</li> </ul>	<ul style="list-style-type: none"> <li><b>Refer immediately to ED</b></li> </ul>	
<b>Papilloedema (swollen optic nerve)</b> <ul style="list-style-type: none"> <li>Detected on routine eye exam</li> <li>Suspected with headache or intracranial hypertension</li> </ul>	<ul style="list-style-type: none"> <li>With headache or raised ICP – <b>Refer immediately to ED*</b></li> </ul> <p>* Under 16 years of age (with or without headache) – <b>Refer to Royal Children's Hospital ED</b></p>	

	<ul style="list-style-type: none"> <li>Detected on routine eye exam with no headache, normal visual field – <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	
<b>Pupil Defects</b> <ul style="list-style-type: none"> <li>Newly detected +/- visual symptoms or ptosis</li> <li>Possible defects including anisocoria, Horner's, Arden's</li> </ul>	<ul style="list-style-type: none"> <li>Newly detected with visual symptoms and/or ptosis – <b>Refer immediately to ED</b></li> <li>Newly detected (no visual symptoms or ptosis) – <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	

### Ocular Oncology

Any referral to the Oncology Unit must contain the following details/information:

- Name, date of birth
- Address, telephone number (incl mobile number if available)
- GP name, address and fax number
- Relevant ocular and systemic details
- Results of any recent blood tests or scans (Conjunctival biopsies should not be done and referral should not be delayed because of any pending investigations)
- Any old photographs of tumour (including the patient's name and D.O.B on each image) email to [vruelctronicimages@eyeandear.org.au](mailto:vruelctronicimages@eyeandear.org.au)\* Please ensure you have the patient's consent to email the images.
- Patient's special needs and preferences

Referrals for possible cancer should reach the hospital within 48 hours of presentation. Patients should be given the hospital contact centre phone number (9929 8500) if hospital has not been in contact with an appointment offer within two weeks.

Evaluation	Threshold Criteria/Referral Guidelines	Tertiary Care Management
<b>Iris Lesion/Iris Cyst</b>	<ul style="list-style-type: none"> <li>Optometrist/ophthalmologist report performed within the last 3 months</li> <li><b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Oncological management</li> </ul>
<b>Ectropion Uveae</b>	<ul style="list-style-type: none"> <li>Optometrist/ophthalmologist report performed within the last 3 months</li> <li><b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Oncological management</li> </ul>
<b>Conjunctival Melanoma</b>	<ul style="list-style-type: none"> <li>Optometrist/ophthalmologist report performed within the last 3 months</li> <li><b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Oncological management</li> </ul>

<b>Choroidal Naevus</b> <ul style="list-style-type: none"> <li>Raised with pigment</li> <li>Flat for opinion</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist/ ophthalmologist report performed within last 3 months</li> <li>Raised with pigment- <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Monitoring of lesion</li> </ul>
<b>Intraocular Melanoma (presumed)</b>	<ul style="list-style-type: none"> <li>Optometrist/ ophthalmologist report performed within last 3 months</li> <li>Raised with pigment- <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Oncological management</li> </ul>
	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

### Retinal Disorders

Email all electronic OCT results (including the patient's name and D.O.B on each image) to

[vruelectronicimages@eyeandear.org.au](mailto:vruelectronicimages@eyeandear.org.au)

\* Please ensure you have the patient's consent to email the images.

Evaluation	Threshold Criteria/Referral Guidelines	Tertiary Care Management
<b>Epiretinal membrane (ERM)</b> <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>Mandatory to include OCT (colour) report 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>Macular hole</b> <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> <li>Mandatory to include OCT (colour) report 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>Retinal Vein occlusion</b> <ul style="list-style-type: none"> <li>Central (CRVO)</li> <li>Branch (BRVO)</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist/ophthalmologist report performed within last 3 months - <b>Refer urgently (to specialist eye clinics)</b></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 (CRAO)</li> <li>Branch (BRAO)</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>Known diabetic retinopathy post PRP laser – <b>Refer urgently</b></li> <li>New vitreous hemorrhage - no previous history - <b>Refer immediately to ED</b></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 to <a href="mailto:vruelectronicimages@eyeandear.org.au">vruelectronicimages@eyeandear.org.au</a></li> </ul>							
<p><b>Retinal Detachments/Tears/Holes</b></p> <ul style="list-style-type: none"> <li>Sudden unilateral loss of vision</li> <li>History of trauma</li> </ul> <p>Retinal detachments/ Tears/Holes cont'd...</p> <ul style="list-style-type: none"> <li>With or without preceding floaters, flashes, or a "veil" over the vision</li> <li>History of severe short-sightedness</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 or laser management of the detachment/tear/hole</li> </ul>						
<p><b>Central Serous Retinopathy</b></p> <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 (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>Medical management</li> </ul>						
<p><b>Choroidal Naevus</b></p> <ul style="list-style-type: none"> <li>Raised with pigment</li> <li>Flat for opinion</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist/ ophthalmologist report performed within last 3 months</li> <li>Raised with pigment- <b>Refer urgently (to specialist eye clinics)</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>Monitoring of lesion</li> </ul>						
<p><b>Intraocular melanoma/ intraocular mass</b></p> <ul style="list-style-type: none"> <li>Presumed/confirmed</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist/ophthalmologist report performed within last 3 months</li> <li><b>Refer urgently (to specialist eye clinics)</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>						
<p><b>Strabismus (Squint)</b></p> <table> <tr> <th>Evaluation</th><th>Threshold Criteria/ Referral Guidelines</th><th>Tertiary Care Management</th></tr> <tr> <td> <p><b>Strabismus (Squint)/ Ocular Misalignment</b></p> <ul style="list-style-type: none"> <li>Amblyopia (lazy eye)</li> <li>Adults and children with developmental, neurological and</li> </ul> </td><td> <ul style="list-style-type: none"> <li>Optometrist/Ophthalmologist report performed within last 3 months</li> <li>Adults/Children sudden onset – <b>Refer urgently (to specialist eye clinics)</b></li> <li>Children with new or longstanding strabismus <u>or</u> amblyogenic conditions (eg: anisometropia) – <b>Refer urgently (to specialist eye clinics)</b></li> </ul> </td><td> <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> </td></tr> </table>			Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management	<p><b>Strabismus (Squint)/ Ocular Misalignment</b></p> <ul style="list-style-type: none"> <li>Amblyopia (lazy eye)</li> <li>Adults and children with developmental, neurological and</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 (to specialist eye clinics)</b></li> <li>Children with new or longstanding strabismus <u>or</u> amblyogenic conditions (eg: anisometropia) – <b>Refer urgently (to specialist eye clinics)</b></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>
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management						
<p><b>Strabismus (Squint)/ Ocular Misalignment</b></p> <ul style="list-style-type: none"> <li>Amblyopia (lazy eye)</li> <li>Adults and children with developmental, neurological and</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 (to specialist eye clinics)</b></li> <li>Children with new or longstanding strabismus <u>or</u> amblyogenic conditions (eg: anisometropia) – <b>Refer urgently (to specialist eye clinics)</b></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>other problems</p> <ul style="list-style-type: none"> <li>With intermittent diplopia</li> <li>Thyroid Eye Disease (TED) / Thyroid Associated Ophthalmopathy</li> <li>Cranial Nerve Palsies</li> </ul>	<ul style="list-style-type: none"> <li>TED with acute/recent onset diplopia – <b>Refer urgently (to specialist eye clinics)</b></li> <li>Adults longstanding squint for consideration of surgery (routine referral)</li> </ul>	
Trauma		
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 canalicular 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> <li>Vitreous Hemorrhage</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>Irrigate all chemical injuries</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>Corneal within pupil zone</li> <li>Under upper eyelid</li> <li>If difficult, incomplete, or unable to remove</li> <li>If pain persists or increases</li> <li>Intra-ocular</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>



Globe Rupture, Penetrating Injury, suspected Intra-Ocular Foreign Body	<ul style="list-style-type: none"> <li>♦ <b>Refer immediately to ED</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Surgical repair</li> </ul>
Orbital fracture <ul style="list-style-type: none"> <li>♦ Recent trauma</li> <li>♦ Known fracture untreated</li> <li>♦ Treated for diplopia assessment</li> </ul>	<ul style="list-style-type: none"> <li>♦ Recent trauma - <b>Refer immediately to ED</b></li> <li>♦ With known orbital wall fracture <u>not yet treated</u> - <b>Refer urgently (to specialist eye clinics)</b></li> <li>♦ For diplopia assessment (orbital wall fracture already treated)</li> <li>♦ <b>Provide imaging report (CT scan) if available</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Surgical repair of fractures and removal of entrapped orbital contents</li> </ul>
Retinal detachments/ Tears/Holes	<ul style="list-style-type: none"> <li>♦ See "Retinal Disorders" section</li> </ul>	

### SYMPTOMS

#### Diplopia

Evaluation

Threshold Criteria/ Referral Guidelines

Tertiary Care Management

#### Diplopia

- ♦ Strabismus,
- ♦ Adults and children with developmental, neurological and other problems.
- ♦ Thyroid Eye Disease (TED)
- ♦ Nerve Palsies
- ♦ Myasthenia Gravis

- ♦ Optometrist/Ophthalmologist report performed within last 3 months
- ♦ If any of the following - **Refer urgently (to specialist eye clinics)**
  - Sudden onset
  - Children under 18yrs of age
  - With known orbital fracture not treated yet
  - With proptosis or known orbital mass
  - With diabetes
  - With TED and recent/acute onset diplopia
  - Post ocular surgery

- ♦ Surgical management of ocular misalignments
- ♦ Monitored occlusion therapy to treat amblyopia in children
- ♦ Prescription of prism aids to reduce or eliminate double vision.

#### Eye infections / Inflammation

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

- ♦ Sudden onset with red eye, with pain, blurred vision, or acute discharge - **Refer immediately to ED**
- Optometrist/Ophthalmologist report performed within the last 3 months needed for:
- ♦ Long standing watery eye not responsive to treatment

- ♦ Medical management

<ul style="list-style-type: none"> <li>♦ Hazy and enlarged cornea</li> <li>♦ Frank suppurative</li> <li>♦ Excessive lacrimation</li> </ul>	<ul style="list-style-type: none"> <li>♦ Intermittent, or chronic (moderate or severe) red eye</li> </ul>	
Eye pain/ Discomfort		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<b>Dry eye</b> <ul style="list-style-type: none"> <li>♦ With corneal changes</li> <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>
<b>Red eye with pain</b>	<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>
Visual Disturbance / Vision Loss (non-cataract)		
Evaluation	Threshold Criteria/ Referral Guidelines	Tertiary Care Management
<b>Sudden loss of vision</b> <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>	
<b>Blurred vision</b>	<ul style="list-style-type: none"> <li>♦ With red eye or headache - <b>Refer immediately to ED</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>
<b>Visual Field Defect</b>	<ul style="list-style-type: none"> <li>♦ Optometrist/ophthalmologist report performed within last 3 months – must include VF test results</li> <li>♦ If binocular visual field loss (non-glaucomatous) or acute VF defects with systemic symptoms – <b>Refer immediately to ED</b></li> <li>♦ If not acute, not binocular and no loss of vision – <b>Refer urgently (to specialist eye clinics)</b></li> <li>♦ In presence of intracranial tumour, space occupying lesion, CVA or Optic Neuritis – <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Medical management</li> </ul>
<b>Children's vision</b> <ul style="list-style-type: none"> <li>♦ with difficulty with long distance vision</li> <li>♦ with longstanding</li> </ul>	<ul style="list-style-type: none"> <li>♦ Optometrist/Ophthalmologist report performed within last 3 months</li> <li>♦ <u>If under 8yrs of age and unequal vision – Refer urgently (to specialist eye clinics)</u></li> </ul>	<ul style="list-style-type: none"> <li>♦ Management of visual problems and prevention of future vision loss</li> </ul>

reduced vision		
<b>Neuro-Ophthalmic Disorders</b> <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>
<b>White pupil reflex in children</b>	<ul style="list-style-type: none"> <li>♦ <b>Refer urgently (to specialist eye clinics)</b></li> </ul>	<ul style="list-style-type: none"> <li>♦ Management of sight threatening and potentially life-threatening condition</li> </ul>
<b>Floaters/ flashes</b> <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>