

OPHTHALMOLOGY DEPARTMENT

Adult Referral Evaluation and Management Guidelines

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EVALUATION AND MANAGEMENT GUIDELINES

For Emergency Referrals: Phone on call Ophthalmology registrar on (07) 3646 8111 and send patient to the RBWH Department of Emergency Medicine (DEM).

Category 1

- i. Appointment within thirty (30) days is desirable; AND
- ii. Condition has the potential to require more complex or emergent care if assessment is delayed; AND
- iii. Condition has the potential to have significant impact on quality of life if care is delayed beyond thirty (30) days.

Category 2

- i. Appointment within ninety (90) days is desirable; AND
- ii. Condition is unlikely to require more complex care if assessment is delayed; AND
- iii. Condition has the potential to have some impact on quality of life if care is delayed beyond ninety (90) days.

Category 3

- i. Appointment is not required within ninety (90) days; AND
- ii. Condition is unlikely to deteriorate quickly; AND
- iii. Condition is unlikely to require more complex care if assessment is delayed beyond 365 days.

Aesthetic surgery is not available at RBWH.

The Ophthalmology Department provides a high standard of complex patient care. Our outpatient waiting times are available on the <http://www.health.qld.gov.au/hospitalperformance> website.

All urgent cases must be discussed with the on call Ophthalmology Registrar. Contact through RBWH switch (07) 3646 8111 to obtain appropriate prioritisation and treatment. Urgent cases accepted via phone must be accompanied with a written referral and a copy faxed immediately to the Central Patient Intake Unit: 1300 364 952.

When possible, all non-metropolitan patients referred to RBWH must include travel, accommodation, and escort arrangements. An inpatient bed may not be possible or relevant once the patient has been assessed by the RBWH Ophthalmology department.

Referrals containing insufficient information or that are illegible will be returned to the referral centre. This may result in delayed appointment/treatment for your patient.

OPHTHALMOLOGY DEPARTMENT HOURS

Outpatient clinic:

Monday to Friday: 8am -5pm

Eye casualty:

Monday - Friday: 8am - 3.30pm (Refer to Department of Emergency Medicine RBWH outside of these hours)

Level 8, Ned Hanlon Building, Royal Brisbane and Women's Hospital

IN-SCOPE FOR OPHTHALMOLOGY OUTPATIENT SERVICES

Please note this is not an exhaustive list of all conditions for Ophthalmology outpatient services and does not exclude consideration for referral unless specifically stipulated in the out-of-scope section.

<ul style="list-style-type: none">• Age Related Macular Degeneration• Allergic Eye Disease• Blepharitis• Cataracts• Chalazion / Meibomian Cyst• Conjunctivitis / Keratitis• Dacryocystitis• Diabetic Retinopathy• Diplopia• Drug Screening• Dry Eye• Ectropion• Entropion• Epiphora (adult)• Epiretinal Membrane	<ul style="list-style-type: none">• Fuch's (Endothelial) Dystrophy• Glaucoma• Intraocular Melanoma• Keratoconus• Lid Lesions• Macular Hole• Posterior Capsular Opacity• Pterygium• Ptosis (adult)• Retinal Artery Occlusion• Retinal Vein Occlusion• Strabismus (adult)• Temporal Arteritis• Thyroid Eye Disease• Trichiasis
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OUT-OF-SCOPE FOR OPHTHALMOLOGY OUTPATIENT SERVICES

Not all services are funded in the Queensland public health system. The following are not routinely provided in a public Ophthalmology service.

- Cataract
 - Patients with visual acuity in the affected eye of 6/12 or better will not be accepted unless clinical modifiers apply (see General Referral Information).
- Diabetic Retinopathy (DR)
 - Routine referral for screening without evidence of DR will not be accepted unless in those HHSs without primary photoscreening or optometrist.
- Pterygium
 - Pterygium less than 3mm from limbus to apex will not be accepted.
- Age Related Macular Degeneration (AMD)
 - Dry AMD is not routinely seen unless the practitioner is concerned about progression to wet AMD.
- Lid lesions
 - Patients with minor cosmetic eyelid lesions should not be referred.
- Mild or tension headache
- Refractive error
 - (prescription of spectacles) in patients older than 12 years
- Mild dry eyes
- Mild ptosis
- Temporal Arteritis
 - Giant cell Arteritis without ocular involvement – Refer immediately to local Rheumatologist/Endocrinologist or Emergency Department
 - Temporal Artery Biopsy without eye involvement

EMERGENCY

If any of the following are present or suspected arrange immediate transfer to the emergency department.

Eye Registrar is available on call 24 hours on (07) 3646 8111.

<ul style="list-style-type: none">• Sudden severe visual loss e.g. macular or vitreous haemorrhage, retinal detachment or retinal artery occlusion• Rubeosis iridis (iris new vessels)• Angle closure glaucoma (unilateral red eye associated with pain, nausea, loss of vision, photophobia, steamy cornea, hard tender globe, 'rainbows' around lights, or sluggish pupil reactions)• Corneal graft rejection• Contact lens keratitis, corneal ulcers• Uveitis/scleritis• Intraocular pressure (IOP) >35 mmHg• Signs and/or symptoms of retinal detachment	<ul style="list-style-type: none">• Acute injury e.g. trauma, burns, chemical exposure, foreign body• Acutely inflamed eye• Sudden onset of constant convergent squint (esotropia) or divergent squint (exotropia) and/or double vision at any age• Preseptal/orbital cellulitis- worsening eyelid oedema, erythema and proptosis• Ophthalmology conditions associated with sudden onset neurological signs and/or symptoms• Ocular signs or symptoms of temporal arteritis
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ABBREVIATIONS

- BCVA – Best corrected visual acuity. Best visual corrected measurements are recorded with distance glasses on; if you are unable to complete this test please refer your patient to their optometrist for this measurement (non-urgent cases only).
- VA – visual acuity
- LOV – Loss of vision
- Cat – Category
- OCT – Ocular Coherence Tomography
- CP – Computerised Perimetry
- IOP – Intraocular pressure
- DEM – Department of Emergency Medicine (RBWH)

METRO NORTH CENTRAL PATIENT INTAKE (CPI)

<https://www.health.qld.gov.au/metronorth/refer/>

GENERAL REFERRAL INFORMATION

<p>Patient's Demographic Details</p> <ul style="list-style-type: none"> • Full name (including aliases) • Date of birth • Residential and postal address • Telephone contact number/s – home, mobile and alternative • Medicare number (where eligible) • Name of the parent or caregiver (if appropriate) • Preferred language and interpreter requirements • Identifies as Aboriginal and/or Torres Strait Islander 	<p>Relevant Clinical Information about the Condition</p> <ul style="list-style-type: none"> • Presenting symptoms (evolution and duration) • Physical findings • Details of previous treatment (including systemic and topical medications prescribed) including the course and outcome of the treatment • Body mass index (BMI) • Details of any associated medical conditions which may affect the condition or its treatment (e.g. diabetes), noting these must be stable and controlled prior to referral • Current medications and dosages • Drug allergies • Alcohol, tobacco and other drugs use
<p>Referring Practitioner Details</p> <ul style="list-style-type: none"> • Full name • Full address • Contact details – telephone, fax, email • Provider number • Date of referral • Signature 	<p>Reason for Request</p> <ul style="list-style-type: none"> • To establish a diagnosis • For treatment or intervention • For advice and management • For specialist to take over management • Reassurance for GP/second opinion • For a specified test/investigation the GP can't order, or the patient can't afford or access • Reassurance for the patient/family • For other reason (e.g. rapidly accelerating disease progression) • Clinical judgement indicates a referral for specialist review is necessary
<p>Clinical Modifiers</p> <ul style="list-style-type: none"> • Impact on employment • Impact on education • Impact on home • Impact on activities of daily living • Impact on ability to care for others • Impact on personal frailty or safety • Identifies as Aboriginal and/or Torres Strait Islander 	<p>Other Relevant Information</p> <ul style="list-style-type: none"> • Willingness to have surgery (where surgery is a likely intervention) • Choice to be treated as a public or private patient • Compensable status (e.g. DVA, Work Cover, Motor Vehicle Insurance, etc.)

OPHTHALMOLOGY CONDITIONS

Age Related Macular Degeneration (AMD)

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">• New onset of reduced central vision and/or distortion due to wet AMD• Referral to continue treatment of wet AMD
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• Recent significant progression of dry AMD <p>NB: Dry AMD is not routinely seen unless practitioner is concerned about recent significant progression</p>
Category 3 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- OCT results

Other useful information for referring practitioners (Not an exhaustive list)

- Consider annual review by a private ophthalmologist or optometrist
- Patients with AMD should eat a healthy balanced diet and avoid smoking
- Sunglasses may reduce glare and excessive UV light exposure

Allergic Eye Disease

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">Severe allergic eye disease with corneal involvement
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">Severe allergic eye disease without corneal involvement (thickened eyelids, stringy mucoid discharge, severe itch)
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">Mild allergic eye disease without corneal involvement that is non-responsive to topical anti-histamines or mast cell stabilisers

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Blepharitis

Minimum Referral Criteria

Category 1 (appointment Within 30 days is desirable)	<ul style="list-style-type: none">• Refer directly to emergency if clinically indicated:<ul style="list-style-type: none">◦ Severe or persistent ocular/lid changes
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">• Non responsive to lid cleaning.

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles) with refraction in the last 12 months
- Symptoms and duration of problem

Other useful information for referring practitioners (Not an exhaustive list)

- Hot compresses
- Lid massage
- Lid cleaning - daily

Cataracts

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Documented cataract with significant impact on activities of daily living (ADL) and BCVA worse than 6/36 in both eyes

Category 2

(appointment within 90 days is desirable)

- Documented cataract with significant impact on ADL and:
 - BCVA worse than 6/36 in one eye or
 - BCVA worse than 6/12 in both eyes

Category 3

(appointment within 365 days is desirable)

- Documented cataract with significant impact on ADL and BCVA worse than 6/12 in either eye

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles) with refraction in the last 12 months
- Whether first or second eye
- Symptoms and duration of problem

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- Professional drivers with specific VA requirements for employment

Other useful information for referring practitioners (Not an exhaustive list)

- Consider requesting an eye examination with a private ophthalmologist or optometrist to confirm the presence of cataracts and to optimise vision with glasses where possible
- Control co-morbidities

Chalazion / Meibomian Cyst

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- No category 1 criteria

Category 2

(appointment within 90 days is desirable)

- No category 2 criteria

Category 3

(appointment within 365 days is desirable)

- Failed maximal medical management of inflammatory eyelid mass (chalazion)

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Other useful information for referring practitioners (Not an exhaustive list)

Medical management:

- Warm compresses have been applied to the affected eyelid(s) for 15 minutes, 4 times a day
- Lid massage has been applied to non-inflamed chalazia in an attempt to cause spontaneous discharge
- Topical antibiotic eye drops or ointment (e.g. chloramphenicol or fusidic acid) if associated infection

Conjunctivitis (Bacterial or Viral) / Keratitis

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Refer directly to emergency if clinically indicated:
 - Unresponsive after 4 days of treatment (conjunctivitis only)
 - Purulent discharge
 - Reduced vision
 - Suspected iritis, corneal ulcer, keratitis
 - Herpes Simplex
 - Herpes Zoster ophthalmicus with eye involvement
 - Suspected Vernal Catarrh

Category 2

(appointment within 90 days is desirable)

- No category 2 criteria

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Other useful information for referring practitioners (not an exhaustive list)

- Topical steroids must only be prescribed following discussion with ophthalmologist

Dacryocystitis

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Refer directly to emergency if clinically indicated:
 - Acute episode unresponsive to one full course of broad spectrum systemic antibiotic e.g. augmentin, flucloxacillin

Category 2

(appointment within 90 days is desirable)

- Recurrent infections e.g. more than 3 consecutive episodes

Category 3

(appointment within 365 days is desirable)

- Confirmed obstructed tear ducts

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)
- Number of episodes and treatment to date

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Diabetic Retinopathy

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Diagnosis of diabetes and any of the following:
 - proliferative diabetic retinopathy (PDR)
 - assessment of diabetic retinopathy in pregnancy
 - vitreous haemorrhage

Category 2

(appointment within 90 days is desirable)

- Diagnosis of diabetes and any of the following:
 - diabetic macular edema
 - severe non-PDR

Category 3

(appointment within 365 days is desirable)

- Diagnosis of diabetes and mild to moderate non-PDR
- NB Routine referral for screening without evidence of diabetic retinopathy will not be accepted

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)
- Date diagnosed/duration

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- Previous eye treatment e.g. retinal laser
- Type I or II diabetes
- HbA1c (most recent within the last six months and previous three if available)
- Fasting blood glucose results
- Fasting lipids results
- Blood pressure

Out of Scope

- Asymptomatic or routine screening – continue to monitor by ophthalmic health practitioner e.g. optometrist

Other useful information for referring practitioners (not an exhaustive list)

- Recommend annual diabetic retinopathy photo-screening (photo-screening should be read by an accredited practitioner)
- All patients should be encouraged to maintain good BSL control and reduce risk factors

Diplopia

Minimum Referral Criteria

Category 1
(appointment within 30 days is desirable)

Refer directly to emergency if clinically indicated:

- Acute painful or painless diplopia

Category 2
(appointment within 90 days is desirable)

- Long standing diplopia associated with thyroid orbitopathy
- Decompensated previous strabismus with diplopia

Category 3
(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Drug Screening (Hydroxychloroquine, Ethembutol, Tamoxifen)

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Hydroxychloroquine / ethembutol – VA less than 6/12 or Ishihara less than 13/15
- Tamoxifen – VA less than 6/12

Category 2

(appointment within 90 days is desirable)

- No category 2 criteria

Category 3

(appointment within 365 days is desirable)

- Routine screening post commencement (must be on for at least 6 months)

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)
- Total cumulative dose, daily dose and duration

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, IOP, visual fields & disc assessment

Out of Scope

- Asymptomatic – continue annual review by ophthalmic health practitioner e.g. optometrist

Dry Eye

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">• No category 1 criteria
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">• Non responsive despite maximum topical therapy• Schirmer's Test – less than 6mm

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, IOP, visual fields & disc assessment

Other useful information for referring practitioners (not an exhaustive list)

- Encourage the use of topical lubricates
- Encourage patient to be compliant
- The Australian Red Cross Brisbane offers serum eye drops for people with severe dry eye syndrome, non-healing corneal ulcers and patients recovering from LASIK surgery

Ectropion

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- No category 1 criteria

Category 2

(appointment within 90 days is desirable)

- Severe ectropion with tarsal exposure

Category 3

(appointment within 365 days is desirable)

- Symptomatic ectropion

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Out of Scope

- Asymptomatic ectropion

Other useful information for referring practitioners (not an exhaustive list)

- Check for corneal epithelial damage with fluorescein
- Lubrication/artificial tears

Entropion

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Symptomatic entropion with significant corneal epithelial damage

Category 2

(appointment within 90 days is desirable)

- Symptomatic entropion

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Out of Scope

- Asymptomatic entropion

Other useful information for referring practitioners (Not an exhaustive list)

- Check for corneal epithelial damage with fluorescein
- Teach how to evert lower lid and tape in the everted position
- Lubrication/artificial tears

Epiphora (watery eyes)

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- No category 1 criteria

Category 2

(appointment within 90 days is desirable)

- No category 2 criteria

Category 3

(appointment within 365 days is desirable)

- Symptomatic epiphora due to obstruction of the nasolacrimal system

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Other useful information for referring practitioners (Not an exhaustive list)

- Eyelid hygiene if epiphora secondary to blepharitis
- Lubricants or artificial tears if epiphora secondary to dry eyes/blepharitis

Epiretinal Membrane

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- No category 1 criteria

Category 2

(appointment within 90 days is desirable)

- Epiretinal membrane with BCVA worse than 6/12

Category 3

(appointment within 365 days is desirable)

- Symptomatic epiretinal membrane with BCVA 6/12 or better
- NB asymptomatic epiretinal membranes with good BCVA should not be referred

Essential referral information (Referral may be rejected without this)

- General referral information
- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Additional referral information (Useful for processing the referral)

- Optical coherence tomography report

Out of Scope

- Asymptomatic epiretinal membranes

Fuch's (Endothelial) Dystrophy

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Fuch's endothelial Dystrophy and corneal decompensating with bullae

Category 2

(appointment within 90 days is desirable)

- Fuch's endothelial dystrophy and BCVA worse than 6/36

Category 3

(appointment within 365 days is desirable)

- Fuch's endothelial dystrophy and BCVA worse than 6/12

Essential referral information (Referral may be rejected without this)

- General referral information
- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Additional referral information (Useful for processing the referral)

- Pachymetry, Corneal Topography

Other useful information for referring practitioners (Not an exhaustive list)

- Request an eye examination by private ophthalmologist or optometrist to optimise vision with glasses

Glaucoma

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Refer directly to emergency if clinically indicated:
 - patients with IOP > 35 mmHg
- Likely diagnosis of glaucoma and any of the following:
 - IOP 30-35 mmHg
 - severe disc damage
 - severe field loss

Category 2

(appointment within 90 days is desirable)

- Likely diagnosis of glaucoma and any of the following:
 - signs of early disc damage or field loss consistent with glaucoma
 - IOP 26-29 mmHg without disc damage or field loss
 - suspicion of narrow iridocorneal angles with risk of angle closure glaucoma

Category 3

(appointment within 365 days is desirable)

- Ocular hypertension with IOP 22-25 mmHg without disc damage or field loss

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)
- Private ophthalmologist or optometrist report including VA, IOP, visual fields and disc assessment

Additional referral information (Useful for processing the referral)

- Optical coherence tomography
- Refraction, gonioscopy, pachymetry

Out of Scope

- Asymptomatic or family history – refer to local ophthalmic practitioner e.g. optometrist

Other useful information for referring practitioners (Not an exhaustive list)

- Recommend ongoing review by a private ophthalmologist or optometrist until seen in ophthalmology outpatients department

Intraocular Melanoma

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Proven or suspected intraocular melanoma

Category 2

(appointment within 90 days is desirable)

- No category 2 criteria

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Keratoconus

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Keratoconus with hydrops

Category 2

(appointment within 90 days is desirable)

- Keratoconus with signs of progression

Category 3

(appointment within 365 days is desirable)

- Keratoconus with stable findings

Essential referral information (Referral may be rejected without this)

- General referral information
- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Additional referral information (Useful for processing the referral)

- Pachymetry, Corneal Topography

Other useful information for referring practitioners (Not an exhaustive list)

- Request an eye examination by private ophthalmologist or optometrist to confirm the presence of keratoconus and to optimise vision with glasses or contact lenses

Lid Lesions

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Proven or suspected eyelid squamous cell carcinoma or melanoma

Category 2

(appointment within 90 days is desirable)

- Proven or suspected eyelid basal cell carcinoma

Category 3

(appointment within 365 days is desirable)

- Benign eyelid lesions affecting vision or causing functional deficit
- NB minor cosmetic eyelid lesions should not be referred

Essential referral information (Referral may be rejected without this)

- General referral information

Additional referral information (Useful for processing the referral)

- Pathology result of lesion biopsy
- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- Clinical diagram including size in mm

Out of Scope

- Cosmetic eyelid lesions

Macular Hole

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- No category 1 criteria

Category 2

(appointment within 90 days is desirable)

- Full thickness macular hole

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Additional referral information (Useful for processing the referral)

- Optical coherence tomography

Out of Scope

- Asymptomatic macular hole

Posterior Capsular Opacity

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">• No category 1 criteria
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">• Documented posterior capsular opacity and significant impact on activities of daily living (ADL)

Essential referral information (Referral may be rejected without this)

- General referral information
- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Pterygium

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- No category 1 criteria

Category 2

(appointment within 90 days is desirable)

- Size - 3mm or greater from limbus to apex and visual axis is threatened and/or dysplasia

Category 3

(appointment within 365 days is desirable)

- Size - 3mm or greater from limbus to apex

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Out of Scope

- Pterygium less than 3 mm

Other useful information for referring practitioners (Not an exhaustive list)

- Lubrication/artificial tears
- Wear protective sunglasses (wrap around style UV400)
- Update spectacles
- Consider annual review by private ophthalmologist or optometrist

Ptosis

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- No category 1 criteria

Category 2

(appointment within 90 days is desirable)

- Symptomatic ptosis involving visual axis

Category 3

(appointment within 365 days is desirable)

- Symptomatic ptosis not involving visual axis

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Other useful information for referring practitioners (Not an exhaustive list)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Retinal Artery Occlusion

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Refer directly to emergency if clinically indicated:
 - patients with central or branch retinal artery occlusion

Category 2

(appointment within 90 days is desirable)

- Incidental finding of branch retinal artery occlusion or retinal arteriole cholesterol embolus (Hollenhorst plaque)

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- Recent blood tests including cholesterol, ELFT FBC ESR or other known thrombotic disorders
- Imaging reports of carotid arteries (USS or angiography)
- Echocardiogram and ECG results
- Recent blood pressure measurement

Other useful information for referring practitioners (Not an exhaustive list)

- Management of cardiovascular risk factors

Retinal Vein Occlusion

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- All central retinal vein occlusions
- Branch retinal vein occlusion with recent decrease in vision

Category 2

(appointment within 90 days is desirable)

- Branch retinal vein occlusion without recent decrease in vision

Category 3

(appointment within 365 days is desirable)

- No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- Recent IOP
- Recent blood tests including cholesterol ELFT FBC or known thrombotic disorders
- Recent blood pressure measurement

Strabismus (Squint)

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Refer directly to emergency if clinically indicated:
 - sudden onset of constant convergent squint (esotropia)
 - divergent squint (exotropia)
 - double vision at any age
- New onset diplopia associated with thyroid orbitopathy

Category 2

(appointment within 90 days is desirable)

- Long standing diplopia associated with thyroid orbitopathy
- Decompensated previous strabismus with diplopia

Category 3

(appointment within 365 days is desirable)

- Long standing squint without diplopia

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Out of Scope

- Asymptomatic or cosmetic

Temporal Arteritis

Minimum Referral Criteria

Category 1 (appointment within 30 days is desirable)	<ul style="list-style-type: none">• Refer directly to emergency if clinically indicated<ul style="list-style-type: none">○ Suspected or confirmed Giant Cell Arteritis with ocular involvement
Category 2 (appointment within 90 days is desirable)	<ul style="list-style-type: none">• No category 2 criteria
Category 3 (appointment within 365 days is desirable)	<ul style="list-style-type: none">• No category 3 criteria

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)
- Immediate ESR

Thyroid Eye Disease

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Refer directly to emergency if clinically indicated:
 - Significant corneal exposure
 - Optic nerve involvement
 - Sudden loss of vision
 - Optic neuritis
 - Raised IOP > 35 mmHg

Category 2

(appointment within 90 days is desirable)

- Long standing diplopia associated with thyroid orbitopathy

Category 3

(appointment within 365 days is desirable)

- Long standing without diplopia

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- Thyroid Receptor Antibodies
- CT orbits

Out of Scope

- Asymptomatic or cosmetic

Other useful information for referring practitioners (Not an exhaustive list)

- Patients must stop smoking

Trichiasis

Minimum Referral Criteria

Category 1

(appointment within 30 days is desirable)

- Refer directly to emergency if clinically indicated
 - Keratitis

Category 2

(appointment within 90 days is desirable)

- Corneal abrasion or exposure

Category 3

(appointment within 365 days is desirable)

- Unresponsive to epilation (manual or otherwise)

Essential referral information (Referral may be rejected without this)

- General referral information
- BCVA (vision with most recent distance spectacles)

Additional referral information (Useful for processing the referral)

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

Out of Scope

- Asymptomatic or cosmetic

Other useful information for referring practitioners (Not an exhaustive list)

- Lubrication/artificial tears
- Wear protective sunglasses (wrap around style UV400)
- Update spectacles
- Consider annual review by private ophthalmologist or optometrist