

# GUIDELINES FOR EMERGENCY REFERRAL TO THE OPHTHALMOLOGY DEPARTMENT

Following the implementation of a Monday- Friday 5 day unit on ward 6 these guidelines have been developed for UCC/Optomtetrists and GP's to outline the ophthalmology service available for emergency referrals. Precise ophthalmic diagnosis can be very difficult but there are certain signs and symptoms which may indicate the possibility of serious eye disease which justify urgent referrals to the ophthalmology dept. The eye doctor can be contacted via switch board for urgent patients within the criteria below.

**Patients will be seen on ward 6 by doctor on call on receipt of fax - 01282 801164**

Patients who do **NOT** require urgent assessment will be triaged to be seen in the ophthalmic clinic held on ward 6 during the week. Please give patient ward 6 telephone number 01282 804006 and advise patient to contact the ward the following day/Monday morning.

## **Symptoms requiring urgent referral**

Any of the following within the last week

- Sudden loss/reduction of vision
- **Sudden onset** of distortion of central vision (such that straight lines appear wavy or kinked)
- Sudden onset of unilateral floaters/flashing lights or a shadow in the visual field. **N.B. long standing floaters are common and do not require urgent referral**
- Severe eye pain especially if associated with nausea or vomiting and red eyes
- Diplopia which disappears on closing either eye (within the last two weeks)
- Recent post operative patient complaining of pain/deterioration

## **Signs requiring urgent referral**

Any of the following within the last week

- Corneal opacity in a red eye especially in a contact lens wearer
- Painful eye with redness around the corneal margin
- Red eye associated with shingles (herpes zoster ophthalmicus)
- Intraocular pressure measured by the optician at 35 mmHg or more
- Trauma/injury – penetrating injury ,blow out fracture, extensive lid laceration,

## **Situations NOT requiring urgent referral**

Certain situations do NOT require urgent referral. These include for example:-

- A GOS 18 form from the optician with glaucoma if intraocular pressure less than 35mmHg
- Conjunctivitis when there is no corneal involvement and visual acuity is preserved
- Blepharitis and dry eyes diagnosed on a typical history of burning, gritty irritable eyes which may water
- Asymptomatic conditions found on routine examination.