Mild sore eyes with no redness or vision problems

Chalazion - advise lid hygiene and/or refer to clinic

Symptoms > 6/12 GP to refer OP or see Optician first

Issues with Patient's drops

Blepharitis –lid hygiene & lubricants

Allergic - anti histamine and see GP

Ophthalmology referrals Ophth/ref 2020 v1.2					
Presenta- tion	1 - Inform Ophthalmologist on call	2 - Needs to be seen by ophthalmologist	3 = Ophthalmologist opinion warranted	4 — Can be seen electively	5- Not Urgent
Trauma	Chemical injury Penetrating injury	Lid laceration involving eye lid margin Blunt trauma	Corneal abrasions Corneal foreign bodies (FB)		
Vision	Sudden complete loss of vision < 6hrs	Sudden loss of vision or visual field < 12hrs (resolved, / unresolved) Post-op< 2/52 – loss of vision Sudden onset flashes & Floaters with prev. risk factors (myopia / tear / RD family history, post-operative) or Sudden onset flashes & floaters with visual disturbance	Gradual loss of vision < 2 weeks Flashes & floaters for a few weeks with no visual disturbance	 Gradual loss of vision ≥ 2/52 Any Asymptomatic retinal pathology – (peripheral degeneration, retinal naevus) 	 Gradual loss of vision ≥ 2/52 Any Asymptomatic retinal pathology – (peripheral degeneration, retinal naevus)

• Pain (<4) but with Photophobia Post-op pain < 2/52

• Sudden onset binocular Diplopia (new /sudden /worse)

•Pain > 5

headaches

& photophobia

Peadiatric A&E

Profuse bleeding

Acutely unwell adult with

ocular symptoms, swollen

Unwell, pyrexial, swollen lids

- D/w Casualty Dr, Liaise with

Moderate pain, Loss of vision

No relief from oral analgesia

· With nausea and vomiting

· With sudden loss of vision

· Ptosis with III nerve palsy and

Pain

Headache

Lids /

Facial

Cornea /

Conjuncti-

Pediatric

Post-op

Other

· Painful scalp, Brow pain,

• Acute vision loss with painful temples & jaw claudication (? GCA in patients over the age of 50 years) • Acute onset droopy lid (ptosis)

•Absent red reflex /white pupil

•Papilledema (bilateral optic nerve swelling) with head-

aches & visual obscuration

• IOP >40 mmHg

· Hazy cornea

· Cloudy, Red (with severe pain)

· Suspected disc swelling with NO symp-

to clinic lubricants

toms

· Abnormal pupil

· Acute dacryocystitis

• Painless IOP elevation 30 to 40 mmHg

· Swollen lid with red eye or cellulitis

• H7O - Swollen lids

• Tender temples with NO visual loss

(? GCA) - urgent referral to rheumatolo-

• Blepharitis - follow guidelines -self treat & · Allergic - anti histamine and see GP

· Chalazion - advise lid hygiene and/or refer

· Mild sore eyes with no redness or vision

problems

Non resolving:

• Non resolving "conjunctivitis" treated by GP

Non traumatic Sub conj hemorrhage - , GP for BP check

Bacterial / viral conjunctivitis