

Guidance for Urgency of Referrals Letters (January 2008)

- 1) Try to give **duration of onset** of any symptoms or state that it was an **asymptomatic finding**
- 2) If **Urgent** give time scale eg within 2 weeks
- 3) **Routine = within 5-6 weeks**

Anterior Eye. Urgent

- 1) Corneal ulcer with symptoms in a contact lens wearer: within 24 hours.
Corneal ulcer without symptoms and peripheral within 2-3 days.
Immediate cessation of contact lens wear, bring in the contact lens case if applicable.
- 2) Child eg Acute Allergy within 1 week
- 3) Long standing punctate keratitis within 2-3 weeks
- 4) Scleritis within 1-2 days
- 5) Episcleritis. Within 1 week
- 6) Iritis within 24 hours
- 7) Suspect Conj tumour in Cancer patient within 2 weeks
- 8) Viral KeratoConjunctivitis (if acute with drop in VA) within 1 week
- 9) Herpes Simplex keratitis. Within 1 week

Anterior Eye. Routine

- 1) Dry Eye
- 2) Blepharitis/ Blepharo-Conjunctivitis
- 3) New Suspect Keratoconus
- 4) Endothelial Dystrophy
- 5) Recurrent epithelial erosions
- 6) Change in iris pigment colour

Ocular Plastics. Urgent

- 1) Entropion within 3-4 weeks
- 2) Baby with blocked Tear Duct. Within 3- 4 weeks
- 3) Child with Meib. Cyst within 1 month
- 4) Thyroid /proptosis Within 2 weeks
- 5) BCC in cancer patient within 2 weeks

Ocular Plastics. Routine

- 1) Ectropion
- 2) Ptosis with no other symptoms
- 3) Canaliculitis
- 4) Blocked Tear duct
- 5) Chalazion

Glaucoma. Urgent

Raised pressure (above 40) with or without reported field loss (within 1 week)

Retinal. Urgent

- 1) Suspect AMD with sudden loss of vision. Within 2 weeks
- 2) Mac. Haemorrhage / Mac.Oedema in non diabetic. Within 2 weeks
- 3) Diabetic with Vitreous haemorrhage. Within 1-2 days
- 4) Diabetic with NVD/ NVE (R3) within 1 week
- 5) Diabetic with pre retinal haemorrhage. Within 1 week
- 6) Suspect naevus in Cancer patient within 2 weeks
- 7) New Macular hole within 2 weeks
- 8) CRAO Immediately
- 9) CRVO within 1 week
- 10) Retinal Detachment. Within 24 hours
- 11) Treatable diabetic maculopathy (M1) within 3-4 weeks

Retinal. Routine

- 1) Suspect AMD if visual loss is not sudden/ dry type/RPE changes
- 2) Central serous retinopathy
- 3) BRAO, CRVO
- 4) Drusen
- 5) Ret. Pig.
- 6) Choroidal scars
- 7) Flat nevi
- 8) Suspected Hydroxychloroquine maculopathy (unless sudden/ recent onset)
- 9) Severe Non-proliferative diabetic retinopathy (R2)

Paediatric. Urgent + Orthoptist

- 1) Very young baby with marked squint
- 2) Poor vision in less than 6 month old
- 3) One eye bigger than the other
- 4) Nystagmus
- 5) Sudden onset squint
- 6) White pupil or cataract

Paediatric. Routine + Orthoptist

- 1) Squint.
- 2) Longstanding Ptosis
- 3) Amblyopia
- 4) Refractive error

OTHER Urgent

- 1) New, sudden onset, floaters with flashes within 1 week
- 2) Adult sudden onset squint/diplopia with Pain/ Headache, ptosis, pupil involvement or less than 45 years of age. Within 1 week
- 3) Optic Neuritis with /without MS diagnosis Within 1 week

OTHER Routine

- 1) Floaters with no other symptoms
- 2) Adult onset diplopia with no other symptoms if older than 45 years eg diabetic
- 3) Bells Palsy
- 4) Amaurosis Fugax