Covid-19 Urgent Eyecare Service (CUES): Risk Stratification, Conditions and Service Pathway

RISK STRATFICATION			SERVICE PATHWAY				
RISK Category	**Possible SYMPTOMS**	**Possible CONDITIONS**	**Patient Telephones CUES optical practice**	**REMOTE Telephone / Video consultation**	**F2F CONSULTATION (access via telephone/ video triage, use PPE)**	**REFERRAL to Ophthalmology Service /eye casualty**	**COLLABORATIVE management options**
The service pathway provides a structure for practitioners to use their professional judgement, considering local referral guidance, accessibility to ophthalmology/secondary care and jointly agreed local protocol arrangements. **It does not remove from practitioners their professional responsibility to each patient, who should be dealt with on an individual basis. PATIENTS WITH ONLY ONE EYE OR THOSE WHO HAVE MULTIPLE OCULAR CO-MORBIDITY IN AN ONLY EYE MAY CONSTITUTE A HIGHER RISK.** **Patients with suspected/likely COVID +ve not to be seen face to face (deferred) until safe to do so unless emergency in which case discuss with HES.**			Receptionist takes call. Short initial telephone assessment to identify: eligibility criteria, screen for COVID-19, potential red flag check list, and if patient already under HES. Direct clinical concerns to most appropriate practitioner. Signpost to relevant patient information and support where possible with no further input.	Telephone (combined with initial call if clinician answers) and video where necessary to ensure the patient is triaged appropriately and gather information to minimise F2F and ensure a fully informed referral (if F2F delivered by another primary care network clinician). May seek advice and guidance by video call as part of the consultation.	Face to face consultation by CUES optometrist if deemed essential following telephone/video review.	Decision to refer. Optometrist contacts local ophthalmology service (may be with or without patient present depending on remote or F2F) to discuss case and arrange appointment if necessary. Referral information sent via NHS.net where possible or alternative means. NB This requires direct communication links between primary care and HES to be established.	Ophthalmologist and Optometrist discuss to arrange specific investigations or support care and prescribing if possible, and where helpful use virtual assessment of images. OR Collaborative management with optometrist with independent prescribing/ higher qualifications† Results / outcomes of management to be communicated via NHS.net or similar secure route.
MINOR EYE CARE **(LOW RISK)**	Typical symptoms: dry eye, gritty eye, red eye (when isolated symptom), mildly blurry vision, non-specific irritation, watery eye,	Examples: dry eye / stye/ blocked tear duct / red eye / conjunctival cyst / chalazion /subconjunctival haemorrhage /pinguecula/ pterygia / concretions / allergies / vitreous floater/ conjunctivitis / blepharitis/ meibomian gland dysfunction / entropion/ ectropion / episcleritis / molluscum contagiosum / early cataract / ocular migraine / physiological pupil defects.	S If required	Options: 1. Exclude high risk conditions 2. Provide self-care or management advice 3. Provide reassurance and advice. 4.. Signpost to relevant patient information and support	Not required	Not required	Not required

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URGENT EYE CARE (MEDIUM RISK)	Typical symptoms: Red eye with pain/ photophobia , painful eye, flashes & new floaters, blurry vision, diplopia, distorted vision, sudden loss of vision, mild trauma (superficial , blunt, non-penetrating injuries)	**Required primary care review for differential diagnosis** Possible high risk but uncertain Examples: contact lens keratitis, headache possibly GCA / symptomatic PVD possible retinal breaks or detachment / suspect uveitis / suspect wet AMD / intermittent diplopia / episcleritis / occlusive disease / worsening diabetic retinopathy/ BRVO (NB referral is unlikely to be seen for at least 4 months).	YES	YES If likely high-risk diagnosis refer patient to eye casualty. If uncertain arrange primary care consultation for differential diagnosis and treatment	NO YES Provide reassurance (eg PVD), provide care or medications (e.g. uveitis) (written order, IP or via HES) Book review via face to face or video as clinically required. Advise patient to get back in contact immediately if symptoms worsen.	YES	Optometrist phones through (with or without patient present) to discuss case with ophthalmology (+ share images where appropriate) and arrange prescription or appointment if necessary. If required, referral is sent via NHS.net OR Collaborative management with optometrist with independent prescribing/ higher qualifications †
		HES supported optometric treatment Examples: corneal foreign body / mild microbial keratitis / anterior uveitis / herpetic keratitis / episcleritis /mild chemical injury/ mild-moderate blunt trauma / mild-moderate preseptal cellulitis / suspicious disc/vernal and atopic keratoconjunctivitis		-YES If likely medium risk diagnosis is one of these conditions gather information via telephone / video to minimise F2F and arrange primary care consultation for differential diagnosis or treatment	YES Provide reassurance, provide care (eg FB removal) or medications (written order, IP or via HES). Book review via face to face or video as clinically required. Advise patient to get back in contact immediately if symptoms worsen.	NO	

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EMERGENCY EYE CARE **(HIGH RISK)**	Typical Red Flag symptoms: sudden onset of red and painful eye which may be associated with photophobia or nausea , severe reduction or loss of vision, recent onset of shadows or 'curtaining' in the field of vision, sudden onset ptosis and diplopia.	Examples: acute angle closure glaucoma, proliferative retinopathy (any cause), wet AMD, anterior ischaemic optic neuropathy / orbital cellulitis / serious chemical Injury / severe keratitis/ CRVO/ CRAO<4 hours old / endophthalmitis / hypopyon / definite papilloedema / penetrating injuries / third nerve palsy (acute) with pain / vitreous haemorrhage / white pupil in a child / retinal detachment/severe blunt trauma - hyphaema with high IOP/giant cell arteritis /central retinal vein occlusions.	YES	YES if receptionist receives initial call, optometrist may request urgent telephone / video call with patient if uncertainty from reported symptoms		YES	
Acute worsening of existing/ known condition of <u>patient already under HES</u>			YES Check if HES have made arrangements for this patient scenario with help-lines and contact details for advice and support. If patient unable to make contact, refer to secondary care with discussion if new symptoms.	NO YES		YES	Possible co-management - optometrist and ophthalmologist - arranged on a case by case basis.

† Should an optometrist with independent prescribing work beyond their competence, they should seek advice from the hospital eye service following the principles in the Joint Colleges' document Ophthalmology and Optometry Patient Management during the COVID-19 Pandemic https://www.rcophth.ac.uk/2020/04/ophthalmology-and-optometry-patient-management-during-the-covid-19-pandemic/ and https://www.college-optometrists.org/the-college/media-hub/news-listing/patient-management-during-the-covid-19-pandemic.html

Other relevant guidance: please check for updates

- College of Optometrists Clinical Management Guidelines https://www.college-optometrists.org/guidance/clinical-management-guidelines.html
- College of Optometrists: Coronavirus pandemic: Guidance for optometrists https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html
- College of Optometrists: Remote consultations during the COVID-19 pandemic https://www.college-optometrists.org/the-college/media-hub/news-listing/remote-consultations-during-covid-19-pandemic.html
- College of Optometrists clinical telephone/video review record https://www.college-optometrists.org/uploads/assets/0d35dcdd-2d56-4bd1-a56fd53189cd429a/Clinical-telephone-review-form-1-April-2020.pdf
- Royal College of Ophthalmologists COVID guidance https://rcophth.ac.uk/2020/04/covid-19-update-and-resources-for-ophthalmologists/ https://www.rcophth.ac.uk/wp-content/uploads/2017/08/Emergency-eye-care-in-hospital-eye-units-and-secondary-care.pdf https://www.rcophth.ac.uk/wp-content/uploads/2019/02/Primary-Eye-Care-Community-Ophthalmology-and-General-Ophthalmology-2019.pdf
- Royal College of Ophthalmologists Ophthalmic clinical guidelines: https://rcophth.ac.uk/standards-publications-research/clinical-guidelines/
- Royal College of Ophthalmologists Quality standards https://rcophth.ac.uk/standards-publications-research/quality-and-safety/quality-standards/
- COVID-19 Infection Prevention and Control (update 12 April 2020) https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
- COVID-19 Infection Prevention and Control (update 12 April 2020)- Table 2 (primary care settings – possible or confirmed case): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878750/T2_poster_Recommended_PPE_for_primary__outpatient__community_and_social_care_by_setting.pdf
- COVID-19 Infection Prevention and Control (update 12 April 2020)- Table 4 (any setting – currently not a possible or confirmed case): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/879111/T4_poster_Recommended_PPE_additional_considerations_of_COVID-19.pdf

Developed by: NHS England, Local Optical Committee Support Unit, the Clinical Council for Eye Health Commissioning, The College of Optometrists, and The Royal College of Ophthalmologists

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