

OPHTHALMOLOGY

National Referral Guidelines

SPECIFIC OPHTHALMOLOGY REFERRAL LETTER GUIDELINES

- Referrals may be accepted from Registered Medical Practitioners, Optometrists and Vision Hearing Testers.

The referral should include:

- Details of any previous optometrical assessment
- Physical findings, including corrected VA with distance glasses (if reduced check VA with a pinhole)
- Social and or occupational factors that might affect time to assessment and treatment

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OPHTHALMOLOGY

National Referral Guidelines

Category Definitions : These are recommended guidelines for health professionals referring patients for assessments/treatment in a HHS.

IMMEDIATE within 24 hours

SEMI-URGENT within 4 weeks

URGENT within 1 week

ROUTINE within 6 months

Immediate and Urgent cases must be discussed with the Specialist or Registrar in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

PAEDIATRIC CONDITIONS

Reduced Vision in Children

Under age 8

Acuity less than 6/12 either eye — **SEMI-URGENT**

OR

Unilateral reduction — **SEMI-URGENT**

Over age 8

Acuity does NOT improve with a pinhole — **SEMI-URGENT**

Acuity improves with a pinhole
– refraction required in private sector - not public hospital — **ROUTINE**

White Pupil in Children — **URGENT**

Squint

If red reflex abnormal or lack of visual response — **URGENT**

If age 3/12--8 — **SEMI-URGENT**

If over age 8 — **ROUTINE**

Watery eye

Refer at 9 months age — **ROUTINE**

UNLESS

Photophobia / large steamy cornea
– possible congenital glaucoma — **URGENT**

Ptosis

If pupil occluded — **URGENT**

Others — **ROUTINE**

Orbital Cellulitis — **IMMEDIATE**

Neonatal Conjunctivitis

? bacterial, ?herpetic, ?chlamydial
refer urgently if no response to treatment — **URGENT**

ADULT CONDITIONS

Recent Sudden Loss of Vision

Persistent

– ? symptoms/signs of polymyalgia or giant cell arteritis – order ESR & CRP — **IMMEDIATE**

– all other cases — **URGENT**

Transient

Refer all cases — **URGENT**

Gradual Unexplained Loss of Vision

Acuity not improved with pinhole — **ROUTINE**

UNLESS

Recent onset of headache — **URGENT**

bilateral visual loss — **SEMI-URGENT**

diabetic retinopathy — **SEMI-URGENT**

strong suspicion of glaucoma — **SEMI-URGENT**

Acuity improved with pinhole
– refraction required in private sector - not public hospital — **ROUTINE**

Red Eye

If vision decreased/ pain/
photophobia/ corneal staining/
perilimbal injection — **IMMEDIATE**

Other cases use clinical judgement

Glaucoma-related Signs & Symptoms

Acute angle closure – uncommon – see Red Eye — **IMMEDIATE**

Chronic open angle glaucoma
If strong evidence – family history,
field loss raised pressure, abnormal disc cupping — **SEMI-URGENT**

(include optometrist's letter if available)

No high risk factors — **ROUTINE**

ADULT CONDITIONS *Continued...*

Diabetes

All people with diabetes require regular retinopathy screening by ophthalmologists or by optometrists (ophthalmologists supervision) using ophthalmoscopy or photography

Type 1: Refer 5 years after diagnosis, but not before age 12 ———— **ROUTINE**

Type 2: Refer at diagnosis ———— **ROUTINE**

EXCEPT

If retinopathy present or patient pregnant ———— **SEMI-URGENT**

If recent visual loss ———— **URGENT**

Acute Diplopia

Painful ———— **IMMEDIATE**

Painless ———— **URGENT**

Longstanding Diplopia ———— **ROUTINE**

Floater

Recent onset (<2 weeks) & significant size/number especially if associated flashing lights ———— **URGENT**

Longstanding & normal VA – usually innocuous – referral not necessary

Flashing Lights

Multiple – in zig zag pattern – usually migrainous – referral not necessary

Single episode – recent onset can precede retinal detachment ———— **URGENT**

Pterygium / Pingueculum

If threatening vision or causing significant discomfort and not responding to treatment ———— **ROUTINE**

Eyelid Problems

Ptosis

If sudden, with headache ? intracranial aneurysm ———— **IMMEDIATE**

If obscuring pupil ———— **URGENT**

Others ———— **ROUTINE**

Entropion ———— **SEMI-URGENT**

Ectropion ———— **ROUTINE**

Meibomian cysts

Acute – hot compresses
Sub-acute ———— **ROUTINE**

Blepharitis – if severe ———— **ROUTINE**

Suspected tumours ———— **SEMI-URGENT**

Orbital Cellulitis ———— **IMMEDIATE**

Trauma

Consult with ophthalmologist or Registrar re urgency

Drug Toxicity

Long term ocular, or systemic steroids

Need to be under care of an ophthalmologist to be checked for steroid-induced glaucoma and cataract

Hydroxychloroquine

Refer for baseline examination within 6 months of starting treatment

Recall after 5 years [assuming dose < 6.5mg/Kg/day]

Tamoxifen Melleril Lithium Ethambutol

Amiodarone

If reduced vision & fundal or optic nerve changes ———— **SEMI-URGENT**

Vigabatrin

Baseline visual field testing ———— **SEMI-URGENT**

Then six monthly for one year
Then annually

Note: These national referral recommendations have been prepared to provide guidelines for referral to specialist services. They should be regarded as examples or guidelines for referring health professionals and are not an exhaustive list. The referring health professional should ensure that in using these national referral recommendations generally accepted clinical practice should be properly taken into account. If there is a conflict between the national referral recommendations and generally accepted clinical practice, then generally accepted practice should prevail.

OPHTHALMOLOGY

National Access Criteria for First Specialist Assessment (ACA)

Category Definitions : These are recommended guidelines for HHS specialists prioritizing referrals from primary care.

- | | |
|------------------|---|
| 1. Immediate | - <i>within 24 hours (from receipt of referral)</i> |
| 2. Urgent | - <i>within 1 week</i> |
| 3. Semi - Urgent | - <i>within 4 weeks</i> |
| 4. Routine | - <i>within 6 months</i> |

Immediate and Urgent cases must be discussed with the Specialist or Registrar in order to get appropriate prioritisation and then a referral letter sent with the patient, faxed or e-mailed. The times to assessment may vary depending on size and staffing of the hospital department.

NATIONAL REFERRAL GUIDELINES : OPHTHALMOLOGY

Category	Criteria	Examples (Not on exhaustive list)
1. Immediate The referring practitioner will need to phone the duty registrar or Ophthalmologist to discuss the case so that an appropriate appointment can be made	<ul style="list-style-type: none"> Trauma not able to be treated conservatively Painful red eye with significant loss of vision Sudden severe vision loss Painful diplopia 	<ul style="list-style-type: none"> Surgical trauma to the lids, orbit, ocular structures. Penetrating eye injuries Retained intraocular foreign bodies Hyphaema Chemical burns Corneal ulcer Acute glaucoma Ischaemic ocular conditions eg.temporal arteritis Third nerve palsy
2. Urgent As above – the referring practitioner will need to discuss the case by phone before an appropriate appointment can be made	<ul style="list-style-type: none"> Sudden visual loss Neurological conditions threatening permanent damage if treatment delayed Diabetic conditions with loss of vision Painful red eye with loss of vision Traumatic conditions Neoplasms Infective conditions Paediatric conditions 	<ul style="list-style-type: none"> Retinal detachment /haemorrhage Vitreous Haemorrhage Disc Oedema Other cranial nerve palsies Acute field defects Retinopathy Iritis Herpes Zoster/simplex Corneal foreign bodies Orbital blowout fracture Corneal abrasions Blunt trauma Intraocular malignancy Acute dacryocystitis Unresponsive conjunctivitis Watering eye with cloudy cornea White pupil

NATIONAL REFERRAL GUIDELINES : OPHTHALMOLOGY		
Category	Criteria	Examples (Not an exhaustive list)
3. Semi - Urgent	• Chronic impairment of visual function	• Bilateral “hand movement” cataracts • Glaucoma suspects – high risk
	• Amblyogenic conditions	• Strabismus • Refractive conditions in children
	• Lid Tumours	• BCC's and SCCs
	• Moderately progressive diabetic conditions	• Vision threatening retinopathy • Retinopathy in pregnancy
	• Misc conditions threatening permanent damage if treatment delayed	• Entropion
	• Infective disease	• Chronic dacryocystitis
	• Orbital disease	• Proptosis -displacement of globe • Thyroid eye disease
4. Routine	• Chronic impairment of vision	• Cataracts and media opacities. • ARM • Glaucoma suspects – low risk
	• Chronic non sight threatening conditions	• Congenital/adult epiphora • Significant Pterygia • Significant ptosis • Cosmetic squint • Ectropion • Epiphora
	• Diabetic conditions	• Routine fundus exam
	• Refractive error with comorbidity	• Keratoconus • High myopia

Note : The following are excluded from waiting list consultations and secondary treatments:

1. Adult refractive conditions alone, without co-morbidity
2. Minor cosmetic abnormalities without any other pathology

After the patient is seen the referrer should normally receive a report from the ophthalmologist within 10 days

OPHTHALMOLOGY

National Clinical Priority Assessment Criteria (CPAC)

Category Definitions :	1. 91 - 100 points	- <i>within 24 hours</i>
	2. 71 - 90 points	- <i>within 4 weeks</i>
	3. 51 - 70 points	- <i>within 12 weeks</i>
	4. 21 - 50 points	- <i>within 6 months</i>
	5. <20 points	- <i>deferrable</i>
	6. Staged / Planned	- <i>management to achieve optimal outcome</i>
The times to treatment may vary depending on size and staffing of the hospital department.		

NATIONAL REFERRAL GUIDELINES : OPHTHALMOLOGY

Category	Clinical Condition	Clinical Management
1. 91 - 100 points Any condition referred under RGs as immediate	a) TRAUMA	Repair of ocular/peri-orbital trauma Removal IOFB
	b) INFECTIONS Endophthalmitis, keratitis etc Orbital cellulitis etc	Vitreotomy, corneal graft Drainage of abscess
	c) INFLAMMATORY DISEASE GCA, Optic neuritis, scleritis etc.	Admission/IV Rx etc.
	d) VISUAL LOSS Retinal detachment macula on Acute glaucoma	Retinal detachment/vitreotomy Glaucoma procedures (urgent) ESP. YAG PI
2. 71 - 90 points	a) MALIGNANCY Intra-ocular tumours Orbital tumours Ocular adnexae, lids tumours	Admission and investigation Plaque Rx, laser, enucleation Biopsy, DXR, exenteration Excision and reconstruction
	b) REVERSIBLE LOSS or THREATENED PERMANENT LOSS OF VISION Retinal detachment macular off Vitreous haemorrhage (see below) Retinal/macular pathology Glaucoma*, severe threat to vision incl. lens induced glaucoma Diabetic eye disease Retinal holes, macular and retinal dis. Retinopathy of prematurity	Retinal detachment/vitreotomy Retinal laser photocoagulation Glaucoma op's (some cases) Special Cataract op Laser photocoagulation RD/vitreotomy Laser photocoagulation Laser/cryo-/RD-vitreotomy ops
	c) THREATENED PERMANENT DISABILITY Orbital blow out fracture	Oculoplastic surgery
	d) SEVERE OCULAR/ORBITAL PAIN Neovascular glaucoma	Admission and Medical Rx Molteno drain, evisceration etc
3. 51 - 70 points	a) REVERSIBLE LOSS or THREATENED PERMANENT LOSS OF VISION Vitreous haemorrhage Glaucoma*, mild to moderate threat Strabismus** (incl diplopia) Ptosis (amblyogenic)	Vitreotomy Glaucoma ops. (Most cases) Strabismus surgery Ptosis surgery etc
	b) LOW GRADE MALIGNANCY Most BCC Some orbital tumours	Excision & reconstruction Excision & reconstruction
	c) THREATENED PERMANENT DAMAGE Posterior segment disease requiring Rx Entropion (all cases) Severe ectropion (with corneal pathology) Paralytic lagophthalmos Cicatrizing disease Childhood epiphora	Cataract or corneal graft op Entropion op Ectropion op Lid ops. Reconstructive surgery Syndrome & probe, DCR / LJT

NATIONAL REFERRAL GUIDELINES : OPHTHALMOLOGY

Category	Clinical Condition	Clinical Management
4. 21 - 50 points	a) GRADUAL VISUAL LOSS Cataract*** Corneal dystrophy/disease**** Pterygia with visual loss	Cataract surgery Corneal graft etc Pterygia excision +/- conj. Graft
	b) INFECTIVE DISEASE Dacryocystitis, chronic, recurrent acute	DCR/LJT etc.
	c) NON SIGHT THREATENING CONDITIONS Ectropion, (no corneal pathology) Strabismus** (cosmetically severe) Troublesome adult epiphora	Lid surgery Strabismus ops DCR
5. <20 points	a) GRADUAL VISUAL LOSS Cataract***	Cataract op
	b) COSMETIC (minor) Strabismus** (minor) Ocular adnexal disfigurement	Strabismus op Oculoplastic procedures
	c) FUNCTIONAL (minor) Adult epiphora Pterygia not threatening vision	DCR/LJT etc Pterygia ops
6. Staged / Planned	Timing and Points not appropriate FSA to Rx dependent on disease and 1st stage of treatment Eg. EUA, radiation plaque, skin flaps, vitreo-retinal ops, strabismus reops.	

*GLAUCOMA RANKING

Severe threat defined as IOP over 30 mmHg on maximum therapy and with visual field defect within 20 degrees of fixation.

Mild threat defined as all others that require surgery.

**STRABISMUS RANKING

POINTS

- | | |
|--|----|
| a) Amblyogenic/potential for BSV or loss of BSV | 65 |
| b) Recent onset diplopia or to improve visual field | 55 |
| c) Intermittent strabismus | 45 |
| d) Cosmetic with impact on psychological development | 45 |
| e) Cosmetic, major deviation (>20 prisms), with psychological impact | 35 |
| f) Cosmetic, major deviation (>20 prisms) | 25 |
| g) Cosmetic, minor deviation (<20 prisms) | 10 |

***CATARACT RANKING

see chart

****CORNEAL DYSTROPHY/DISEASE

that requires a corneal graft

Gradual visual loss and its effects are ranked as for cataract. The delay in restoration of best vision warrants additional 20 points. This only partially compensates.

Note: These national prioritisation criteria should be regarded as guidelines for prioritisation for treatment and will not be appropriate for every individual case. The specialist should ensure that in using these national recommendations generally accepted clinical practice are properly taken into account. If there is a conflict between the national prioritisation criteria and generally accepted clinical practice, then generally accepted practice should prevail.

OPHTHALMOLOGY

National Clinical Priority Assessment Criteria (CPAC)

Patient ID: Complete patient details or place patient sticker here _____

Nat. Hospital No.: _____ Consultant: _____

Name: _____ D.O.B. ____/____/____

Address: _____

Name of Assessor: _____

Date of Assessment: ____/____/____

Diagnosis: _____ **Procedure:** _____

Category Definitions :		
1. Immediate (91 - 100 points)		- <i>within 24 hours</i>
2. Urgent (71 - 90 points)		- <i>within 4 weeks</i>
3. Semi - Urgent (51 - 70 points)		- <i>within 12 weeks</i>
4. Routine (21 - 50 points)		- <i>within 6 months</i>
5. Deferrable (<20 points)		- <i>deferrable</i>
6. Staged / Planned		- <i>management to achieve optimal outcome</i>

NATIONAL REFERRAL GUIDELINES : OPHTHALMOLOGY

Disease or Diagnosis	Category	Score Range	Score
Ocular Trauma			
Acute trauma – priority determined case by case	1 or 2	71-100	
Blowout fracture	2	71-90	
Infections			
Endophthalmitis – usually following penetrating trauma or surgery	1	91-100	
Acute keratitis	1	91-100	
Orbital cellulitis	1	91-100	
Acute dacryocystitis	1	91-100	
Chronic dacryocystitis	4	21-50	
Other non-sight threatening infections	3 or 4	21-70	
Tumours			
Malignant – intraocular	2	71-90	
– of the lids (low grade BCC's)	3	51-70	
Orbital tumours – suspected malignant	2	71-100	
– low grade malignant or benign	3 or 4	21-70	
Other tumours	2, 3 or 4	21-90	
Enucleation/Evisceration			
Malignant tumour or severe pain	2	71-90	
Risk to other eye	2	71-90	
Cosmetic	4 or 5	0-50	
Retinal Disease			
Retinal detachment with macula not detached	1	91-100	
Retinal detachment with macula detached	2	71-90	
Vitreous haemorrhage	2 or 3	51-90	
Retinal pathology requiring laser photocoagulation	2	71-90	
Retinal holes tears etc	2	71-90	
Retinopathy of prematurity	2	71-90	
Diabetic retinopathy	2 or 3	51-90	

NATIONAL REFERRAL GUIDELINES : OPHTHALMOLOGY			
Disease or Diagnosis	Category	Score Range	Score
Glaucoma			
Acute glaucoma	1	91-100	
Chronic glaucoma with high risk of visual loss	2	71-90	
Neovascular glaucoma	2	71-90	
Glaucoma with pain ++	2	71-90	
Chronic glaucoma with low risk of visual loss	3	51-70	
Cataracts			
Lens induced glaucoma	2	71-90	
Cataract extraction required in order to treat posterior segment disease e.g. Diabetic retinopathy	3	51-70	
All other cataracts see separate scoring system	4 or 5	0-50	
Corneal Disease Requiring Keratoplasty			
Score as for cataract but add 20 points for long visual recovery	4	0-70	
Squints			
Risk of amblyopia or loss of BSV	3	65	
Causing diplopia	3	55	
Cosmetic with impact on psychological development	4	45	
Cosmetic >20 prism dioptres with psychological impact	4	35	
Cosmetic >20 prism dioptres	4	25	
Cosmetic < 20 prism dioptres	5	10	
Ptosis			
Paediatric threatening vision	3	51-70	
Adult affecting vision	4	21-50	
Cosmetic - severe	4	21-50	
- other	5	0-20	
Epiphora			
Childhood	3	51-70	
Adult - troublesome	4	21-50	
Ectropion/Entropion			
Entropion	3	51-70	
Ectropion - with corneal pathology	3	51-70	
- without corneal pathology	4	21-50	
Pterygium			
Threatening vision	4	21-50	
Non-sight threatening	5	0-20	
Staged Procedures			
EUA, radiation plaque, skin flaps, strabismus re-operations, vitreo-retinal surgery, etc	6	Staged	
Refractive Eye Care			
Amblyogenic refractive errors	3	51-70	
Low vision aids	4	21-50	

Notes : If the patient requires more than one procedure the score should relate to the most significant procedure.

If there is a conflict between the patient's criteria score and generally accepted clinical practice then the latter should prevail.

