

BTH- Ophthalmology Triage Guidance based on diagnosis.

eRS pathway	Emergency (within 48 hours) <i>**MUST BE CALLED THROUGH TO BTH ON CALL VIA SWITCH BOARD NUMBER 01253 300000****</i>			Urgent (< 2 weeks) <i>**send referral through urgent eRs pathway**</i>	Routine <i>**send referral through routine eRs pathway**</i>
Who triages it?	First On call doctor			Consultant on call	Consultant on call
Urgency / Presenting Symptoms	Same session	Same day	Within 24-48 hours	Urgent	Routine
Location	Emergency Eye Clinic / OOH location	Emergency Eye Clinic / OOH location	Emergency Eye Clinic / Rapid access / OOH location.	Rapid access in EEC (RAC once set up asap)	OPD, Orthoptics, OSCAT, MRU
Trauma	-Chemical injury -Penetrating / high velocity injury (eg. pellet) - Globe rupture - Suspected IOFB	Blunt trauma Lid laceration	Orbital # with diplopia and systemic Sx [+ ORT]	Orbital # with diplopia (adult) Intact globe no systemic Sx [+ORT].	
Vision	Sudden complete loss of vision < 6hours [eg: CRAO, GCA, postop]	Sudden LOV <12 hours Painful / painless resolved/ unresolved.	Sudden LOV >12 hours	Sudden change in vision < 2 weeks Consider CUES first	Gradual LOV >2/52 Eg: PCO (affecting vision) refer to eRS laser clinic, Cataract refer to OSCAT
Eye Pain Scale score 0-5	Pain score 4-5/5. No relief with oral analgesia. +/- nausea or vomiting [AACG]	Pain score 3-4/5, keeping patient awake at night.	Pain score 3-4/5 Relief with analgesia/ photophobia. [uveitis acute 1 st attack]		

Lids/ Lacrimal/ Orbit	- Tight orbit / Orbital compartment syndrome [eg. orbital cellulitis, trauma/retrobulbar haemorrhage]	-New droopy lid/ptosis +/- diplopia/3 rd n. palsy -Acute swollen lids/fever	-Swollen lids cellulitis-No fever [GP to start abx] -HZO with hazy cornea		-FB sensation/gritty <2/52 ? Dry eyes ?In growing lashes? Consider CUES first
Cornea Conjunctiva	-Severe chemical burn (alkaline/ acid)	-Hazy, moderate redness -Corneal ulcer, hypopyon -HZO with corneal involvement - Sx in contact lens wearer, corneal graft	-Clear cornea, red around the limbus, moderate LOV [uveitis/1 st attack] Consider IP CUES first -Corneal FB with rust ring	HZO without corneal involvement [GP to prescribe acyclovir] Consider IP CUES first	
Vitreo-Retina	-RD with macula on	-Acute PVD + Retinal tear -RD with LOV (macula off) - Acute vitreous haemorrhage - IOFB posterior	-F and/or F acute with previous risk factors [myopia, tear, F/Hx of RD] Consider CUES first - LOV with floaters - F and/or F or shadow in post-op VR [within 24 hours] - Submacular haemorrhage acute (<2 weeks duration)	-F+F in vision for over 1 week NO risk factors Refer to CUES first	Macular conditions (ERM, VMT, macular hole)
Medical Retina				Visual distortion - Wet AMD, refer to fast track macular service. Consider CUES with OCT first	
Glaucoma	-Cloudy cornea, severely red + pain, nausea/vomiting [AACG] - Blebitis	[AACG] Dropped vision, hazy cornea, red eye eye pain/headache Nausea/Vomiting	-IOP > 40mmHg any cause [within 24 hours] -Rubeotic glaucoma	IOP 30-40mmHg refer eRS	

Post- Surgery or post - intravitreal injection	<ul style="list-style-type: none"> -Severe pain +/- LOV post-op - Endophthalmitis -blebitis 	<ul style="list-style-type: none"> -Post op LOV < 1-2 /52 [cataract/IVI/VR] - VR postop - , raised IOP, eye pain/ headache, nausea/vomiting -Post-op glaucoma / PK surgery at anytime -Postop lid surgery profuse bleeding 	<ul style="list-style-type: none"> Eye pain post operatively < 2 weeks [VR postop- must be seen same day for IOP check]. 		?postop CMO
Neuro- Ophthalmology (general)	<ul style="list-style-type: none"> -Headaches pain score 4-5/5 with ocular symptoms 	<ul style="list-style-type: none"> -Painful scalp, brow pain, painful temples with eye symptoms [GCA] - Acute diplopia/ 3rd n. palsy + anisocoria + pain/ headache ?- blurred disc margins with headache / anisocoria/ neurologic features 	<ul style="list-style-type: none"> -Diplopia new, sudden, incomitant or worsening [4th,6th n. palsy] -Bell's palsy, new with corneal anaesthesia and lagophthalmos. 	<ul style="list-style-type: none"> - blurred disc margins on routine visit 	<ul style="list-style-type: none"> -Bilateral visual disturbances <2 hrs +/- headaches - long standing diplopia
Paediatric	<ul style="list-style-type: none"> -Cellulitis [painful, swollen lids + pyrexia + unwell] -Sudden onset strabismus if incomitant, new and symptomatic including limited abduction, double vision, headaches or new onset nystagmus 	<ul style="list-style-type: none"> Hypopyon, hyphaema, IOP > 40mmHg - ? acute onset diplopia in child/ or with orbital # in child 	<ul style="list-style-type: none"> -Abnormal pupil with visual symptoms 	<ul style="list-style-type: none"> blurred disc margins on routine visit If strabismus is concomitant but sudden in onset with symptoms. 	
Other	<ul style="list-style-type: none"> -Acutely unwell patient with swollen lids, 			Included above under Medical Retina	

	pyrexia, ocular symptoms, see immediately.				
--	--	--	--	--	--

LOV: Loss of vision, CRAO: Central artery occlusion, GCA: Giant cell arteritis, AACG: Acute angle closure glaucoma, IOP: Intraocular pressure, PVD: Posterior vitreous detachment, RD: Retinal detachment, AMD: Age related macular degeneration, FT: Fast track, FB: foreign body, F+F Flashes and floaters, ORT: Orthoptic assessment.

Wet AMD suspects should be sent through Rapid Access referral pathway for a Fast Track appointment in AMD clinic within 2 weeks

The above triage list is not exhaustive. Any concerns or queries must be discussed with the ophthalmology on call ophthalmologist.