

Referral Guidance

	SAME DAY	WITHIN 1 WEEK	MECS	NON-URGENT
General	Acute Diplopia Chemical injuries Dacrocystitis (to GP) Inexplicable sudden vision loss Penetrating injuries Herpes Zoster (to GP)	Inexplicable gradual visual loss Dacroadenitis Herpes Zoster with corneal involvement		Non-specific repeatable field defects
Lids	Orbital Cellulitis Laceration Blow Out fracture with vision loss Pulsating Proptosis Rapidly acquired ptosis Proptosis with affected vision	Eyelid melanoma (via GP 2/52 cancer referral pathway)	Persistant cysts of Zeis/Moll/Meibomian glands Persistent epiphora Blepharitis In-growing lashes/trichiasis	Acquired ptosis Exophthalmos Ectropian Entropian
Cornea	Microbial keratitis		Dry eye Superficial foreign bodies	Corneal dystrophy with reduced VA New keratoconus Pterygium
Conjunctiva	Foreign bodies		Conjunctival cysts/inclusion with symptoms Allergic conjunctivitis Pingeculae Subconjunctival haemorrhage	
Sclera	Scleritis		Episcleritis	
Iris/AC	Hyphaema Hypopyon Uveitis Endophthalmitis	Iris melanoma (via GP 2/52 cancer referral pathway)		New pupillary defect Rubeosis in NLP eye
Lens	Urgent post-cataract cpmlications			Cataract – via pathway Posterior Capsular Opacification – via pathway
Vitreous	Acute Flashes/Floaters with tobacco dust Vitreous haemorrhage	Vitritis	Asteroid hyalitis/synchesis scintillans	
Fundus	Amaurosis Fugax (to GP for TIA referral) CRAO within 24 hrs Anterior Ischaemic Optic Neuropathy Retinal tears/breaks Retinal Detachment Suspect Temporal Arteritis Papilloedema Retinitis	ARMD with recent Amsler defect – via ARMD pathway CRAO more than 24hrs CVRO/BRVO Direct blunt trauma to eyeball Maculopathy with recent VA change New macular hole Wet ARMD – via ARMD pathway Optic Disc Pallor (suspected compression lesion) Central Serous Retinopathy Choroidal melanoma (via GP's 2/52 referral pathway) Retinal Haemorrhage (to GP if not diabetic or hypertensive)	Dry ARMD with reduced VA	ARMD with stable VA for LVA assessment Retinal Haemorrhage if diabetic/hypertensive Retinitis Pigmentosa Optic Disc Haemorrhage Retinal Emboli (to GP)
Neurology	III Nerve palsy – acute, painful IV Nerve palsy – if sudden, suspect temporal arteritis VI Nerve palsy – if sudden, suspect temporal arteritis	IV Nerve palsy – sudden VI Nerve palsy - sudden		
Glaucoma	Acute red eye with raised IOP	IOP greater than 35mmHg Suspect sub-acute CAG		Suspect POAG – via pathway
Diabetes	Pre-retinal Haem Proliferative DR Rubeosis in useful eye	Focal maculopathy Exudates within 1DD of fovea		Hard exudates within 2DD of fovea Pre-proliferative retinopathy