**Eye Referral Proforma** *Please complete for* ***ALL*** *non-emergency referrals to acute ophthalmology clinic Email:* [Sft.ophthalmologyadvice@nhs.net](mailto:Sft.ophthalmologyadvice@nhs.net)

Ophthalmology Triage Guidance is available on Microguide under ‘Adult Surgery’ – please consult this prior to completing this form

Patient Name: Hospital Number: Patient Tel:

Presenting complaint: (e.g red eye, discharge, sudden painless loss of vision etc.)

History presenting complaint: (duration, character of pain, relieving/exacerbating factors)

Past ocular history: (e.g seen in eye clinic? drops? eye surgery including intra-vitreal injections?)

|  |  |
| --- | --- |
| **Right** | **Left** |
| Visual Acuity | Visual Acuity |
| Intra-ocular Pressure (iCare tonometer) | Intra-ocular Pressure (iCare tonometer) |
| Lids swollen? (**yes/no**)  Lids red? (**yes/no**)  Conjunctiva red? (**yes/no**)  Eye Movements full (**yes/no**)  Double vision (**yes/no**) **Monocular/Binocular**?  PERLA? (**yes/no**) | Lids swollen? (**yes/no**)  Lids red? (**yes/no**)  Conjunctiva red? (**yes/no**)  Eye Movements full (**yes/no**)  Double vision (**yes/no**) **Monocular/Binocular**?  PERLA? (**yes/no**) |
| Examination of eye surface: | Examination of eye surface: |
| Pain improves with anaesthetic drops? (**yes/no**)  (*e.g. proxymetacaine/oxybuprocaine*) | Pain improves with anaesthetic drops? (**yes/no**)  (*e.g. proxymetacaine/oxybuprocaine*) |

**Suspected diagnosis requiring urgent review**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tests/investigations done (e.g.bloods): Treatment started:

Advice given to patient:

**Referrer Name: Position: Contact number**

**COVID19 Ophthalmology cover**

A consultant delivered service, out of the eye clinic, will run 8am-8pm via bleep 1625 until 5pm and via switchboard 5-8pm.

Between 5pm-8pm we may need to see patients within ED and will advise when contacted.

IF THE BLEEP ISN’T ANSWERED PLEASE CALL THE CONSULTANT ON THEIR MOBILE NUMBER VIA SWITCHBOARD.

From 8pm-8am please assess and refer patients as per the below guidance. However, we are happy for you to treat any obvious problems – our Microguide pages cover the management of the vast majority of conditions you may see.

For GCA suspects, please send inflammatory markers in advance and please be available to cannulate and prescribe IV acetazolamide for angle closure patients.

**Having referred to the matrix below please complete the form overleaf**. Advise the patient to expect a phone call within 48 hours. Manage pain with analgesia.

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| --- | --- | --- | --- | --- |
| **Urgency for discussion with Ophthalmology->** | **Same session** | **Refer** | **Advise to see optician** | **Refer elsewhere/re-direct** |
| Trauma | Chemical burn (only after irrigation and normal pH), penetrating injury or rupture, confirmed intra-ocular foreign body, severe proptosis (? retrobulbar haemorrhage), | Diplopia.  Blunt trauma with significant ocular pain or symptomatic vision loss, suspected intra-ocular foreign body | All else |  |
| Red eyes | Unresponsive mid-dilated pupil (?angle closure glaucoma), less than 4 weeks post op with worsened vision (? Endophthalmitis).  Red eye in adult patient systemically unwell/off legs with headache (?angle closure glaucoma**).** | Corneal ulcer (white patch on cornea that stains after fluorescein), severe pain, irregular pupil, history uveitis, hyphaema (blood in anterior chamber), vision loss (better than 6/60). | All else |  |
| Vision loss | Significant vision loss with suspected GCA and raised inflammatory markers, mid-dilated unresponsive pupil in red eye with pain (?angle closure glaucoma). | Significant loss with pain.  Visual field loss with no other neurological symptoms. | All else |  |
| Cornea |  | Corneal graft with reduced vision or pain Corneal ulcer (white patch on cornea that stains after fluorescein), Dendritic ulcer on treatment. Foreign body persistent despite attempted removal. | All else |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Eyelids/  orbit | Unwell patient with acute severe swelling (cellulitis) with reduced ocular movements and proptosis (? Orbital cellulitis or retrobulbar haemorrhage). | Lid swelling with normal movements, pupils and no proptosis (treat as pre-septal cellulitis). Increasing proptosis. Eyelid lacerations.Sudden onset ptosis.  Herpes zoster ophthalmicus (treat with high does oral aciclovir) | All else | Acute facial palsy – re-direct to ENT.  Orbital fractures – re-direct to OMFS |
| IOP (Eye pressure) | IOP >35 with vision loss, pupil change or inflammation. | IOP >35 | All else |  |
| EOM (Eye movements) | Acute diplopia with GCA symptoms and raised inflammatory markers. | Acute diplopia with painful eye movements, pupil change or headache | All else |  |
| Visual disturbance | Significant loss less than 4 weeks post op (any surgery) or with GCA symptoms and raised inflammatory markers. | New onset floaters and flashes with visual field loss or high myope or previous retinal detachment or recent trauma. | All else | Amaurosis fugax, probable hemianopia / quadrantanopia – Re-direct to Stroke SpR / On-call Medics / Rapid Access TIA Clinic  Features of migraine - GP |