COMMUNITY OPTOMETRY TO BELFAST TRUST EYE CASUALTY REFERRAL PATHWAY

Health and Social Care in Northern Ireland

Emergency Ophthalmology services are only available at the Royal Victoria Hospital and Altnagelvin Area Hospital.
Please use the guidelines below when deciding on the urgency of your referral and consider the appropriate referral pathway.

SIGHT-THREATENING EMERGENCIES

REFER TO EYE CASUALTY by TELEPHONE ONLY
DO NOT REFER BY CCG

- Recent Intraocular surgery: Severe pain and loss of vision in patients with recent (< 6 weeks) intraocular surgery / suspected endophthalmitis
- Sudden visual loss of <6 hours duration
- Suspected acute angle closure (red eye with pain, nausea, fixed irregular mid-dilated pupil)
- Red eye with hypopyon (pus in anterior chamber)
- Acute trauma
  - globe rupture
  - suspected intraocular foreign body
  - chemical injury

Ophthalmic presentation of systemic disease.

REFER to Urgent Care Centre / A&E
Eye ADVICE by TELEPHONE ONLY
DO NOT REFER to Ophthalmology by CCG

We are happy to provide emergency input / advice into the **systemic** management of patients with:

- Binocular double vision with optic disc swelling
- Peri-orbital and orbital cellulitis who are systemically unwell
- Painful 3rd nerve palsy
- Acute homonymous hemianopia (stroke)
- Bilateral optic disc swelling without vision loss

OUT OF HOURS: TO HELP US PROVIDE THE BEST SERVICE FOR YOUR PATIENT AND TO AVOID UNNECESSARY WAITING FOR THE PATIENT; PLEASE CONTACT THE OPHTHALMOLOGIST ON CALL BEFORE SENDING TO A&E

ROYAL VICTORIA HOSPITAL BELFAST Eye Casualty
Monday – Friday 0830-1800
Weekends & Bank Holidays 0900-1300
Tel: 028 96150093
Outside above hours (EMERGENCIES ONLY) On call Ophthalmologist
RVH switchboard 02890240503

EYE CASUALTY URGENT ONLY USE CCG

MON --FRI 9am – 5pm ONLY. Outside these hours refer by phone

After optometric examination e.g sight test/NIPEARS
Eye Casualty teams can accept CCG referrals for conditions listed below

- Red eye with: Pain and photophobia History of contact lens use History of iritis History of Herpetic keratitis
- Hyphaema (< ½ of anterior chamber) or visual disturbance following **blunt** trauma
- Raised Intraocular Pressure (without signs AACG) of > 40 mm Hg.
- Orbital fracture with muscle entrapment; involve GP for referral MaxFac
- (Peri-)orbital cellulitis after considering role for oral antibiotics with GP
- Sudden loss of vision > 6 hours' duration
- Acute amaurosis fugax; excluding symptoms typical of ocular migraine
- Acute onset Horner's syndrome
- Suspected retinal detachment, after performing dilated fundal exam
- Sudden onset diplopia without optic disc swelling
- Suspected intraocular tumour
- Herpes Zoster Ophthalmicus **with** red eye
  - If no red eye / vision disturbance, manage medically at GP.
- Suspected Optic neuritis / retrobulbar optic neuritis
- Suspected giant cell arteritis (temporal arteritis) **WITH** vision loss
  - If no vision involvement involve GP for referral Rheumatology

ROUTINE: Refer to Ophthalmology Outpatients via CCG as usual

- Glaucoma referrals with asymptomatic raised intraocular pressure <40 mm Hg
- Other non-urgent / non-sight-threatening conditions eg cataract, cornea, oculoplastics, medical retina; diabetic eye disease, vein occlusion, AMD.

Minor Eye Conditions

Optometrist should provide treatment/advice and refer ***if not responding,*** or other concerns.

- **Belfast Trust (including outreach) INTEGRATED CARE CLINIC (ICC) (16yrs +) Located at Beechall Belfast**
  Referrals via CCG only
- **Western Trust Ophthalmology (including outreach) refer via CCG to General Ophthalmology**

Conditions may include:
Blepharitis
Chalazions
Lid cysts
Dry eyes
Watering eyes
Episcleritis
Allergic, toxic or viral external eye conditions

PAEDIATRIC EYE PATIENTS < 16yo

- **Requiring assessment within 48hours: Refer to Eye Casualty** e.g. Acute ocular trauma, pain/vision loss after recent eye surgery, infective keratitis
- **Requiring urgent assessment (2-15 working days): Select Urgent option**
  Refer to Paediatric Ophthalmology
  BHSCT via CCG; Ophthalmology-Paediatrics.
  WHSCT via CCG: General Ophthalmology
- **Requiring management for systemic disease with ophthalmic presentation or if acutely unwell:**
  Refer to Children's Casualty e.g. Periorbital cellulitis, Swollen discs in unwell child
- **Requiring assessment for squint/amblyopia, Refer** via : RVH, Ophthalmology-Orthoptics

Produced by Eye Casualty Working Group BHSCT, WHSCT, HSC Primary Care & Paeds Ophthalmology
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