

## D9 Urgency of optometric referrals

### Guideline

D9.01 If an optometrist refers a patient, they have a duty to refer with an appropriate degree of urgency.

### Advice

#### General

D9.02 The list below, taken from the College's Framework for Optometric Referrals<sup>1</sup> is intended as guidance as to which conditions require emergency or urgent referral. This is for guidance only, and if local protocols are in place optometrists should refer according to the local protocol. If the patient presents with a condition requiring emergency referral practitioners are encouraged to comply with local referral guidelines or seek advice from the on-call ophthalmologist to determine the most appropriate pathway for the patient to be seen. The list is not intended to be exhaustive, or to fetter the optometrist's professional judgement.

#### D9.03 (a) **Emergency referral**

Acute glaucoma;

IOP  $\geq$  45mmHg (independent of cause);

Chemical injuries;

CRAO < 12 hours old;

Hyphaema;

Hypopyon;

Orbital cellulitis;

Papilloedema;

Penetrating injuries;

Unexplained pre-retinal haemorrhage (in a diabetic patient with known proliferative retinopathy who is already being actively treated in the HES this would not need an emergency referral);

Symptomatic retinal breaks and tears;<sup>2</sup>

Retinal detachment unless this is longstanding and asymptomatic;

Sight threatening keratitis;

Sudden severe ocular pain;

Suspected temporal arteritis;

Unexplained sudden loss of vision;

Uveitis;

Vitreous detachment symptoms with pigment in the vitreous.<sup>2</sup>

#### (b) **Urgent referral (within one week)**

Symptoms or signs suggesting:

CMV and Candida retinitis;

Comotio retinae;

CRVO with elevated IOP;

Acute dacryadenitis;

Acute dacrocystitis;

Disc haemorrhage (although a splinter haemorrhage in a patient with known glaucoma does not require urgent referral);

Scleritis;

Sudden onset diplopia;

IOP > 35 mm Hg (and < 45mmHg);

Retinal detachment if not an emergency (see above);

Retrobulbar/optic neuritis;

Rubeosis;  
Squamous cell carcinoma;  
“Wet” macular degeneration/choroidal neovascular membrane, according to local fast-track protocol.

## **Information**

**D9.04** Other relevant sections include:

*Section D7 – Examining the patient who complains of flashes and floaters*

*Section D8 - Examining the patient who presents as an emergency*

*Section D10 – Referrals/notifications*

## **References**

<sup>1</sup> College of Optometrists Framework for Optometric Referrals 2009 [www.college-optometrists.org](http://www.college-optometrists.org)

<sup>2</sup> The College has produced advice on how to deal with patients who complain of flashes and floaters ([www.college-optometrists.org](http://www.college-optometrists.org))