HaRD Optometrist Referral Pathway

To be used in conjunction with Ophthalmic Referral Guidelines

Key

- Optometrist
- Urgent Referral
- Routine Referral

Patient presents requiring an onward referral (GOS, Minor Eye Conditions Service (MECS) or Private.

Using the "Ophthalmic Referral Guidelines" Does the patient Require an Urgent or Routine Referral (all ages)

All Urgent referrals

Direct Referral – Phone / Email
Contact ophthalmology on call via Hospital Switchboard and e-mail documentation

Switchboard (24 hrs): 01423 885959

Email: (Mon to Fri 8-5) urgentapptcentre.hdft@nhs.net

(or Fax: 01423 554455)

Wet ARMD Referrals
Referrals to be emailed within 1 working day to: urgentapptcentre.hdft@nhs.net
Follow link to E-mailable form

Routine referrals

Refer to Choice Office
MECS referrals as per module
All other patients (18+ years)
Please email documentation.

(Under 18 years - refer via GP)

Choice office 0300 3030060
Email VOYCCG.choice@nhs.net

All emails to be sent via a secure network (ie nhs.net to nhs.net)

Patients may also be referred to their GP if their eye condition relates to their general health

HDFT OPHTHALMIC REFERRAL GUIDELINES

Contact Ophthalmology on call for urgent referrals via hospital switchboard (24 hrs) and email documentation to urgentapptcentre.hdft@nhs.net. (*Note: urgent inbox monitored Monday to Friday, 8am to 5pm)* or fax to 01423 554455

Wet ARMD referrals should be emailed to urgentapptcentre.hdft@nhs.net

URGENT

- WITHIN HOURS }
- WITHIN 24 HOURS } *OR* **ROUTINE**
- WITHIN 2-7 DAYS }

URGENT - WITHIN HOURS

ACUTE ANGLE CLOSURE GLAUCOMA

CHEMICAL BURNS

PENETRATING INJURY OR SUSPECTED INTRAOCULAR FOREIGN BODY

HYPHAEMA (BLUNT INJURY)

HYPOPYON - CORNEAL ABSCESS
SEVERE IRITIS
ENDOPHTHALMITIS

ORBITAL CELLULITIS

ACUTE RETINAL ARTERY OCCLUSION *(UNLESS GIANT CELL ARTERITIS EXCLUDED)

ISCHAEMIC OPTIC NEUROPATHY *(UNLESS GIANT CELL ARTERITIS EXCLUDED)

ACUTE THIRD NERVE PALSY

HORNER'S POST NECK TRAUMA (CAROTID DISSECTION)

URGENT - WITHIN 24 HOURS

SUSPECTED GIANT CELL ARTERITIS, IF TREATMENT STARTED

ACUTE IRITIS

ACUTE METAMORPHOPSIA / WET ARMD (email referral form)

DENDRITIC ULCER

continued……

URGENT – WITHIN 24 HOURS *(…..continued)*

RETINAL TIA'S (AMAUROSIS FUGAX) - *REFER TO STROKE CLI*NIC

SUSPECTED RETINAL DETACHMENT - FLOATERS
PHOTOPSIA
FIELD LOSS

VITREOUS HAEMORRHAGE

URGENT – WITHIN 2-7 DAYS

SCLERITIS

PROLIFERATIVE DIABETIC RETINOPATHY

OPTIC NEURITIS

SUSPECTED OCULAR MALIGNANCY

VERNAL CATARRH

OCULOMOTOR NERVE PALSY

RETINAL VEIN OCCULSION

ROUTINE

MOST CASES OF SUSPECTED CHRONIC GLAUCOMA (UNLESS IOP >35 mmHg)

MEIBOMIAN CYSTS (not routinely referred, see HaRD CCG policy)

ATROPHIC MACULAR DEGENERATION (DRY)

BACKGROUND DIABETIC RETINOPATHY

SUSPECTED SQUINT

MOST CASES OF DIPLOPIA

UNEQUAL PUPILS - ESSENTIAL ANISOCORIA
ADIE'S PUPIL
POST TRAUMATIC MYDRIASIS
HORNER'S SYNDROME (if non-traumatic and painless)