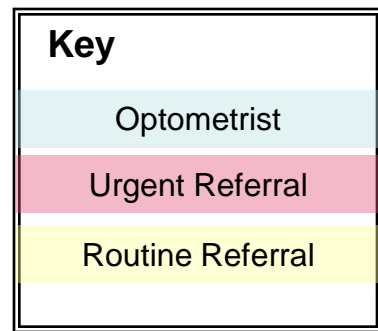


# HaRD Optometrist Referral Pathway

To be used in conjunction with Ophthalmic Referral Guidelines



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

Routine referrals

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

**Wet ARMD Referrals**  
Referrals to be emailed within 1 working day to:  
[urgentapptcentre.hdf@nhs.net](mailto:urgentapptcentre.hdf@nhs.net)  
Follow link to [E-mailable form](#)

**Refer to Choice Office**  
MECS referrals as per module  
All other patients (18+ years)  
**Please email documentation.**  
(Under 18 years - refer via GP)

**Switchboard (24 hrs):**  
01423 885959  
**Email:** (Mon to Fri 8-5)  
[urgentapptcentre.hdf@nhs.net](mailto:urgentapptcentre.hdf@nhs.net)  
(or Fax: 01423 554455)

**Choice office** 0300 3030060  
**Email** [VOYCCG.choice@nhs.net](mailto: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](mailto: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](mailto: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 CLINIC*  
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)