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

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.hdft@nhs.net
Follow link to E-mailable form

Refer to RMS Choice Office
This excludes:
Patients <2 years of age
Glaucoma <18 years of age
All diabetic retinal screening referrals
MECS Referrals as per module
Please email documentation

Switchboard (24 hrs):
01423 885959

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

(or Fax: 01423 554455)

RMS Choice office 0300 3030060
Email: hnyicb-voy.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……*

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)