REFERRAL INFORMATION FOR STOKE MANDEVILLE EYE CASUALTY

"BLEEP" EYE CONDITIONS

Patients presenting with the following conditions need to be seen the same day:

- Acute angle closure glaucoma
- Giant cell/temporal arteritis with temporal pain and 2 lines of vision loss
- Penetrating injury
- Iris prolapse
- Non-diabetic with vitreous haemorrhage and CF vision
- Chemical injury with 2 lines vision loss
- Hypopyon presenting within 5 days of intraocular surgery or injection (eg VEGF)

If your patient has one of the above, please call Stoke Mandeville Eye Casualty: 01296 315939 initially. If the call goes to answerphone, **do not leave a message**. Instead, call 01296 315000 and ask the switchboard operator to **bleep the on-call ophthalmologist**.

Ensure that the call is made by the referring optometrist, who needs to be able to discuss the patient with the ophthalmologist as soon as the call is answered.

URGENT EYE CONDITIONS

Other urgent conditions should be emailed (**only from an nhs.net address**), on the SMH eye casualty referral form, to Stoke Mandeville Eye Casualty <u>buc-tr.buckseyecas@nhs.net</u>.

Clinic times are 09.00 to 17.00 on weekdays and 10.00 to 16.00 at weekends and bank holidays. Within a few hours of receipt of the email, patients will be contacted by a triaging nurse, who will suggest an appointment / management plan.

The phone number for Stoke Mandeville Eye Casualty is 01296 315939.

Urgent eye conditions include, but are not necessarily limited to, the following:

Acute dacroadenitis Acute dacryocystitis

Chemical injury without vision loss

Commotio retinae

CMV and candida retinitis

Cystoid macular oedema

CRAO

CRVO with raised IOP

Diabetic vitreous haemorrhage Diplopia with sudden onset GCA without reduction in vision

Disc haemorrhage

Flashes & floaters <1 week's duration

Hyphaema

IOP>30 - any cause

Orbital cellulitis

Papilloedema

Retinal detachment

Retrobulbar/optic neuritis

Rubeosis

Scleritis

Sight-threatening keratitis
Squamous cell carcinoma
Sudden severe ocular pain
Symptomatic retinal break/tear
Third nerve palsy with pain

Unexplained sudden vision loss

Uveitis

(NB Wet AMD referrals should follow the separate, dedicated referral protocol.)