COVID 19 Urgent Eye Care Service (CUES) Guidance for Primary Care Optometrists BE COVID-19 SAFE: Minimise need for F2F contact Only do the necessary tests Ask for advice if unsure

		Referral to EED Same Day	Positive in the necessary tests Ask for advice in the	
	Referral to EED Same	Referral to EED Sallie Day	Review in practice same day or within 24 hours	Advice over telephone +/- review routinely after
Trauma	• Chemical injury (Alkaline)	Lid laceration	Blunt trauma >1/52 <2/52 if mild	COVID-19
	Penetrating injury	 Blunt trauma – if severe or <1/52 Corneal foreign body (FB) 	Corneal abrasion Subtarsal/conjunctival FB (if equipment to remove)	
Vision	Sudden complete loss of vision <6 hours	 Sudden loss of vision <12 hours (resolved/unresolved) Flashing lights & new floaters with previous history or risk factors (high myopia, previous tear or retinal detachment, family history, trauma) Recent onset of shadows or 'curtaining' in the field of vision Surgical or intravitreal post-op <2/52+loss of VA New onset diplopia 	 Sudden loss of vision > 12 hrs but < 2/52 (resolved) or < 4/52 (unresolved) + OCT/Optos Flashing lights & new floaters (without definite features or risk factors for retinal detachment warranting direct referral to EED) Visual distortion < 1/52 (If vascular occlusion refer to GP for cardiovascular work-up) & imagesto HES 	 Mild blurring Watery Bilateral visual disturbance < 2 hours +/- headache: advice regarding migraine type symptoms
Eye Pain Scale	4-5 Score AND Analgesia gives	• 3-4 Score	Relief with oral analgesia	• FB sensation <2/52
1-5	no relief With nausea/vomiting	Keeping patient awake at nightPost-op<2/52	Photophobia Known recurrent anterior uveitis	 Gritty Irritation + discharge
Headache	4-5 Score AND ocular symptoms (loss of vision)	Painful scalp Brow pain Painful temples (all with ocular symptoms)		Migraine type symptoms refer to GP
Lids/Facial		 New droopy lid/ptosis Acute swollen lids (with pyrexia, +/-diplopia, distorted vision) 	Swollen lids (normal vision, apyrexial)	 Puffy lids & red eye <2/52 Normal VA Watery <2/52 Chalazion: advise warmcompresses Allergic: cold compresses
Cornea & Conjunctiva	Cloudy cornea/visionRed +++ (with pain)	 Hazy cornea/reduced vision Red ++ (with pain) 	 Redness around limbus Known contact lens wearer with symptoms Known recurrent herpes simplex keratitis 	 Localised redness (not sub-conj haem) Red: mild Lost contact lens (advise to consult own CL practitioner, recommend irrigation and consider F2F if symptomatic) Conjunctivitis Subconjunctival haemorrhage
IOP	Angle closure symptoms (haloes/pain/vomiting)Nausea/vomiting			
Other	Acutely unwell adult WITH ocular symptoms, swollen lids, pyrexia			Any patient with symptoms >2/52
Paediatric	Pyrexial, WITHs wollen lids: referral to Paediatric A&E	Swollen lids – not unwell, apyrexial		
Post-op	Pain ++Loss of visionProfuse bleeding	Any post-op < 4/52 should go to surgical team		

This list is not exhaustive. Practitioners should always apply their clinical judgement and refer to the College of Optometrists clinical guidance when deciding on the appropriate clinical pathway or telephone for advice and guidance. Updated 1st June 2020.