EYE EMERGENCY DEPARTMENT TRIAGE TOOL

This triage tool is to be used when triaging telephone referrals and e-referrals.

It is a guide and should be used as such.

If in doubt please discuss with a senior clinician.

Generally, any patient with symptoms present for more than 2 weeks should see their own optician/GP and/or be referred to outpatient clinic.

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| **Presentation** | **Same session/ASAP** | **Same day** | **Within 24 hours** | **Within 3 days** | **Not appropriate – to see optician/GP or referral to clinic** |
| **Trauma** | * Chemical injury
* Penetrating eye injury
 | * Blunt trauma
* Lid Laceration
 | * Blunt trauma>1/52<2/52 – good VA and no pain
* Corneal abrasions
* Corneal FBs
 |  | * Arc eye - advise
 |
| **Vision** | * Sudden complete loss of vision <6 hours
 | * Sudden loss of vision >6 hrs <12 hours
* Post op <2/52 loss of vision
* Unilateral VF defect (new/following F&F)
* Diplopia (new/sudden onset)
 | * Sudden loss of vision >12 hours but <1/52
* F&F with risk factors (myope/tear/RD/FH of RD)
* Post op <2/52 blurred vision
 | * Sudden change in vision <2/52
* F&F <2/52 or >2/52 if prev risk factors
* Visual distortion <2/52
* Mild blurring
 | * Asymptomatic retinal pathology
* Known AMD/CMO/DMO/RVO –email referral to macular clinic\*
* F&F >2/52 PVD clinic (no previous risk factors)
* Gradual LOV >2/52
* Macular hole/ERMS/VMT
* Bilat visual disturbance <2hrs +/- headache – GP/ED
* Irritation with discharge/gritty – see GP
* FB sensation – no history of FB see GP
* Watery eyes – see GP
* Cataracts
 |
| **Eye pain** **Scale 1-5** | * 4-5 score, no relief from analgesia
* With nausea and vomiting
 | * 3-4 score
* Keeping patient awake at night
 | * Relief with analgesia, photophobia
* Post op <2/52
* FB sensation <2/52
 | * In-growing lashes
 |  |
| **Presentation** | **Same session/ASAP** | **Same day** | **Within 24 hours** | **Within 3 days** | **Not appropriate – to see optician/GP or referral to clinic** |
| **Headache** | * 4-5 score with eye symptoms
 | * Painful scalp, painful temples, jaw pain (all with eye symptoms)
* With diplopia
 |  |  | * No eye symptoms – see GP/ED/Rheum
 |
| **Lids/facial** |  | * New droopy lid/ptosis
* Acute swollen lids (with fever/diplopia)
 | * Swollen lids (normal vision, apyrexial)
* Proptosis (with visual loss/pain)
 | * Puffy lids & red eye <2/52, normal vision
* Watery <2/52
* Itching <2/52
 | * Chalazion – advise warm compress, see GP
* Blepharitis – lid hygiene, see GP/refer to clinic
* Proptosis only – GP 2 week referral
* Herpes Zoster – GP to start oral antiviral asap and see within 24 hours
 |
| **Cornea/****Conjunctiva** | * Cloudy, Red severe (with pain)
 | * Hazy, Red moderate
* CL wear (redness/pain with reduced vision)
* Corneal graft patients – reduced vision, pain
 | * Clear cornea, red around limbus
* CL wear (redness/pain without reduced vision)
* Corneal graft patients – FB sensation, no LOV
* Redness and pain with prev HSK,HZK, immunosuppressed
 | * Red mild
 | * Subconj hge – see GP/BP check
* >2/52 red eyes – see GP
* incidental corneal/conj findings by OO – refer to OPD
* suspicion of keratoconus – refer to OPD
 |
| **Presentation** | **Same session/ASAP** | **Same day** | **Within 24 hours** | **Within 3 days** | **Not appropriate – to see optician/GP or referral to clinic** |
| **Glaucoma** | * Fixed, dilated pupil with high IOP
* Nausea/vomiting
 | * IOP≥40mmHg
 |  | * IOP≥35<40mmHg
* IOP≥21mmHg with nausea/reduced vision
 | * IOP<35mmHg – to refer to clinic
* Post op – discuss with glaucoma team urgently
* Drop allergy – discuss with glaucoma team for which patient is under
* Run out of drops – GP to prescribe
 |
| **Paediatric** | * Unwell, pyrexial, swollen lids (see once stable – advise to attend ED)
 | * Swollen lids – not unwell, apyrexial
 | * Abnormal pupil/unequal pupil with visual symptoms
 |  | * >1/12 symptoms – see GP/refer to OPD
* Absent red reflex – GP to refer to OPD
 |
| **Post-op** | * Moderate pain, LOV
* Profuse bleeding
* hypopyon
 | * Post op <2/52 loss of vision
 |  |  | * Asymptomatic – OPD
* Post op <12/12 – refer to Consultant secretary
* Post op >12/12 – refer to OPD
* Post op drops – Consultant’s secretary
 |
| **Neuro** | * Unequal pupil with ptosis, diplopia
 | * Swollen disc(s)
* New onset anisocoria
* New onset diplopia
 | * Bell’s palsy with vision loss/pain
 |  | * Unequal pupil size with no LOV, no ptosis, no trauma- GP to refer to clinic
* Bilat VF defect – ED/stroke team
* Bell’s Palsy without vision loss/pain – advise lubricants and lip taping
* Diplopia with facial weakness – GP/ED
 |
| **Presentation** | **Same session/ASAP** | **Same day** | **Within 24 hours** | **Within 3 days** | **Not appropriate – to see optician/GP or referral to clinic** |
| **Other** | * Acutely unwell adult with ocular symptoms, swollen lids, pyrexia
* hypopyon
 | * Hypheaema
 | * Localised redness (not subconj hge) <2/52
 |  | * Symptoms >2/52 see OO/GP to refer to OPD
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Abbreviation

AMD Age related macular degeneration

CL Contact lens

CMO Cystoid macular oedema (swelling at macula due to inflammation/diabetes/vein occlusion etc)

DMO Diabetic macular oedema (swelling at macula due to diabetes)

ERM Epiretinal membrane

F&F Flashes and Floaters (flashes of light and black spots/cobweb in vision – usually unilateral)

FB Foreign body

FH Family history

HSK Herpes simplex keratitis

HZK Herpes zoster keratitis

LOV Loss of vision

OO Optician

OPD Outpatient department

PVD Posterior vitreous detachment

RD Retinal detachment

RVO Retinal vein occlusion

VF Visual field

VMT Vitreomacular traction