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 GP and/or be referred to outpatient clinic.

Presentation	Same session	Same day	Within 24 – 48 hours	Within 3 days	See in Minor Clinic	Refer to Outpatient clinic	Send to GP
Trauma	• Chemical injury • Penetrating eye injury	• Recent blunt trauma • Lid laceration	• Blunt trauma >1/52<2/52 – good VA and no pain		• Corneal abrasions • Corneal + Conjunctival FBs		• Arc eye - advise
Vision	• Sudden complete loss of vision <6 hours +/- Pain	• Unilateral VF defect (new-following F&F) • Sudden **loss of vision** >6 hours but < 12 hrs (resolved/unresolved)	• Sudden **loss of vision** >12 hours but <1/52 (resolved/unresolved) • New onset submacular haemorrhage less than 2 weeks – d/w VR team • Diplopia (new/sudden onset) • Blurry vision >1/52 with redness +/- photophobia	• Visual distortion <2/52 • Sudden change in vision <2/52		• Known AMD/CMO/DMO/RVO –email referral to macular clinic* • Asymptomatic retinal pathology • Macular hole/ERMS/VMT to VR clinic • Amaurosis fugax - TIA clinic (referral form)	• Bilat visual disturbance <2hrs +/- headache • Cataracts • Gradual LOV >2/52/Optometrist
Eye pain (score 1-10)	• 8-10 score, no relief with analgesia • With nausea/ vomiting +/- change in vision	• 5-7 score • Keeping patient awake at night			• Relief with analgesia, photophobia		

Presentation	Same session	Same day	Within 24 – 48 hours	Within 3 days	See in Minor Clinic	Refer to Outpatient clinic	Send to GP
Cornea/ Conjunctiva	• Cloudy, Red severe (with pain)	• Hazy, Red moderate • CL wear • (redness/pain with reduced vision) • Corneal graft patients – reduced vision, pain	• Corneal graft patients – FB sensation, no LOV		• Red with mild irritation • CL wear (redness/pain without reduced vision) • Redness and pain with previous HSK/HZK • >2/52 red eyes if already seen GP	• Suspicion of keratoconus – refer to OPD	• Subconj hge – see GP • >2/52 red eyes – see GP if not seen before
Lids/facial	• New onset ptosis +/- pain	• Acute swollen lids (with fever/diplopia) • Proptosis (with vision loss/pain)	Swollen lids(no VL,apyrexial)		• Puffy lids & red eye <2/52, normal vision • In-growing lashes • Itchy eyes <2/52 • Significant Blepharitis		• Lid lumps – note location, request photo, GP 2/52 referral if suspicious • Chalazion – advise warm compress, see GP • Proptosis only – ask GP for oculoplastic 2/52 referral
Glaucoma	• Fixed, dilated pupil with high IOP with		• IOP >35<40mmHg	• IOP>21 with nausea/vomiting/blurry vision	• Glaucoma drop allergy		• Run out of drops – GP to prescribe

Presentation	Same session	Same day	Within 24 – 48 hours	Within 3 days	See in Minor Clinic	Refer to Outpatient clinic	Send to GP
	nausea/vomiting • IOP>40mmHg						
Post-op	• Post op < 2/52 with moderate pain + LOV or blurry vision • Profuse bleeding • Hypopyon		• Post op pain <2/52 without LOV			• Post op drops – Consultant's secretary • Post op more than 2/52 – refer to Consultant secretary	
Neuro	• Swollen disc(s) symptomatic • New onset anisocoria **with** ptosis/diplopia/ pain/trauma/visual sxs • New onset diplopia + ptosis		• Asymptomatic swollen discs • Bell's palsy with vision loss/pain • Abnormal pupil/unequal pupil **without** ptosis/diplopia/ pain/trauma/visual sxs			• Longstanding unequal pupil size with no LOV, no ptosis, no trauma- refer to neuro clinic	• Bilat VF defect – ED/stroke team • Bell's Palsy without vision loss/pain- GP/ED
Paediatrics	• Unwell, pyrexial,swollen lids <16 yrs age	• Swollen lids, apyrexial,not unwell	• New onset Abnormal pupil				

Presentation	Same session	Same day	Within 24 – 48 hours	Within 3 days	See in Minor Clinic	Refer to Outpatient clinic	Send to GP
			• New onset absent red reflex • NAI				
Headaches	• Painful scalp, painful temples, jaw pain (all with eye symptoms) • With new onset diplopia						• H/A with NO eye symptoms – see GP
Other	• Acutely unwell adult with ocular symptoms, swollen lids, pyrexia • Hypopyon • Mac on RD	• Hyphaema	• F&F <2/52 with risk factors (myope/tear/RD /FH of RD)	• F&F without risk factors see in Acute VR or >2/52 with risk factors see in EERS	• Localised redness (not SCH) <2/52		

*Macular Clinic **wetamd@uhcw.nhs.uk**

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	
NAI		Non accidental injury
OO		Optician
OPD		Outpatient department
PVD		Posterior vitreous detachment
RD		Retinal detachment
RVO		Retinal vein occlusion
SCH		Sub-conjunctival haemorrhage
VF		Visual field
VMT		Vitreomacular traction