

## Dorset Minor Eye Conditions and Emergency Care Triaging Tool

Category	Symptoms/ presentation	Refer to/ advise to attend	Timeline from presentation
Trauma	Chemical injury	Hospital <i>Advise to irrigate before attending</i>	<1 hour
	Penetrating injury (high velocity impact)	Hospital	<1 hour
	Lid laceration	Hospital	<24 hours
	Moderate to severe blunt trauma	Hospital	<24 hours
	Corneal abrasions	UTC/ MIU/ community ophthalmology service	<24 hours
	Superficial corneal foreign bodies	UTC/ MIU/ community ophthalmology service	<48 hours
	Mild blunt trauma with no loss of vision	Community ophthalmology service	Within 3 days
Vision	Sudden significant loss of vision	Hospital	<4 hours
	Post-operative loss of vision	Hospital	<12 hours
	Diplopia (new, sudden, or worse with orthoptics if binocular)	Hospital	<24 hours
	New flashers or floaters with previous history or risk factors	Hospital	<24 hours
	New Uveitis, or reoccurrence <4 months	Hospital	<48 hours
	Known Uveitis- reoccurrence >4months since last episode.	Community ophthalmology service	<48 hours
	Increased floaters/ flashing lights with no other risk factors or signs of retinal detachment	Community ophthalmology service	<48 hours
	Mild blurring (including post-operative)	Community ophthalmology service	<3 days
	Visual distortion (not requiring refraction)	Community ophthalmology service	<1 week
	Gradual change in vision	Optometrist/ optician practice	<1 week
	Gradual loss of vision	Optometrist/ optician practice	<1 week

	Bilateral visual disturbance +/- headache with no additional risk factors/ symptoms	GP	<1 week
Eye pain scale 1-5 (not including post-operative pain)	Pain score of 3 to 5	Hospital	<4 hours
	Pain with no relief from oral analgesia	Hospital	<4 hours
	Pain with nausea/ vomiting	Hospital	<4 hours
	Pain score of 1 to 2, or with relief from oral analgesia	Community ophthalmology service	<3 days
	Pain with mild to moderate photophobia	Community ophthalmology service	<3 days
	Irritation with discharge	Advise ocular lubricants, community pharmacy/ self-care*	<1 week
	Gritty sensation	Advise ocular lubricants, community pharmacy/ self-care*	1-2 weeks
	Foreign body sensation without possibility/risk of actual foreign body (no pain, no visual disturbances or reduced vision)	Advise ocular lubricants, community pharmacy/ self-care*	1-2 weeks
Headache	With ocular symptoms <b>and</b> 4-5 pain score; painful scalp; brow pain or painful temples	Hospital	<12 hours
	Tender temples with no visual symptoms	GP	At patient discretion
	Migraine	GP if undiagnosed, or community pharmacy if diagnosed	At patient discretion
Lids/ facial (not including trauma)	III nerve palsy (double vision with droopy lid and dilated pupil)	Hospital	<4 hours
	Acute swelling of lids with pyrexia, +/- diplopia/ distorted vision	Hospital	<12 hours
	Pain on ocular movement	Hospital	<24 hours
	New droopy lids/ ptosis	Hospital	<24 hours
	Mild to moderate swollen lids, apyrexial, with normal vision and no redness	Community ophthalmology service	<48 hours
	Puffy lids and red eyes <2/52, with normal vision	Community ophthalmology service	< 3 days

	Watery eyes <2/52	Community ophthalmology service	< 3 days
	Mild allergic reaction (itchy eyes, stringy bits in vision)	Community pharmacy	<2 weeks
	Blepharitis (gritty eyes with sore lids)	Advise ocular lubricants, community pharmacy/ self-care*	<2 weeks
	Chalazion (non-painful bumps)	Advise ocular lubricants, community pharmacy/ self-care*	<2 weeks
	Styes	Advise ocular lubricants, community pharmacy/ self-care*	<2 weeks
Cornea/ conjunctivitis	Cloudy	Hospital	<24 hours
	Moderate to severe redness	Hospital	<24 hours
	Mild to moderate redness around limbus, clear cornea	UTC/ MIU/ community ophthalmology service	< 3 days
	Localised redness with no sign of sub-conjunctival haemorrhage	UTC/ MIU/ community ophthalmology service	<5 days
	Moderate redness	UTC/ MIU/ community ophthalmology service	<5 days
	Lost contact lens/ contact lens problem	Patient's usual optometrist/ contact lens optician OR UTC/MIU	<2 days
	Bacterial conjunctivitis (patient >2 years old)	Pharmacy	< 3 days
	Bacterial conjunctivitis (patient <2 years old)	GP	<3 days
	Sub-conjunctival haemorrhage (BP check needed)-	GP	<3 days
	Mild redness	Advise ocular lubricants, community pharmacy/ self-care*	< 1 week
Paediatric	Pre-septal / orbital cellulitis	Hospital	<8 hours/ <1 hour for orbital
	Any child with symptoms <2 weeks	Hospital	Dependant on presentation
	Viral or bacterial conjunctivitis age <2	GP	<3 days
	Viral or bacterial conjunctivitis age >2	Pharmacy	< 3 days
	Any child with symptoms > 2 week	Outpatient Department via GP referral	As guided by referral

	Absent red reflex	Outpatient Department via GP referral	Within 2 weeks
Post-operative patients	Severe pain	Hospital	<1 hour
	Loss of vision	Hospital	<1 hour
	Profuse bleeding	Hospital	< 2 hours
	Mild pain or blurring	Community ophthalmology service	<3 days
	Cystoid macular oedema	Outpatient Department via GP referral/ via post-operative cataract route	<4 weeks
	Mild post-operative inflammation with a drop in vision	Outpatient Department via GP referral	<4 weeks
Other	Any acute illness in adults with ocular symptoms	Hospital	Symptom dependant- <24 hours
	Abnormal pupil with visual symptoms	Hospital	<24 hours
	Hypopyon	Hospital	<24 hours
	Hyphema	Hospital	<24 hours
	IOP >40 mmHg	Hospital	<24 hours
	Possible swollen discs with symptoms	Hospital	<24 hours
	IOP 30-40 mmHg with no symptoms	Community ophthalmology service	<1 week
	Choroidal lesions	Outpatient Department via GP referral	As per clinical discretion
	Possible swollen discs with no other symptoms	Outpatient Department via GP referral	<i>May require urgent referral depending on case/ circumstances</i>
Symptoms >2 weeks not in urgent category	Optometrist	< 2 weeks	

\*if symptoms persist for >2 weeks with advised self-care, please advise patient to contact 111 or the community ophthalmology service.

Contact information for services:

Royal Bournemouth Eye Emergency Department	Dorset County Eye Emergency Department	Urgent Treatment Centre (UTC) and Minor injury units (MIUs)	CHEC Dorset community ophthalmology service
Triage line: 0300 019 4181	Email triage line*: REITriage@dchft.nhs.uk *Please note this is for GPs and Optometrist use ONLY. Do not give out to patients.	Advise patient to call 111.	Advise patient to call: 0344 264 4160
Opening hours: Weekdays 08:00 to 18:00 Saturdays and bank holidays: 08:30 to 18:00 Sundays 08:30 to 14:00	Opening hours: Weekdays 08:30 to 17:30 (triage operates until 6pm) Saturdays 08:30 to 11:30	111 phone line operates 24 hours per day, 7 days per week. Opening hours vary. Please check <a href="https://www.dorsethealthcare.nhs.uk/miu-A&amp;E">https://www.dorsethealthcare.nhs.uk/miu A&amp;E</a> for up-to-date hours.	Telephone operating hours: Weekdays 8am-6pm Saturdays 8am-4pm

If the patient has a sight-threatening conditions outside of the eye ED opening hours, please advise to attend Accident and Emergency department.

[Find an optician - NHS \(www.nhs.uk\)](https://www.nhs.uk)

[Find a pharmacy - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Please note: this tool was developed to support triaging a patient within primary care settings to the correct service. It is not intended to be used as an alternative to clinical judgement.