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|  | **Emergency (Same Day)****Please send the patient to eye casualty with a copy of referral letter** | **Rapid Access Clinic (Urgent Referrals)****to be seen within 1-2 weeks****ophthalmleyecasualty@uhl-tr.nhs.uk** | **Medical Retina referrals including FAST TRACK WET AMD service****medretuhl@uhl-tr.nhs.uk** | **Non Urgent Referrals (soon/routine)****Greater than 2 weeks****faxedreferrals@uhl-tr.nhs.uk** |
| **Visual** | • Sudden onset flashes & floaters with risk factors• Sudden onset of neurological visual field defect• Sudden onset diplopia• Sudden persistent or intermittent loss of vision (excluding ocular migraine) |  • Unexplained gradual vision loss < 4 weeks | • Sudden onset distortion• Abnormal macula OCT appearance affecting visual acuity | • Cataracts should be referred via the local pathway wherever possible• Suspected Paediatric Amblyopia or squints |
| **Anterior segment** | • Blunt, penetrating or chemical Injury• Large non-resolving corneal abrasions• Corneal foreign body• Severe painful red eye with or without photophobia• Contact lens related corneal ulcer• Corneal infiltrate and Dendritic Ulcer• Cells and flare in anterior chamber• IOP > 40mmHg• Post operative complications < 2 weeks• Acute swollen eyelids (excluding chalazion)• Herpes Zoster Ophthalmicus with ocular involvement• Anisocoria with associated acute ptosis or abnormal ocular motor balance• Endophthalmitis | • Conjunctivitis unresponsive to treatment• Episcleritis unresponsive to treatment• IOP 30 to 40 mmHg• Narrow van herick anterior chamber angle grade 1 with symptoms• Post operative cataract complications > 4 weeks |  | • Recurrent corneal erosion syndrome unresponsive to topical medication• Chalazion unresponsive to treatment and suitable for excision• Suspected periocular malignancy (Oculoplastics referral will be arranged via 2 week wait service) |
| **Posterior segment** | • Suspected retinal detachment, tears or breaks• Suspected wet AMD in the only seeing eye• Vitreous haemorrhage |  | • Suspect Wet AMD• Diabetic Retinopathy R2 and R3• Diabetic Maculopathy M1• Retinal Vein occlusions including all subtypes | • Asymptomatic retinal pathology including peripheral degeneration and retinal naevus • Suspect glaucoma, IOP >23mmHg, Optic Nerve Head changes, Visual field defects characteristic of glaucoma• Hydroxychloroquine retinopathy screening registration |
| **Neurological** | • Suspected bilateral Papilloedema with headaches and reduced vision• Persistent or intermittent Periorbital ache with nausea and vomiting• Temporal headache with acute vision loss in patients over 50 years old with or without jaw claudication and scalp tenderness• Acutely unwell adult or child with ocular symptoms including pyrexia and swollen eyelids | • Suspected optic disc swelling with NO symptoms & no visual field defect |  |  |



**UHL Ophthalmology Triage Tool** *Updated January 2021*
Eye Casualty opening hours: Mon to Fri 8.30 to 16.30, Weekends & Bank Holidays : 8.30 to 12.30 Out of these hours, patients with immediate emergencies should be sent to main A&E
For information and advice, please contact Eye Casualty reception on 0116 2586273