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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