



**July 2023** 

# Emergency Department News Bulletin



## **Emergency Department Referrals**

We are now almost back to pre-pandemic levels of face-to-face activity, with virtual consultations still playing a hugely important part of our emergency eye care. The London Eye Casualty Map remains current – it is important that you use local referral pathways in an emergency, and this is particularly so if patients are already under the care of another unit. Our most recent audit, which matches national data, show that almost 60% of Eye ED attendances do not meet the criteria for same day emergencies. Examples of cases which need to be seen on the day are endophthalmitis, penetrating eye injuries, severe chemical burns, acute angle closure glaucoma, retrobulbar haemorrhage etc. It is essential therefore that you call us if you are in our area or your local unit (if outside East London) to discuss cases prior to sending. It causes huge upset to patients when they are triaged away from A&E after being sent without discussion. If we agree to accept your patient, please write the accepting doctors name on your referral. Please do not send patients without first speaking to us – we have multiple rapid access pathways for most conditions – so A&E might not be the best option. Always call us prior to sending the patient.

#### **AMD**

Most units have rapid access AMD clinics available to you. Please do not send AMD to A&E as we do not consider this to be a same day emergency. Please use existing 2 week referral pathways for new referrals.

### Allergic eye disease

This does not need to be seen in the A&E department I have attached our Allergy leaflet for your reference. All of the drugs listed are easily obtainable from the patient's GP without referral from a specialist. Please ask the patient to see their GP for a prescription only if simple over the counter treatments have not worked.

#### **OCT** scans

Every day we receive patients who are sent with an abnormal OCT scan. In most cases, these are not same day emergencies. CSR, DM, AMD are not same day emergencies. Please use your local referral pathways for these cases.

#### **Ocular tumours**

Please do not send ocular tumours to the A&E department as rapid access, urgent pathways already exist. Please always append a photograph/OCT to support your referral. These cases should be seen in their local hospital eye service in the first instance so that patients are appropriately worked up prior to consultant-to-consultant referral.

## Sexually transmitted infections are on the rise

A&E has seen a significant increase in presentations with ocular syphilis, gonorrhoea and chlamydia. Please discuss all cases of severely purulent conjunctivitis with your local eye A&E immediately.