Annex 4 Urgency of referrals table

	Emergency (ASAP)	Emergency (within 24 hrs)	Urgent / Priority – suggested telephone eye department for triage
	Condition		
Anterior	**Red eye (non traumatic)** • AACG • Painful recent (<2/12) post-op (hypopyon / blebitis / endophthalmitis) • Corneal graft rejection. **Red eye (traumatic) – if severe** • Chemical burns (irrigate first) • Penetrating injuries.	**Red eye (non traumatic)** • Scleritis • Infective keratitis • Herpes zoster ophthalmicus with acute skin lesions (emergency referral to GP for systemic anti-viral treatment with urgent referral to ophthalmology if deeper cornea involved) • Iritis / Uveitis • Corneal melt. **Red eye (traumatic)** • Hyphaema • Corneal FB embedded into stroma or with rust ring (unless optom specifically trained in rust ring removal) • Corneal or lid laceration. **Other** • Acute dacryocystitis in children, or in adults if severe • Viral conjunctivitis if severe (e.g. presence of pseudomembrane) • Blunt trauma • Hypopyon.	• Iris rubeosis • Chronic exophthalmos / proptosis • Marginal keratitis • Severe corneal abrasion • Acute dacryoadenitis • Acute dacryocystitis if mild • Atopic keratoconjunctivitis with corneal epithelial macro-erosion or plaque • Chlamydial conjunctivitis (refer to GP) • Herpes zoster ophthalmicus if deeper cornea involved • Corneal hydrops if vascularisation present. • Keratoconjunctivitis sicca if Stevens-Johnson syndrome or ocular cicatrical pemphigoid are suspected. • Ocular rosacea with severe keratitis • Squamous cell carcinoma • Vernal keratoconjunctivitis with active limbal or corneal involvement.

	Emergency (ASAP)	Emergency (within 24 hrs)	Urgent / Priority – suggested telephone eye department for triage
Visual loss	• Suspected temporal arteritis • Sudden complete loss of vision <6hrs.	Sudden visual loss of unknown cause (< 24 hrs)	• Amaurosis fugax: refer to GP for TIA work-up • Optic neuritis • Sudden change in vision <2/52.
Posterior	• Retinal artery occlusion <12hrs • Retinal detachment: Macula on.	• Floaters/photopsia < 48 hrs + tobacco dust • Symptomatic retinal tears & breaks • Retinal detachment: Macula off • Pre-retinal haemorrhage (although a pre-retinal haem in a diabetic px with known proliferative retinopathy who is being actively treated in the HES would not need an emergency referral) • Papilloedema • CMV and candida retinitis.	• Vitritis • Vitreous haemorrhage • Wet AMD (according to local protocol) • CRVO with elevated IOP (=/>40mmHg refer as emergency) • Myopic CNV • BRVO + central foveal haem • Proliferative diabetic retinopathy • Commotio retinae • Retinal detachment if not an emergency unless longstanding and asymptomatic • Central serous retinopathy.

	Emergency (ASAP)	Emergency (within 24 hrs)	Urgent / Priority – suggested telephone eye department for triage
Other	Severe eye pain with nausea / vomiting.	• Orbital cellulitis • Acute proptosis • Acute onset diplopia / squint / ptosis / nerve palsy (new, sudden or worse) • Painful Horner's syndrome • Pain on ocular movement • IOP ≥40mmHg (independent of cause) • Sudden severe ocular pain, or post op <2/52.	• Suspected cancers • Suspected compressive lesion • New pupillary defects • IOP >35mmHg • Steroid induced glaucoma.