

# RCH Ophthalmology Department Referral Guidelines by Diagnosis<sup>1</sup>

(Updated November 2023)

Condition	Evaluation	Management	Referral Guidelines
Amblyopia	Visual Acuity	Local Eye Care Provider	Group 2 referral if not responding to management locally. <b>Referral must contain local eye care provider report.</b>
Astigmatism	Optometrist examination	Local Eye Care Provider	Group 3 referral i.e., will be rejected if isolated condition.
Acute Eye Injuries, Blunt Trauma, Hyphema, Traumatic mydriasis, Loss of vision		See RCH clinical practice guidelines (Acute Eye Injury)	Emergency department + call ophthalmology registrar <sup>2</sup>
Blepharitis			Group 3 referral i.e., will be rejected if isolated condition. Refer to local eye care provider.
Blurred vision	Visual Acuity		Group 1 (call registrar <sup>2</sup> ) if acute, Group 2 if longstanding, <b>referral must contain local eye care provider report.</b>
Cataract			Group 1 referral (call registrar <sup>2</sup> ) if < 3-year-old, Group 2 if longstanding, <b>referral must contain local eye care provider report.</b>
Chalazia / Meibomian cyst/stye		Warm compress and massage towards lid margin, lid hygiene, consider topical antibiotics	Group 3 referral i.e. will be rejected if isolated condition. <b>Referral must contain local eye care provider report and photos to assist triage.</b>
Chemical burns	Check pH if possible	Irrigation	Emergency department
Conjunctivitis	Swab (bacterial and viral including adenoviral PCR)	trial of topical antibiotics	Group 1 referral (call registrar <sup>2</sup> ) ONLY if severe or affecting vision and not responding to management.
Dacryoceles			Group 1 referral (Call registrar <sup>2</sup> )
Dermoid			Group 2 referral
Diplopia			Group 1 referral (call registrar <sup>2</sup> ) if new onset.
Eyelids / malposition i.e. Ptosis, epiblepharon, ectropion, entropion	Neurological examination (for Ptosis)	Lubricant eye drops PRN	Group 1 referral (call registrar <sup>2</sup> ) if acute, affecting vision or abnormal neurological exam.  Group 2 referral if uncomfortable.
Foreign Body			Emergency department
Glaucoma			Group 1 referral (call registrar <sup>2</sup> )

Haemangioma	Assess size, shape and if amblyogenic		<p>Photos will help with triage.</p> <p>Group 1 referral (call registrar<sup>2</sup>) if under age 6 months and potentially amblyogenic (to enable consideration for propranolol treatment).</p> <p>Group 2 referral if over age 6 months and potentially amblyogenic</p> <p>Group 2 referral if segmental (risk of PHACE syndrome).</p> <p>Group 3 referral if non amblyogenic. i.e., will be rejected. Refer to local eye care provider.</p>
Headaches	Pupil check, brain imaging if suggestive features. VA/Refraction with local optometrist		<p>Group 1 referral (call registrar<sup>2</sup>) if pupil abnormality or vision loss. Include local eye care provider report if available.</p> <p>Group 3 not routinely seen if no vision or eye movement deficit (refer to neurologist).</p>
Hypermetropia	Optometrist examination	Local eye care provider	Group 3 i.e., will be rejected if isolated condition. Refer to local eye care provider.
Itchy eyes/hay fever		Lubricant eye drops, antihistamine systemically and/or topically, mast-cell stabiliser topically. If severe or chronic refer to local eye care provider for management.	<p>Group 3 i.e., will be rejected if isolated condition. Refer to local eye care provider.</p> <p>Group 1 Referral (call registrar<sup>2</sup>): if there are corneal complications – ulcers, significant scarring, or new vessels. <b>Require report from local eye care provider</b></p>
Meibomian cyst		Warm compress and massage towards lid margin, lid hygiene, consider topical antibiotics.	Group 3 i.e., will be rejected if isolated condition. Refer to local eye care provider.
Myopia and myopia progression	Optometrist examination	Managed locally	Group 3 i.e., will be rejected if isolated condition. Refer to local eye care provider.

Naso-lacrimal duct obstruction		Encourage massage of nasolacrimal sac from medial canthus towards the nose. Local eye care provider to manage where possible.	If younger than 12 months of age Group 3 i.e., referral will be rejected (90% resolve spontaneously by 12 months).  Group 2 referral if persistent >12 months of age. <b>Referral must contain local eye care provider report.</b>  Consider referral to Melb Eyecare Clinic (MEC) to be assessed according to RCH-MEC collaborative care guidelines. <a href="http://www.eyecare.mthc.com.au">www.eyecare.mthc.com.au</a>
Neurofibromatosis			Group 2 referral
Nystagmus	Neurological examination		If new or sudden onset: Group 1 referral (call registrar <sup>2</sup> ). If longstanding: Group 2 referral.
Orbital Fracture or suspected fracture			Emergency department
Optic Nerve Head Pallor / Pale optic nerve / Optic nerve atrophy	Visual Acuity, OCT if available, Fundus photos if available.		Group 1 referral (call registrar <sup>2</sup> )
Optic Nerve Head Swelling: Query Drusen or Papilloedema	Visual Acuity, OCT if available, Fundus photos if available		Group 1 referral (call registrar <sup>2</sup> )
Peri orbital and Orbital Cellulitis		See RCH clinical practice guidelines	Group 1 referral (call registrar <sup>2</sup> )
Proptosis			Group 1 referral (call registrar <sup>2</sup> )
Ptosis	Neurological examination		If no other neurological deficit and longstanding, Group 2 referral
Pupil Defect			If acute onset/caused by trauma then Group 1 referral (call registrar <sup>2</sup> ). If longstanding, Group 2 referral.
Refractive Error	Optometrist examination		Group 3 i.e. will be rejected if isolated condition. Refer to local eye care provider.  Group 2 if associated strabismus or amblyopia.
Retinal Detachments			If > 2 years old, Royal Victorian Eye and Ear Hospital emergency department.  If <2 years old, RCH emergency department.

Retinal tumours			Group 1 referral (call registrar <sup>2</sup> )
Retinoblastoma			Group 1 referral (call registrar <sup>2</sup> )
Retinopathy of prematurity			Group 1 referral (call registrar <sup>2</sup> )
Squint/Strabismus, Esotropia, Exotropia, Hypertropia, Hypotropia, Nerve Palsies,	Neurological examination, Visual Acuity, Cover Test, Ocular Motility		If abnormal neurological exam: Group 1 referral (call registrar <sup>2</sup> ).  If normal neurological examination: Not responding to management locally or is requiring surgery: Group 2 referral. <b>Referral must contain local eye care provider report.</b>
Sticky eyes > 2 weeks of age			Group 3 i.e. will be rejected if isolated condition. Refer to local eye care provider.
Sticky eyes (from birth to 2 weeks)	Swab (bacterial including chlamydia PCR)	Erythromycin 50mg/kg/day divided into QID dosing for 14 days or until negative swab OR Azithromycin 20mg/kg stat if confirmed chlamydia. Chlorsig drops TDS for 1 week.	Group 1 referral (call registrar <sup>2</sup> )
Suspect shaken baby			Group 1 referral (call registrar <sup>2</sup> )
Uveitis			Group 1 referral (call registrar <sup>2</sup> )
White Pupil	See link if using parent's photo of child as reference.		Group 1 referral (call registrar <sup>2</sup> )

1. See “Referral Priority Guidelines” for priority category.
2. Ophthalmology registrar on-call via RCH switchboard: (03) 9345 5522
3. Fax referral to (03) 9345 5034
4. Ophthalmology Department: (03) 9345 6347
5. Referral Triage coordinator: (03) 9345 4117 or email [eye.triage@rch.org.au](mailto:eye.triage@rch.org.au)

Please send any images or scans to [eye.triage@rch.org.au](mailto:eye.triage@rch.org.au) to assist with referral triage.

***If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact any of the above numbers.***