

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

(updated Aug 2020)

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 estimate if possible		Group 1 (call registrar <sup>2</sup> ) if acute, Group 2 if longstanding
Cataract			Group 1 referral (call registrar <sup>2</sup> ) if < 3 year old, Group 2 if longstanding
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. Please send photos if very large and chronic to help with triage. Refer to local eye care provider.
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 affecting vision or abnormal neurological exam  Group 2 referral if uncomfortable
Foreign Body			Emergency department
Glaucoma			Group 1 referral (call registrar <sup>2</sup> )

1. Please see Referral Priority Guidelines for priority category.

2. Contact on-call ophthalmology registrar via RCH switchboard: 9345 5522

Haemangioma	Assess size, shape and if amblyopic		<p>Photos will help with triage.</p> <p>Group 1 referral (call registrar<sup>2</sup>) if under age 6 months (to enable consideration for propranolol treatment).</p> <p>Group 2 referral if amblyopic</p> <p>Group 2 referral if segmental (risk of PHACE syndrome).</p> <p>Group 3 referral if non amblyopic. 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.</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	Optometrist examination	Managed locally	Group 3 i.e. will be rejected if isolated condition. Refer to local eye care provider.

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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 then will be classified as Group 3 i.e. referral will be rejected (90% resolve spontaneously by 12 months).  Group 2 referral if persistent >12 months of age. Recommend management locally if possible due to lengthy waitlist time at RCH.
Neurofibromatosis			Group 2 referral
Nystagmus	Neurological examination		If new or sudden onset: Group 1 referral <sup>1</sup> . If longstanding: Group 2 referral.
Orbital Fracture or suspected fracture			Emergency department
Optic Nerve Head Swelling: Query Drusen or Papilloedema			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, 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> )

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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> )

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