<table>
<thead>
<tr>
<th>Emergency</th>
<th>Emergency</th>
<th>Urgent/Priority</th>
<th>Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>As soon as possible</td>
<td>Within 24 hours</td>
<td>May wait overnight/weekend</td>
<td>GOS 18 or appropriate direct referral pathway</td>
</tr>
</tbody>
</table>

### Conditions

#### Anterior

- **Red eye (non traumatic)**
  - Acute Angle Closure Glaucoma
  - Painful recent post-op/hypopyon/blebitis
  - Corneal graft rejection

- **Red eye (non traumatic)**
  - Scleritis
  - Infective keratitis
  - Herpetic infection: simplex & zoster
  - Iritis/Uveitis

- **Red eye (traumatic)**
  - Chemical burns- irrigate & refer asap
  - Penetrating injuries

- **Red eye (traumatic)**
  - Hyphaema
  - Embedded foreign body

- **Iris rubeosis**
- **Chronic Exophthalmos/proptosis**
- **Repeatable IOP >32mmHg**
- **Severe corneal abrasion**
- **Acute dacryocystitis**

#### Visual Loss

- Possible Temporal Arteritis with visual symptoms
- Sudden visual loss unknown cause (<24hrs)
- Amaurosis fugax: refer to GP for TIA work-up
- Optic neuritis
- Gradual loss of VA >4 weeks with no sudden loss

#### Posterior

- Retinal artery occlusion <24hours
- Retinal detachment: macular on
- Floaters/photopsia <48 hours + tobacco dust
- Retinal tears & breaks
- Papilloedema
- Vitritis
- Vitreous haemorrhage
- Wet AMD
- CRVO
- Myopic CNV
- BRVO + central foveal haem
- Diabetic proliferative retinopathy REFER TO EMERGENCY MACULA CLINIC (EMAC) URGENTLY

#### Other

- Orbital cellulitis
- Acute proptosis
- Acute onset diplopia/squint/ptosis/squint
- Suspected retinal cancers
- Suspected compressive lesion
- New pupillary defects
- Repeatable suspicious field defects
- Long standing squint requiring correction
- Childrens manifest squint, ambylopa/reduced VA

### Making referrals

- **Telephone EED on 0161 276 5597/5599 (8am-8pm every day incl bank holidays).** WRITE A REFERRAL LETTER FOR THE PATIENT TO BRING WITH THEM.
- **Contact EED on 0161 276 5597/5599 8am-8pm**
  - **Contact Diabetic Eye Screening on 0161 206 3838**
  - **Contact EMAC CLINIC on 0161 701 3419 or FAX 0161 7010262**
- **Use GOS18 or equivalent via the GP**
- **Send Orthoptic referrals on GOS18 or equivalent to community orthoptic clinic or contact orthoptic head office on 0161 248 1207**

This list is not exhaustive. Practitioners should always apply their clinical judgement when deciding on the appropriate clinical pathway.  

Vs6 updated 18th May 2016
EMERGENCY MACULA (EMAC) SERVICE REFERRAL GUIDELINES
MANCHESTER ROYAL EYE HOSPITAL

Referral Process

**FIRST CHOICE.** With patient present please contact the Macular Booking Team and book in an urgent appointment at patient’s convenience. Please send an EMAC referral form with patient. **Tel: 0161 7013419**

If it is not possible to make an urgent appointment by telephone, referral may be faxed through. However, please note this may delay first appointment so telephone is preferred to ensure timely appointment. **Fax: 0161 7010262**

Please complete a referral form and give to patient to bring in with the appointment. If patient is seen out of hours / weekend please fax or call next working day.

**Example of patients to refer via EMAC service**

i) Guiding principle should be any patients likely to need urgent intravitreal injection therapy e.g. wet AMD, myopic CNV, central retinal vein occlusion.

ii) Please also refer if a diagnosis is not possible from clinical examination but you have a high suspicion of urgent macular pathology.

**Example of patients NOT needing EMAC service**

The following conditions are unlikely to require urgent intravitreal therapy and do not need referral via the EMAC service. If on clinical examination (or OCT if you do in your practice) you are able to confidently diagnose the following please refer via normal GOS 18. You may still refer via EMAC if the diagnosis is not certain.

i) Dry AMD

ii) Vitreo-macular traction / Macular Hole

iii) Epiretinal membrane

iv) Branch retinal vein occlusion unless visible haemorrhage at centre of fovea.

v) Diabetic maculopathy. Refer to GP or via screening service if access to Vector.

vi) Central Serous Retinopathy

When making a routine referral please advise patient to contact you if they have not heard from the hospital within 4-6 weeks. If you have sent the referral to the patient’s GP and you note a delay, it may be useful for you or the patient to also check with the practice if the referral has been received and actioned.