

REFERRAL GUIDELINES FOR OCULAR PATHOLOGY TO MREH EMERGENCY EYE DEPARTMENT (EED)

	Emergency As soon as possible	Emergency Within 24 hours	Urgent/Priority May wait overnight/weekend Telephone EED 7 Days 8am-8pm	Routine GOS 18 or appropriate direct referral pathway
Conditions				
Anterior	Red eye (non traumatic) <ul style="list-style-type: none"> Acute Angle Closure Glaucoma Painful recent post-op/hypopyon/blebitis Corneal graft rejection Red eye (traumatic) <ul style="list-style-type: none"> Chemical burns- irrigate & refer asap Penetrating injuries 	Red eye (non traumatic) <ul style="list-style-type: none"> Scleritis Infective keratitis Herpetic infection: simplex & zoster Iritis/Uveitis Red eye (traumatic) <ul style="list-style-type: none"> Hyphaema Embedded foreign body 	<ul style="list-style-type: none"> Iris rubeosis Chronic Exophthalmos/proptosis Repeatable IOP >32mmHg Marginal keratitis Severe corneal abrasion Acute dacryocystitis 	<ul style="list-style-type: none"> Symptomatic entropion/ectropion Persistent lid disease/cysts/hordeolum Longstanding ptosis Severe dry eye Pterygium (affecting visual axis) Persistent epiphora Keratoconus Recurrent corneal erosion syndrome Corneal dystrophy (reduced VA) Allergic conjunctivitis Naso-lacrimal duct obstruction Cataract REFER VIA DIRECT REFERRAL PATHWAY IOP >21mmHg <32mmHg REFER TO GRRS OPTOM if GP in Manchester area (GOS 18 if not)
Visual Loss	<ul style="list-style-type: none"> Possible Temporal Arteritis with visual symptoms 	<ul style="list-style-type: none"> Sudden visual loss unknown cause (<24hrs) 	<ul style="list-style-type: none"> Amaurosis fugax: refer to GP for TIA work-up Optic neuritis 	<ul style="list-style-type: none"> Gradual loss of VA >4weeks with no sudden loss
Posterior	<ul style="list-style-type: none"> Retinal artery occlusion <24hours Retinal detachment: macular on 	<ul style="list-style-type: none"> Floaters/photopsia <48 hours + tobacco dust Retinal tears & breaks Papilloedema 	<ul style="list-style-type: none"> Vitritis Vitreous haemorrhage Wet AMD CRVO Myopic CNV BRVO + central foveal haem Diabetic proliferative retinopathy REFER VIA DIABETIC EYE SCREENING PROGRAMME or telephone ARC if outside DRSS <p style="text-align: center; margin-left: 100px;">} REFER TO EMERGENCY MACULA CLINIC (EMAC) URGENTLY</p>	<ul style="list-style-type: none"> Retinal haemorrhages Branch retinal vein occlusion Central Serous Retinopathy <p style="text-align: center; margin-left: 100px;">} refer within 4 weeks : if via the GP you must check the referral is processed</p> <ul style="list-style-type: none"> Suspect glaucoma/abnormal discs REFER TO GRRS OPTOM if GP in Manchester area (GOS 18 if not) Dry AMD requiring registration/LVA Retinitis Pigmentosa Macular hole Epiretinal membrane Diabetic maculopathy REFER VIA DIABETIC EYE SCREENING PROGRAMME (GOS 18 if outside DRSS)
Other		<ul style="list-style-type: none"> Orbital cellulitis Acute proptosis Acute onset diplopia/squint/ptosis/nerve palsy 	<ul style="list-style-type: none"> Suspected retinal cancers Suspected compressive lesion New pupillary defects 	<ul style="list-style-type: none"> Repeatable suspicious field defects Long standing squint requiring correction Childrens manifest squint, amblyopia/reduced VA REFER VIA DIRECT ORTHOPTIC PATHWAY
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.