

Referral Routes

Emergencies [to be seen within a few hours]

The Emergency Eye care Clinic (EEC) is dedicated to the prompt management of emergency ophthalmology cases only. It is based at the Royal Gwent Hospital and is accessed by appointment only.

Please telephone the EEC at the Royal Gwent Hospital on **01633 238856**. A Nurse Practitioner will triage the case on the telephone.

Lines are open weekdays 09:00-13:00 and 14:00-17:00 with an answer-phone service at lunchtime. Outside these hours, please call the switchboard and ask for the On-Call Registrar (Ophthalmology) on **01633 234234**.

Once you have spoken to the Nurse Practitioner or Registrar, please fax your referral to **01633 656170** or give it to the patient to bring to the hospital.

Acute cases [to be seen within a few days]

Please do not telephone the hospital
Please do not send your referral by post

Please fax your referral to the Emergency Eye care Clinic at the Royal Gwent Hospital on **01633 656170** marked **FAO: EEC**. Staff at the hospital will contact the patient directly within a few days. Please remember to include the patient's full telephone number on your fax and ask your patient to contact you if he/she has not heard from the hospital within a few days.

Please note that there is a dedicated clinic for the assessment and management of patients who have possible wet AMD. Please use the "Wet AMD Fax Referral Form" marked **FAO: Rapid Access AMD Clinic**.

Please do not advise patients to attend the Emergency Eye care Clinic without an appointment – they will be sent away

Routine cases [to be seen in turn]

Please do not send your referral by fax or telephone

Please post your referral to the Ophthalmology Department at the Royal Gwent Hospital, the full address is:

Ophthalmology Department
Royal Gwent Hospital
Cardiff Road
Newport
NP20 2UB



Referral Guidelines

The guidelines were produced in October 2011 and may become out of date very quickly. You can keep yourself up-to-date by undertaking relevant CET, peer review and by using live information resources such as the Eye Care Wales website: <http://www.eyecarewales.nhs.uk>

Nothing in this document overrides or excuses your own clinical judgement or professional responsibility. The lists of conditions are not exhaustive.

Emergencies [to be seen within a few hours]

Refer by telephone on 01633 238856

1. Patients with sudden onset visual loss +/- pain that is persistent and of < 2 weeks' duration
2. Severe infection, e.g. endophthalmitis, orbital cellulitis, microbial keratitis
3. Acute angle closure glaucoma
4. Severe trauma or chemical injury
5. Retinal detachment
6. Retinal tear

Acute cases [to be seen within a few days]

Refer by fax on 01633 656170

1. Persistent red, sore, painful, sticky, watery eyes with or without blurred vision not responding to initial treatment
2. Sudden onset diplopia of < 2 weeks' duration
3. Sudden onset of loss of vision or distortion

Routine cases [to be seen in turn]

Refer by post

1. Cataract – please refer only if:
 - a. the patient has symptomatic impairment of vision rather than finding asymptomatic reduced VA or just the presence of cataract, e.g. lifestyle difficulty, housework, watching TV, reading, mobility, safety or driving;
 - b. the cataract obscures dilated fundus examination, e.g. in a diabetic patient; or
 - c. rarely there are other exceptional reasons.
2. Macular hole
3. Retinal vein occlusion
4. Diabetic retinopathy or maculopathy
5. Orbital problems such as thyroid eye disease
6. Basal cell carcinoma
7. Entropion
8. Glaucoma (primary open angle) – please include disc assessments, IOPs and field plots
9. Ocular hypertension – please include disc assessments, IOPs and field plots
10. Nasolacrimal duct obstruction
11. Ocular rosacea
12. Certification for registration: sight impaired / severely sight impaired
13. HES patient lost to follow-up
14. Any significant incidental findings with no associated symptoms

Optometrist-managed cases [written orders for medications, notification to GP, co-management with GP, referral to ophthalmologist as appropriate]

1. Blepharitis
2. Chalazion
3. Contact lens associated conditions, e.g. CLAPC
4. Concretions
5. Conjunctivitis
6. Corneal abrasion
7. Dry AMD
8. Dacryocystitis
9. Ectropion
10. Episcleritis
11. Facial palsy – recovering and established cases
12. Foreign bodies – superficial corneal and subtarsal
13. Hordeolum
14. Keratitis – contact lens associated infiltrated, marginal and photokeratitis
15. Migraine
16. Molluscum contagiosum
17. Pinguecula
18. Pterygium
19. Recurrent corneal erosion
20. Sub-conjunctival haemorrhage
21. Tear deficiency (KCS)
22. Trichiasis

Cases that are probably best not referred to ophthalmology
[referral to GP or vascular surgeon as appropriate]

1. Amaurosis fugax – refer urgent cases via vascular surgeons' secretaries:
01633 238306 / 234124 / 238308
2. Suspected polymyalgia rheumatica or giant cell arteritis without visual symptoms

Keeping the system running smoothly

Please help us to keep the system running smoothly. You can do this by:

1. Telephoning the hospital only for true emergency cases;
2. Sending a fax for acute referrals (helping to keep the phone line free for emergencies);
3. Sending routine referrals by post only. Please do not also send a fax this creates duplicate paperwork, wastes staff time and can lead to duplication of appointments.
4. Using your professional clinical judgement to:
 - a. determine whether a referral is truly an emergency, an acute case or a routine case; and
 - b. avoid referring innocuous incidental findings that are nothing to do with the patient's presenting complaint.
5. Including relevant information in your referral such as:
 - a. patient's details: name; date of birth; home address; and best telephone number;
 - b. history and symptoms (including duration);
 - c. examination findings, including refraction and visual acuity; and
 - d. if the patient is already under the HES, the name of the consultant.