

# Southland DHB Ophthalmology Referral Criteria

Ophthalmology referrals should be marked "REFERRAL" addressed to Southland Hospital Ophthalmology Department

	Condition	Referral to Ophthalmology	Recommendation
	Referrals must contain corrected visual acuities with and without a pinhole for both eyes.		
Acute Referrals	Acute angle closure glaucoma, Iritis, Retinal detachments,	Phone on-call Ophthalmologist for acute same day referral	
	Herpes Zoster Ophthalmicus	Does not need Ophthalmic work-up if eye not involved	Treat with Aciclovir 800 mg 5 times a day for 1 week. Refer if reduced VA or red and painful eye.
Optometry assessment required	Blurred vision (Not loss of vision)	Do not refer to ophthalmology	<ul style="list-style-type: none"> <li>Optometrist for assessment of blurred vision if visual acuity does not improve with use of a pinhole.</li> <li>Optometrist will refer when appropriate</li> </ul>
	Decrease in peripheral vision	Do not refer to ophthalmology	Refer to Optometrist for full field assessment : referral where appropriate from Optometrist.
	Glaucoma/ deep cups	Do not refer to ophthalmology unless definite glaucoma	Optometrist for suspected glaucoma screen <ul style="list-style-type: none"> <li>'odd looking disc' Optometrist to photograph and follow</li> <li>Optometrist to refer if indicates glaucoma</li> </ul>
	Pterygium	Refer to ophthalmology when <ul style="list-style-type: none"> <li>Proof of distortion of mires/irregular astigmatism <u>or</u></li> <li>Photography confirms progressive corneal growth</li> </ul>	Optometrist for <ul style="list-style-type: none"> <li>Proof of distortion of mires and ongoing referral if necessary</li> <li>Photography of corneal involvement to show progression</li> </ul>
Patients do not meet the criteria for publicly funded Ophthalmology FSA until specified thresholds are met	Cataract and 'deteriorating vision'	Refer only when <ul style="list-style-type: none"> <li>Worse than 6/12 bilaterally corrected <u>or</u></li> <li>6/12 unilateral corrected if the patient has monocular vision <u>or</u></li> <li>Mature cataract in the second eye, VA &lt; 6/60</li> </ul>	<ul style="list-style-type: none"> <li>Optometrist (preferable) or GP to monitor until referral criteria to Ophthalmology met</li> <li>Optometrist assessment preferable due to technical accuracy</li> <li>Referrals will only be accepted if they contain visual acuities corrected with a pinhole, glasses or contact lens</li> <li>Include full social factors on referral</li> </ul>
	Chalazion or Meibomian cysts	Do not refer adults unless longstanding non-resolving chalazion > 4/12 Refer children	<ul style="list-style-type: none"> <li>GP to treat any acute infections</li> <li>Refer only longstanding non-resolving chalazion &gt; 4/12</li> </ul>
	Conjunctivitis and Itchy eyes	Do not refer	<ul style="list-style-type: none"> <li>GP to treat</li> <li>Phone Ophthalmologist for advice for photophobia <u>or visual blur</u></li> </ul>
	Drugs	Do not refer Eg. Amiodarone, Vigabatrin, Tamoxifen, Plaquenil®	<ul style="list-style-type: none"> <li>Specialist to specialist referral only</li> </ul>
	Ectropian	Refer if there is: <ul style="list-style-type: none"> <li>Corneal involvement <u>or</u></li> <li>Recurrent mucosal infection</li> </ul>	<ul style="list-style-type: none"> <li>GP to monitor/manage until evidence of corneal involvement</li> </ul>
	Entropian	Refer to SDHB	<ul style="list-style-type: none"> <li>Use ocular lubrication until seen</li> </ul>
	Flashes and floaters	Refer sudden onset to SDHB esp multiple fine floaters, clouds or smoke	<ul style="list-style-type: none"> <li>Do not refer chronic floaters</li> </ul>
	Keratoconus	Refer when contact lens intolerant or fitting fails	
	Ptosis	Do not refer until lid obscures visual axis	<ul style="list-style-type: none"> <li>GP to monitor progression</li> </ul>
	Watery eyes	Do not refer adults unless dacryocystitis Do not refer children until > 1yr	<ul style="list-style-type: none"> <li>GP to monitor children until &gt;1yr, refer if persistent</li> <li>Some optometrist offer naso-lacrimal duct syringing</li> </ul>
	Xanthelasma and benign lesions	Do not refer	<ul style="list-style-type: none"> <li>These are cosmetic, no treatment is required</li> <li>Lipid profile if patient &lt;40 year</li> </ul>
	Diabetes	Refer for photo-screening.	<ul style="list-style-type: none"> <li>Use MOH guidelines</li> </ul>

These referral guidelines have been prepared to provide general guidance with respect to the above eye conditions. They should be used only as an aid for clinical decision making and in conjunction with other information available.