

Ophthalmology Referral Options

Refer to Emergency Department	Refer to Outback Eye Service – Eye Clinic		
Emergency Urgent cases need to be seen immediately	Category 1 Urgent next clinic	Category 2 < 3 months	Category 3 < 6 months
<ul style="list-style-type: none"> - Acute angle closure glaucoma - Acute vision loss or signs of stroke - Central retinal artery occlusion - Chemical injury - Giant Cell Arteritis - Infectious keratitis (Hypopyon, fungal, Gonococcal/Chlamydia) - Intraocular foreign bodies - Malignant hypertension - Orbital cellulitis/acute dacryocystitis - Orbital fractures - Retinal detachment (macula on, if macula off can wait up to a week) - Superior retinal tear - Suspecting penetrating eye injury - Transient Ischemic Attack/Amaurosis fugax 	<ul style="list-style-type: none"> - Acquired nystagmus - Acute visual field loss - Choroidal Melanoma or suspected retinal tumours - Corneal decompensation (Bullous Keratopathy, Endothelial Keratopathy) - Cranial nerve palsies - Diabetes with sudden vision loss - Ischemic ocular conditions - Macula hole - Macula oedema - Non-resolving Central Serous Chorioretinopathy - Optic neuritis - Papilledema - Post-op injection inflammation - Proliferative diabetic retinopathy - Proptosis with visual changes - Ptosis if pupil occluded - Recent onset pupil changes - Retinal tear (not superior) - Retinopathy of prematurity - Vitreous haemorrhage with retinal pathology (excluding Posterior Vitriol Detachment) - Wet Age Related Macular Degeneration - White pupil reflex in children 	<ul style="list-style-type: none"> - Cataract with Best Corrected Visual Acuity (BCVA) > 6/21 - Epiretinal membrane with vitreoretinal traction VA >6/12 - Eyelid tumours - Glaucoma un-responsive to topical therapy - Recent onset retinal hole - Severe non-proliferative diabetic retinopathy without macula oedema 	<ul style="list-style-type: none"> - Cataract with Best Corrected Visual Acuity (BCVA) >6/12 <6/21 - Epiretinal membrane symptomatic - Eyelid problems: ectropion/entropion/ptosis - Proptosis without visual issues (Thyroid eye disease) - Pterygium encroaching pupil margin - Retinoschisis - Retinoschisis requiring treatment - Unresolving large chalazion
Refer to local Optometrist			
Category 4			
<ul style="list-style-type: none"> - Cataract with Best Corrected Visual Acuity BCVA <6/12 - Chemical injury follow up - Choroidal naevus - Congenital nystagmus - Conjunctivitis - Contact lens complications - Corneal and sub-tarsal foreign bodies - Corneal ulceration - Diabetes review, non-proliferative diabetic retinopathy (mild-mod) 	<ul style="list-style-type: none"> - Drug toxicity screening ie. Plaquenil/tamoxifen - Dry Age Related Macular Degeneration - Elevated intraocular pressure >30mmHg - Epiretinal membrane asymptomatic and no significant distortion - Eye discharge - Eye health screening - Eye pain - Eyelid lumps (stye, chalazion) 	<ul style="list-style-type: none"> - Flashes, floaters - Fuchs dystrophy - Glaucoma suspect - Herpes simplex/ zoster infection - Hyphema - Keratoconus - Monitoring of long-standing retinal hole and retinoschisis - Non-infectious Keratitis - Post-op cataract inflammation 	<ul style="list-style-type: none"> - Pterygium visually insignificant - Pupil changes with change in vision - Refractive error, presbyopia - Severe dry eyes, watery eyes, blepharitis - Strabismus, amblyopia - Sudden onset of blurred vision/ headaches/diplopia - Swollen eye - Trauma to eye/orbit, chemical burns - Uveitis