

## **Appendix 1 - Emergency Referrals**

Emergency Referrals are defined as those needing immediate action by a Hospital Eye Department, which is within one working day.

The College of Optometrist has produced a list of these that has been agreed by the profession and the Royal College of Ophthalmologists.

This list should not be considered as exhaustive.

Symptoms or signs suggesting:

- Acute angle closure glaucoma
- Chemical injuries
- Central retinal Artery Occlusion less than 12 hours old
- Hyphaema
- Hypopyon
- IOP greater than or equal to 45mmHg (independent of cause)
- Orbital cellulitis
- Papilloedema
- Penetrating injuries
- Retinal detachment unless this is longstanding and asymptomatic
- Sight threatening keratitis
- Sudden severe ocular pain
- Suspected temporal arteritis
- Symptomatic retinal breaks and tears
- Third nerve palsy with pain
- Unexplained pre-retinal haemorrhage (in a patient with known proliferative retinopathy who is already being treated in the HES this would not need an emergency referral)
- Unexplained sudden loss of vision
- Uveitis
- Vitreous detachment symptoms with pigment in the vitreous

**Emergency referrals should NOT be sent to DRSS**