REFERRAL GUIDELINES FOR OCULAR PATHOLOGY IN GREATER MANCHESTER

May 19	**Emergency** As soon as possible	**Emergency** Within 24 hours	**Urgent/Priority** May wait overnight/weekend	**Routine** Routine or appropriate direct referral pathway
Conditions				
Anterior	**Red eye (non traumatic)** • Acute Angle Closure Glaucoma • Painful recent post-op/hypopyon/blebitis • Corneal graft rejection **Red eye (traumatic)** • Chemical burns- irrigate & refer asap • Penetrating injuries	**Red eye (non traumatic)** • Scleritis • Infective keratitis • Herpetic infection: simplex & zoster • Iritis/Uveitis • Severe corneal abrasion • Acute dacryocystitis **Red eye (traumatic)** • Hyphaema • Embedded foreign body	• Iris rubeosis • Repeatable IOP >32mmHg • Marginal keratitis	• Symptomatic entropion/ectropion • Chronic Exophthalmos/proptosis • 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 • IOP >=24mmHg <32mmHg **Follow Local Glaucoma Pathway**
Visual Loss	• Possible Temporal Arteritis with visual symptoms	• Sudden visual loss unknown cause (<24hrs)	• Amaurosis fugax: refer via GP same day for TIA work-up • Optic neuritis	• Gradual loss of VA >4weeks with no sudden loss
Posterior	• Retinal artery occlusion <24hours • Retinal detachment: macular on	• Floaters/photopsia <48 hours + tobacco dust • Retinal tears & breaks • Retinal detachment: macular off • Papilloedema • PVD related vitreous haemorrhage	• Vitritis • Vitreous haemorrhage (non-PVD) • Nystagmus with other neurological signs • Wet AMD } **REFER ACCORDING TO** • CRVO } **THE PATHWAY FOR** • Myopic CNV } **THE PATIENT'S AREA** • Diabetic proliferative retinopathy **Refer to Eye Cas if DR appears to be new and Px not recently seen in HES** •	• Retinal haemorrhages • Branch retinal vein occlusion } ***refer within 4wks;*** • Central Serous Retinopathy } ***if not electronic*** ***you must check the referral is processed*** • Suspect glaucoma/abnormal discs • Dry AMD requiring registration/LVA • Retinitis Pigmentosa • Macular hole • Epiretinal membrane • Diabetic maculopathy **Refer to Eye Cas if DR appears to be new and Px not recently seen in HES**
Other	• Orbital cellulitis • Acute proptosis • Acute onset diplopia/ squint/ptosis/nerve palsy		• Suspected retinal cancers • Suspected compressive lesion • New pupillary defects	• Repeatable suspicious field defects • Long standing squint requiring correction • Children's manifest squint, amblyopia/reduced VA **REFER VIA DIRECT ORTHOPTIC PATHWAY**
Making referrals				
	You should refer electronically using the Healthi referral module or extended service module where appropriate			
	Referral pathways for all GM areas are at www.gmlocs.co.uk - follow 'Referrals' for the patient's GP areas. The GP search can be used to locate the GP area			

This list is not exhaustive & practitioners should always apply their clinical judgement when deciding on the appropriate clinical pathway for a patient. *GM Version May 19*