

DIAGNOSIS	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
CATARACT			
	Referral must contain best corrected visual acuity in each eye. If there is no acuity recorded, the referral will be rejected Referral should contain usual summary of medical history and medications, and a brief social history if applicable (driving /carers etc.)	Review by optometrist in last 6 months highly recommended. Report from optometrist should be included with referral. Consider referral to ophthalmologist privately for assessment of urgency if uncertain.	Category 1: If vision is such that immediate threat to patients wellbeing or safety, usually <6/60 both eyes. Appointment within a month Category 2: If vision significantly reduced and/or likely to deteriorate rapidly. Review between 3-12 months depending on urgency Category 3: All other referrals. Current appointment time is > 2 years
GLAUCOMA	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
Acute glaucoma	Consider if sudden onset ocular pain, blurring, redness, cloudy cornea, dilated pupil.		Ring the ophthalmology registrar for immediate assessment, via Geelong Hospital switchboard ph.52267111
RETINAL DETACHMENT	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
	Consider if sudden onset floaters and/or flashes. Cases should be seen within a few days of onset		Registrar can be rung for advice. Can be seen by registrar or privately depending on individual circumstances. NB There is no laser in outpatients that can be used for treatment
CHILDHOOD STRABISMUS	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
	Referral should indicate type of squint, age of onset.		Early review of all childhood strabismus cases is recommended both to assess amblyopia and to exclude the diagnosis of retinoblastoma. Most will receive Category 2 appointment

TRAUMA	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
Major penetrating injuries, alkali burns, severe concussion injury with w/o hyphaema, full thickness eyelid injuries			Emergency department (after hours) or call registrar (in hours) via Geelong Hospital switchboard ph. 5226 7111
INFECTION ULCERS	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
Serious infection/corneal ulcer			Ring registrar via Geelong Hospital switchboard ph. 5226 7111

Acknowledgement given to The Alfred Hospital Outpatients Referral Guidelines

NEURO-OPHTHALMIC	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
Sudden onset diplopia			Ring registrar via Geelong Hospital switchboard ph. 5226 7111
Temporal arteritis		FBE, ESR	Ring registrar via Geelong Hospital switchboard ph. 5226 7111
NOT FOR REFERRAL	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
	Refractive errors, cosmetic abnormalities (unless possibly affecting vision), drug toxicity, minor lid problems (styes, chalazae)		Refer private ophthalmology
GLAUCOMA	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
Primary open angle glaucoma			Refer private ophthalmology
DIABETES	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
			Refer private ophthalmology (There no facilities for fluorescein angiography or Argon laser in OPD)
CORNEAL INJURIES	EVALUATION	INVESTIGATION	REFERRAL GUIDELINES
Minor minor chemical injuries, corneal foreign bodies, infection or ulcers			Refer private ophthalmology
FLOATERS FLASHES	EVALUATION	INVESTIGATIONS	REFERRAL GUIDELINES
			Refer privately ophthalmology Patients with floaters and flashes without other symptoms (i.e. loss of vision} do not need to be seen on weekends or after hours.

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