

TRIAGE TOOL FOR EYE CASUALTY

If your considering referral please telephone for advise into RAC 0115 9709377
9am - 12:00 noon Monday to Friday from 1st September 2014

Presentation	Same Session	Same Day	RAC – within 24 Hours	RAC - within 3 days	Nurse Practitioner	Not appropriate - to see Optician / GP or referral to clinic
Trauma	Chemical injury (alkaline / Acid) Penetrating injury	Lid laceration Blunt trauma	Blunt trauma >1/52< 2/52		Corneal abrasions Corneal FBs	
Vision	Sudden complete loss of vision(LOV) < 6hrs	<ul style="list-style-type: none"> Sudden loss of vision < 12hrs (resolved / unresolved) Post-op< 2/52 – loss of vision 	<ul style="list-style-type: none"> Sudden LOV > 12hrs but < 1/52(resolved /unresolved) F & F with prev. risk factors (myopia / tear / RD family history) Increased floaters with LOV Diplopia(new/sudden or worse) Post -op < 2/52 blurred vision 	<ul style="list-style-type: none"> Sudden change in vision < 2/52 F & F over 1 week if unable to see peripheral retina 	<ul style="list-style-type: none"> Mild blurring Watery Eyes 	<ul style="list-style-type: none"> Visual distortion?AMD – Macular clinic Asymptomatic retinal pathology New flashing lights / floaters without previous risk factors (myopia / tear / RD family history) gradual LOV> 2/52 ?PCO/cataract Diplopia with facial weakness - TIA clinic Bilat visual disturbance < 2hrs +/- headache ~ GP Irritation with discharge /gritty ~ see GP or advise ubricants FB sensation ~no hx see GP
Eye Pain Scale 1- 5	4 - 5 score No relief from oral analgesia With nausea and vomiting	3 - 4 score Keeping pt awake at night	<ul style="list-style-type: none"> Relief with analgesia Photophobia Post-op < 2/52 		<ul style="list-style-type: none"> FB sensation < 2/52 In-growing lashes 	
Headache	4 - 5 score with eye symptoms	Painful scalp, Brow pain, Painful temples (all with eye symptoms)	Tender temples with no visual symptoms (? GCA) - D/W AJF			
Lids / Facial		New droopy lid/ptosis Acute swollen lids (with pyrexia +/- diplopia III nerve palsy	Swollen lids (normal vision, apyrexial HZO - white eye, on treatment		<ul style="list-style-type: none"> Puffy lids & red eye < 2 weeks, Normal vision Watery < 2 weeks 	<ul style="list-style-type: none"> Chalazion - advise steam and see GP Blepharitis - follow guidelines – self treat or GP Allergic (sudden onset) cold compress
Cornea / Conjunctiva	Cloudy, Red severe (with pain)	Hazy, red moderate	Clear cornea Red around limbus		<ul style="list-style-type: none"> Red mild Lost contact lens 	<ul style="list-style-type: none"> 2/52 – advise bacterial conjunctivitis ~ advice first Sub conj haemorrhage ~ GP for BP check
Other	Acutely unwell adult with ocular symptoms, swollen lids, pyrexia see immediately	Feverish adult profuse bleeding post minor op			Localised, redness (not sub conjunctival haemorrhage)	Any pt with symptoms longer than 2/52 should be referred to OPD unless agreed by Consultant or in the urgent/ same session category
Paediatric	Unwell, pyrexial, swollen lids - d/w RAC Dr ? Refer to ED				Swollen lids - not unwell, apyrexial	<ul style="list-style-type: none"> Any child> 1 month dependant on symptoms Absent red reflex – GP to refer to OPD
Paediatric		<ul style="list-style-type: none"> Hypopyon Hyphaema, IOP > 40mmHg Papilloedema 	Abnormal pupil with visual symptoms			<ul style="list-style-type: none"> IOP up to 40mmHg – asymptomatic needs OPD referral IOP 30-40 - with symptoms needs urgent OPD referral Unequal pupil size, no visual loss, no ptosis Gradual LOV > 2/52 - OO or GP No sudden visual change
Post-op	<ul style="list-style-type: none"> Moderate pain, LOV Profuse bleeding 					<ul style="list-style-type: none"> Asymptomatic – OPD Post-op < 6/12 refer to Consultant sec > 6/12GP to refer OPD Issues with Pt drop? - Cons sec

LOV - loss of vision, **F & F** - flashes and floaters, **FB** - foreign body, **ED** - Emergency Department,
Hypopyon - pus in anterior chamber, **RD** - retinal detachment, **IOP** - Intra-ocular pressure, **RAC** - Rapid Access Clinic
Hyphaema - blood in anterior chamber, **OPD** - Outpatients Dept, **GCA** - giant cell arteritis, **OO** - Optometrists, **HZO** - History of

Ella Bowers July 2014 and Review date December 2014. Suggestion to ella.bowers@nuh.nhs.uk

We are here for you