**Monash Health Referral Guidelines**

**OPHTHALMOLOGY**

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**EXCLUSIONS**

Services not offered by Monash Health

- Refractive errors, ie requiring glasses
- Cataracts with visual acuity 6/9 or better
- Red, dry or itchy eyes not affecting visual acuity, eg blepharitis
- Minor lid disorders: adult chalazion, trichiasis, excess eyelid skin, watery eyes
- Minor trauma: corneal foreign bodies, minor chemical injuries, flash burns
- Minor infection: adult conjunctivitis with no other signs or symptoms
- Routine screening, eg diabetic retinopathy, plaquenil screening
- Management of stable chronic conditions, eg glaucoma
- Floaters without other symptoms, eg photopsia
- Retinal disorders such as epiretinal membrane when asymptomatic
- Patients under 16 years of age: [Click here](#) for Monash Children’s Ophthalmology guidelines

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**CONDITIONS**

Monash Health Ophthalmology Department provides tertiary acute and interventional ophthalmology services to the Monash Health primary catchment population. Once the condition is stabilised, ongoing management, including treatment, will be referred to an appropriate community eye care provider with an expectation of some out-of-pocket cost to the patient.

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**PRIORITY**

All referrals received are triaged by Monash Health clinicians to determine urgency of referral.

**EMERGENCY**

For emergency cases please do any of the following:
- send the patient to the Emergency department OR
- Contact the on call registrar OR
- Phone 000 to arrange immediate transfer to ED

**URGENT**

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

**ROUTINE**

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

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Head of unit: A/ Prof Christine Chen

Program Director: Alan Saunders

Last updated: 25/02/2019
REFERRAL
How to refer to Monash Health

Mandatory referral content

Demographic:
- Full name
- Date of birth
- Next of kin
- Postal address
- Contact number(s)
- Email address
- Medicare number
- Referring GP details
  - including provider number
- Usual GP (if different)
- Interpreter requirements

Clinical:
VISUAL ACUITY IS MANDATORY
- Reason for referral
- Duration of symptoms
- Ocular history: Medications and procedures
- Visual functional requirements: eg driving
- Relevant Family history
- Diagnostics: eg OCT, visual fields as per referral guidelines

Click here to download the outpatient referral form

CONTACT US
Medical practitioners
To discuss complex & urgent referrals contact on call registrar on 9594 6666

General enquiries
Phone: 1300 342 273

Submit a fax referral
Fax referral form to Specialist Consulting Services: 9594 2273

Head of unit: A/ Prof Christine Chen
Program Director: Alan Saunders
Last updated: 25/02/2019
ACUTE VISION LOSS

Presentation
• Acute vision loss
• Symptoms suggestive of GCA: scalp tenderness, jaw claudication

Management Options for GP/Optometrist
• Refer to ED as appropriate

WHEN TO REFER?

Emergency
Acute vision loss

AGE-RELATED MACULAR DEGENERATION

Presentation
• Symptoms of blurred or distorted central vision

Management Options for GP/Optometrist
• Refer to ophthalmologist or optometrist for visual acuity assessment and OCT
• Referrals are only accepted for patients with neovascular (wet) AMD

WHEN TO REFER?

Urgent
Ophthalmologist/optometrist to refer to Medical Retina Clinic WITH OCT

CATARACT

Presentation
• Symptoms of gradual onset blurred vision

Management Options for GP/Optometrist
• Visual acuity and refraction is mandatory
• Detailed report from ophthalmologist/optometrist is required
• Monash Health Cataract Service accepts referrals only from optometrists and ophthalmologists to facilitate perioperative care management

WHEN TO REFER?

Routine
Ophthalmologist/optometrist to refer to Monash Cataract Service if:
Visual acuity 6/12 or less OR
Visual acuity 6/9 or less if truck/heavy vehicle driver
CORNEAL DISORDERS

Presentation
• Corneal ulcers
• Chemical burns

Management Options for GP/Optometrist
• Initial emergency management

WHEN TO REFER?

Emergency
Corneal ulcers or chemical burns

DIABETIC EYE DISEASE

Presentation
• Diabetes

Management Options for GP/Optometrist
• Refer to ophthalmologist/optometrist for full ocular assessment: visual acuity, dilated fundus exam and OCT
• Referrals are only accepted for diabetic eye disease requiring treatment such as laser or intravitreal injection

WHEN TO REFER?

Routine
Ophthalmologist/optometrist to refer to Medical Retina Clinic WITH OCT

EYE INFECTIONS

Presentation
• Redness, pain, discharge
• +/- blurred vision

Management Options for GP/Optometrist
• Refer adults to ophthalmologist/optometrist for assessment

WHEN TO REFER?

Emergency
Infants: Refer to ED if younger than one month

Urgent
Refer to ED/Acute Ophthalmology Clinic if serious eye infection with decrease in visual acuity and the infection is not clearing with chloramphenicol eye drops
EYELID LESIONS OR MALPOSITION

Presentation
- Eyelid skin lesions
- Eyelid abnormality
- Chronic watery eyes with dacryocystitis

Management Options for GP/Optometrist
- Skin lesions suspicious of skin cancer are considered urgent
- Eyelid abnormalities such as entropion/ectropion: refer to ophthalmologist/optometrist for assessment of visual acuity +/- corneal involvement
- Droopy eyelids obstructing vision require a visual field assessment prior to referral
- Recurrent dacryocystitis

WHEN TO REFER?

Urgent
- Refer to Ophthalmology Clinic if suspected skin cancer

Routine
- Refer to Ophthalmology Clinic if eyelid abnormality causing corneal compromise, with visual field if applicable
- Refer for DCR surgery for recurrent dacryocystitis

EYE PAIN

Presentation
- Eye pain +/- redness, discharge or blurred vision

Management Options for GP/Optometrist
- Refer to ophthalmologist/optometrist if red eye with mild discomfort and no decrease in vision

WHEN TO REFER?

Emergency
- Red eye with severe pain
- Red eye with decreased vision

GLAUCOMA

Presentation
- Symptoms and signs of acute angle-closure glaucoma: sudden onset ocular pain, blurring, redness, cloudy cornea and dilated pupil

Management Options for GP/Optometrist
- If suspected angle-closure glaucoma, refer to ED
- For chronic glaucoma management, refer to community ophthalmologist

WHEN TO REFER?

Emergency
- Acute angle-closure glaucoma
OPHTHALMIC HEADACHE

Presentation
• Headache +/- visual disturbance such as reduced vision, double vision, or visual aura

Management Options for GP/Optometrist
• Refer to ED if neurosurgical cause suspected: abnormal pupils, binocular diplopia, proptosis +/- other systemic symptoms such as vomiting
• Review by ophthalmologist/optometrist recommended

WHEN TO REFER?

Emergency
Refer to Neurology/Neurosurgery

RETINAL DISORDERS

Presentation
• Reduced or altered vision
• Floaters, flashes

Management Options for GP/Optometrist
• Refer to ophthalmologist/optometrist for full ocular assessment including dilated fundus exam and OCT

WHEN TO REFER?

Emergency
Suspected retinal detachment

Urgent
Retinal vascular disorder, vitreous haemorrhage, ERM, macular hole etc. ophthalmologist/optometrist to refer to Medical Retina Clinic WITH OCT

STRABISMUS

Presentation
• Diplopia and/or strabismus
• History of onset: acute or long-standing
• Associated with pupil anomaly +/- headache

Management Options for GP/Optometrist
• Refer to ED for acute onset of diplopia and/or strabismus
• Refer to Ophthalmology Clinic for children with strabismus
• Refer to ophthalmologist/optometrist for adults with strabismus for full ocular assessment

WHEN TO REFER?

Emergency
Acute onset strabismus and/or diplopia

Urgent
Children < 7 years of age to be referred to Ophthalmology Clinic

Routine
Children > 7 years of age to be referred to Ophthalmology Clinic
TRAUMA

Presentation
• Ocular trauma

Management Options for GP/Optometrist
• Initial trauma management and immediate referral to ED
• Corneal foreign body with intact visual acuity, refer to ophthalmologist/optometrist for assessment and removal

WHEN TO REFER?

Emergency
Penetrating eye injuries, lid trauma, blunt eye trauma, chemical eye injury