

Monash Health Referral Guidelines

OPHTHALMOLOGY

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

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.

[Acute vision loss](#)

[Age-related macular degeneration](#)

[Cataract](#)

[Corneal](#)

[Diabetic eye disease](#)

[Eye infections](#)

[Eyelid lesions or malposition](#)

[Eye pain](#)

[Glaucoma](#)

[Ophthalmic headache](#)

[Retinal disorders](#)

[Strabismus](#)

[Trauma](#)

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

Head of unit:
A/ Prof Christine Chen

Program Director:
Alan Saunder

Last updated:
25/02/2019

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OPHTHALMOLOGY

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

Submit a fax referral

Fax referral form to Specialist Consulting
Services: 9594 2273

General enquiries

Phone: 1300 342 273

Head of unit:

A/ Prof Christine Chen

Program Director:

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ACUTE VISION LOSS

ACUTE VISION LOSS

WHEN TO REFER?

Presentation

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

Emergency

Acute vision loss

Management Options for GP/Optomtrist

- Refer to ED as appropriate

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AGE-RELATED MACULAR DEGENERATION

AGE-RELATED MACULAR DEGENERATION

WHEN TO REFER?

Presentation

- Symptoms of blurred or distorted central vision

Urgent

Ophthalmologist/optometrist to refer to Medical Retina Clinic WITH OCT

Management Options for GP/Optomtrist

- Refer to ophthalmologist or optometrist for visual acuity assessment and OCT
- Referrals are only accepted for patients with neovascular (wet) AMD

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CATARACT

CATARACT

WHEN TO REFER?

Presentation

- Symptoms of gradual onset blurred vision

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

Management Options for GP/Optomtrist

- 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

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CORNEAL DISORDERS

CORNEAL DISORDERS

Presentation

- Corneal ulcers
- Chemical burns

Management Options for GP/Optomtrist

- Initial emergency management

WHEN TO REFER?

Emergency

Corneal ulcers or chemical burns

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DIABETIC EYE DISEASE

DIABETIC EYE DISEASE

Presentation

- Diabetes

Management Options for GP/Optomtrist

- 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**

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EYE INFECTIONS

EYE INFECTIONS

Presentation

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

Management Options for GP/Optomtrist

- 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

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EYELID LESIONS OR MALPOSITION

EYELID LESIONS OR MALPOSITION

WHEN TO REFER?

Presentation

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

Management Options for GP/Optomtrist

- 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

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

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EYE PAIN

EYE PAIN

WHEN TO REFER?

Presentation

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

Management Options for GP/Optomtrist

- Refer to ophthalmologist/optometrist if red eye with mild discomfort and no decrease in vision

Emergency

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

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GLAUCOMA

GLAUCOMA

WHEN TO REFER?

Presentation

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

Emergency

Acute angle-closure glaucoma

Management Options for GP/Optomtrist

- If suspected angle-closure glaucoma, refer to ED
- For chronic glaucoma management, refer to community ophthalmologist

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OPHTHALMIC HEADACHE

OPHTHALMIC HEADACHE

WHEN TO REFER?

Presentation

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

Emergency

Refer to Neurology/Neurosurgery

Management Options for GP/Optomtrist

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

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RETINAL DISORDERS

RETINAL DISORDERS

WHEN TO REFER?

Presentation

- Reduced or altered vision
- Floaters, flashes

Emergency

Suspected retinal detachment

Management Options for GP/Optomtrist

- Refer to ophthalmologist/optometrist for full ocular assessment including dilated fundus exam and OCT

Urgent

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

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STRABISMUS

STRABISMUS

WHEN TO REFER?

Presentation

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

Emergency

Acute onset strabismus and/or diplopia

Management Options for GP/Optomtrist

- 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

Urgent

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

Routine

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

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TRAUMA

TRAUMA

WHEN TO REFER?

Presentation

- Ocular trauma

Management Options for GP/Optomtrist

- Initial trauma management and immediate referral to ED
- Corneal foreign body with intact visual acuity, refer to ophthalmologist/optometrist for assessment and removal

Emergency

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

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