

# Monash Health Referral Guidelines

## Incorporating Statewide Referral Criteria

### Ophthalmology

#### EXCLUSIONS

Services not offered by Monash Health

- Refractive errors, i.e. requiring glasses
- Cataracts with visual acuity 6/9 or better
- Red, dry or itchy eyes not affecting visual acuity, e.g. 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, e.g. diabetic retinopathy, plaquenil screening
- Management of stable chronic conditions, e.g. glaucoma
- Floaters without other symptoms, e.g. 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 the expectation of some out-of-pocket cost to the patient.

[Acute vision loss](#)

[Age-related macular degeneration](#)

[Assessment for cataract surgery](#)

[Corneal conditions](#)

[Diabetic eye disease](#)

[Eye infections](#)

[Eyelid lesions or malposition](#)

[Eye pain](#)

[Glaucoma](#)

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[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

Last updated:  
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## Ophthalmology

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### REFERRAL

How to refer to  
Monash Health

**Secure eReferral by HealthLink is now our preferred method of referral.**

Find up-to-date information about how to send a referral to Monash Health on the [eReferrals page on our website](#).

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### CONTACT US

#### **Medical practitioners**

To discuss complex & urgent referrals  
contact on call registrar on 9594 6666

#### **General enquiries**

Phone: 1300 342 273

# 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?

### DHHS [Statewide referral criteria](#) apply for this condition

#### Criteria for referral to public hospital specialist clinic services

New onset of reduced central vision and / or distortion due to neovascular (wet) age-related macular degeneration (AMD).

#### Management Options for GP

- Refer to Ophthalmologist or Optometrist for visual acuity assessment and OCT

#### Information to be included in the referral

Information that **must** be provided

- Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction and dilated retinal examination, for both eyes
- Onset, severity and duration symptoms
- Optical coherence tomography (OCT) results

Provide if available

- If the person identifies as an Aboriginal and/or Torres Strait Islander.

#### Referral to a public hospital is not appropriate for

- Review or continuation of treatment of neovascular (wet) age-related macular degeneration (AMD)
- Early intermediate or geographic atrophy (dry) age-related macular degeneration (AMD).

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

People experiencing disadvantage or other barriers to accessing eyecare services may be eligible to receive services through the [Victorian Eyecare Service](#).

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

### Urgent

**Ophthalmologist/Optometrist to refer to Ophthalmology Clinic with OCT**

#### SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

#### [Macular degeneration](#)

#### HealthPathways

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

### Exclusion

Monash Health Ophthalmology does not have capacity to provide ongoing intravitreal therapy. Patients will generally be discharged to community care once treatment is stabilised.

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# ASSESSMENT FOR CATARACT SURGERY

## ASSESSMENT FOR CATARACT SURGERY



## WHEN TO REFER?

DHHS [Statewide referral criteria](#) apply for this condition

### Criteria for referral to public hospital specialist clinic services

- Patient requests surgery for documented cataract with either:
- significant disabling symptoms that affect the person's activities of daily living (e.g. light or glare sensitivity, ability to drive, recognise faces, work or self-care, increased risk of falls)
- visual acuity 6/12 or worse in the affected eye.

### Management Options for GP

- Detailed report from ophthalmologist/optometrist is required
- Monash Health Cataract Service accepts referrals only from optometrists and ophthalmologists to facilitate perioperative care management

### Information to be included in the referral

#### Information that **must** be provided

- Statement that the patient has indicated interest in having surgical treatment
- Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction and dilated retinal examination that includes best corrected visual acuity (i.e. measured with spectacles or contact lenses) for both eyes and performed in the last 3 months
- Onset, severity and duration symptoms
- Functional impact of symptoms on daily activities including impact on work, study or carer role.

#### Provide if available

- If unable to visualise the retina during the eye and vision assessment
- If the person is a commercial driver
- If the person is a carer
- If the person identifies as an Aboriginal and Torres Strait Islander.

#### Referral to a public hospital is not appropriate for

- If the patient is not willing to have surgical treatment
- Lens opacities that do not have a significant impact on the person's activities of daily living
- Prior to the person's vision being corrected with spectacles, contact lenses, or the use of visual aids.

### Routine

Ophthalmologist/optometrist to refer to Ophthalmology clinic if:

- Visual acuity 6/12 or less OR
- Visual acuity 6/9 or less if truck/heavy vehicle driver

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# ASSESSMENT FOR CATARACT SURGERY

## ASSESSMENT FOR CATARACT SURGERY (Cont'd)

### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The referral should note that the request is for advice on, or review of, the current management plan as requests for a second opinion will usually not be accepted.

If the person's vision deteriorates please provide an updated eye and vision assessment, with refraction, that includes best corrected visual acuity (i.e. measured with spectacles or contact lenses) for both eyes.

People experiencing disadvantage or other barriers to accessing eyecare services may be eligible to receive services through the [Victorian Eyecare Service](#).

Note as detailed in the Elective Surgery Access Policy, patients can only be referred for elective surgery at a public hospital if they meet the clinical threshold for that surgery at the time of referral for surgery.

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

### SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

### [Cataracts](#)

### HealthPathways

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

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## CORNEAL CONDITIONS

### CORNEAL CONDITIONS

### WHEN TO REFER?

#### DHHS [Statewide referral criteria](#) apply for this condition

#### Criteria for referral to public hospital specialist clinic services

Corneal and ocular surface conditions including:

- Progressive corneal conditions causing vision loss
- Corneal melting disorders
- Filamentary keratopathy
- Graft versus host disease
- New pigmented corneal or conjunctival lesions
- Ocular surface squamous neoplasia
- Patient requires corneal transplant
- Progressive cicatrising conjunctivitis
- Progressive keratoconus
- Symptomatic pterygium
- Symptomatic, recurrent corneal erosion syndrome

#### Management Options for GP/Optomestrist

- Initial emergency management

#### Information to be included in the referral

Information that **must** be provided

- Comprehensive eye and vision assessment (usually performed by an optometrist or ophthalmologist) with refraction.
- Onset, severity and duration symptoms.

Provide if available

- Any history of:
  - herpetic eye disease
  - corneal transplant
  - contact lens use
  - traumatic eye injury
  - eye surgery.
- If the person identifies as an Aboriginal and/or Torres Strait Islander.

#### Referral to a public hospital is not appropriate for

- Dry eyes
- Blepharitis
- Asymptomatic pterygium.

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

People experiencing disadvantage or other barriers to accessing eyecare services may be eligible to receive services through the [Victorian Eyecare Service](#).

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

### Emergency

**Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:**

- Sudden loss of vision
- Corneal graft rejection
- Contact lens keratitis or corneal ulcers
- Embedded foreign body in the eye
- Traumatic eye injuries

#### SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

#### [Corneal ulcers and abrasions](#)

#### HealthPathways

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

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# DIABETIC EYE DISEASE

## DIABETIC EYE DISEASE

## WHEN TO REFER?

### DHHS [Statewide referral criteria](#) apply for this condition

#### Criteria for referral to public hospital specialist clinic Services

- Proliferative diabetic retinopathy (PDR)
- Assessment of severe non-proliferative diabetic retinopathy threatening vision
- Vitreous haemorrhage in a person with 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

#### Information to be included in the referral

##### Information that **must** be provided

- Comprehensive eye and vision assessment usually performed by an optometrist or ophthalmologist, with refraction and dilated retinal examination, for both eyes performed in the last 3 months
- Optical coherence tomography (OCT) results.

##### Provide if available

- Onset, severity and duration symptoms
- Type of diabetes and duration of disease
- Any previous eye treatments e.g. retinal laser, surgery, intravitreal injections
- Recent HbA1c results
- Fasting lipid results
- Blood pressure readings
- If the patient is pregnant
- If the person identifies as an Aboriginal and/or Torres Strait Islander.

#### Referral to a public hospital is not appropriate for

- Eye screening in patients with diabetes
- Review of diabetic retinopathy (including during pregnancy).

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

People experiencing disadvantage or other barriers to accessing eyecare services may be eligible to receive services through the [Victorian Eyecare Service](#).

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

### Emergency

Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:

- Sudden loss of vision

### Routine

Ophthalmologist/Optomtrist to refer to Ophthalmology Clinic with OCT

#### SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

#### [Diabetic retinopathy](#)

#### HealthPathways

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

### Exclusion

Monash Health Ophthalmology does not have capacity to provide diabetic eye screening or review of diabetic retinopathy (including during pregnancy).

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## EYE INFECTIONS

### EYE INFECTIONS

#### Presentation

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

#### Management Options for GP/Optomtrist

- Refer adults to Ophthalmologist/Optomtrist 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

#### 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/optomtrist 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

#### Exclusion

Monash Health Ophthalmology does not have capacity to DCR surgery for recurrent dacryocystitis.

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## EYE PAIN

### EYE PAIN

#### Presentation

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

#### Management Options for GP/Optomtrist

- Refer to ophthalmologist/optomtrist 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

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# GLAUCOMA

## GLAUCOMA

## WHEN TO REFER?

### DHHS [Statewide referral criteria apply for this condition](#)

#### Criteria for referral to public hospital specialist clinic Services

The management of:

- advanced glaucoma
- unstable, progressive glaucoma.

#### Management Options for GP/Optomtrist

- Suspected angle-closure glaucoma (signs and symptoms: sudden onset ocular pain, blurring, redness, cloudy cornea and dilated pupil)
- For chronic glaucoma management, refer to community ophthalmologist

#### Information to be included in the referral

Information that **must** be provided

- Comprehensive eye and vision assessment performed by an optometrist or ophthalmologist, with refraction and dilated retinal examination, for both eyes performed in the last 3 months.
- Presence of any of the following:
  - secondary glaucoma
  - if the patient has only one seeing eye
  - multiple ocular surgeries
  - ocular trauma.

#### Provide if available

- Central corneal thickness measurement for both eyes performed in the last 3 months
- Optical coherence tomography (OCT) including retinal nerve fibre layer results
- Optic disc photos
- Gonioscopy test results
- If the person identifies as an Aboriginal and/or Torres Strait Islander.

#### Additional comments

The [Summary and referral information](#) lists the information that should be included in a referral request.

The referral should note that the request is for advice on, or review of, the current management plan as requests for a second opinion will usually not be accepted.

People experiencing disadvantage or other barriers to accessing eyecare services may be eligible to receive services through the [Victorian Eyecare Service](#).

Where appropriate and available the referral may be directed to an alternative specialist clinic or service.

### Emergency

**Immediately contact the ophthalmology registrar to arrange an urgent ophthalmology assessment for:**

- Sudden loss of vision associated with raised intraocular pressure (e.g. acute angle-closure glaucoma).

### Referral to a public hospital is not appropriate for

Requests for the diagnosis or ongoing management of glaucoma suspect, ocular hypertension or stable early and moderate glaucoma.

### SEMPHN Pathways

Please consult SEMPHN Pathways for assessment, management and referral guidance for this condition:

### [Acute angle-closure Glaucoma \(AACG\)](#) [Open-angle Glaucoma \(OAG\)](#)

### HealthPathways

Please refer to [HealthPathways Melbourne](#) for guidance in assessing, managing and referring for patient conditions (login required).

### Exclusion

Monash Health Ophthalmology does not have capacity to provide non-surgical glaucoma management.

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## OPHTHALMIC HEADACHE

### OPHTHALMIC HEADACHE



### WHEN TO REFER?

#### Presentation

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

#### 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

#### Emergency

Refer to Neurology/Neurosurgery

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## RETINAL DISORDERS

### RETINAL DISORDERS



### WHEN TO REFER?

#### Presentation

- Reduced or altered vision
- Floaters, flashes

#### Management Options for GP/Optomtrist

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

#### Emergency

Suspected retinal detachment

#### Urgent

Retinal vascular disorder, vitreous haemorrhage, ERM, macular hole etc: ophthalmologist/optometrist to refer to Ophthalmology 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

### 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

### 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

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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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