RCH Ophthalmology Department Referral Guidelines by Diagnosis[1]

(Updated July 2024)

Condition	Evaluation	Management	Referral Guidelines
Amblyopia	Visual Acuity	Local Eye Care Provider	Group 2 if not responding to management locally. **Referral must contain local eye care provider report.**
Astigmatism	Optometrist examination	Local Eye Care Provider	Group 3. Will be rejected if isolated condition.
Acute eye injuries, blunt trauma, hyphema, traumatic mydriasis, loss of vision		See RCH clinical practice guidelines (Acute Eye Injury)	Group 1. Send to RCH emergency department + call ophthalmology registrar[2]
Anisocoria (see pupil defects)			
Blepharitis			Group 3. Will be rejected if isolated condition. Refer to local eye care provider. Group 2. If associated with keratoconjunctivitis. **Referral must contain local eyecare provider report.**
Blurred vision	Visual Acuity		Group 1 (call registrar[2]) if acute, Group 2 if longstanding**, referral must contain local eye care provider report.**
Cataract			Group 1 (call registrar[2]) if < 3-year-old. Group 2 if longstanding, **referral must contain local eye care provider report.**
Chalazia / Meibomian cyst/stye		Warm compress and massage towards lid margin, lid hygiene, consider topical antibiotics	Group 3. Will be rejected if isolated condition. **Referral must contain local eye care provider report and photos to assist triage.** Group 2 if chronic and large. **Referral must contain local eye care provider report and photos to assist triage.**
Chemical burns	Check pH if possible	Irrigation	Group 1 (call registrar[2]) Send patient directly to the RCH emergency department

CMV (Cytomegalovirus)			Age ≤1 month, Group 1. RCH appointment within 1st month of life. Internal Referral submitted in EMR must include CMV diagnosis. InBasket message sent to RCH Ophthalmology Triage. External referral must call registrar[2] Age > 1-month, isolated condition, Group 2. **Referral must contain local eyecare prover report.**
Colour vision defect (Isolated)			Group 3. Will be rejected if isolated condition. **Referral must contain local eye care provider report**
Conjunctivitis	Swab (bacterial and viral including adenoviral PCR)	trial of topical antibiotics	Group 1 (call registrar[2]) ONLY if severe or affecting vision and not responding to management.
Dacryocele			Group 1 (call registrar[2])
Dermoid	Photograph		Group 2. Referral to contain photograph.
Diplopia			Group 1 (call registrar[2]) if new onset.
Eyelids / malposition i.e. Ptosis, epiblepharon, ectropion, entropion	Neurological examination (for Ptosis)	Lubricant eye drops PRN	Group 1 (call registrar[2]) if acute, affecting vision or abnormal neurological exam. Group 2 if uncomfortable.
Foreign body			Group 1 (call registrar[2]) Send patient to RCH emergency department.
Glaucoma			Group 1 (call registrar[2])
Haemangioma	Assess size, shape and if amblyogenic. Photograph		Photos will help with triage. Group 1 (call registrar[2]) if under age 6 months and potentially amblyogenic (to enable consideration for propranolol treatment). Group 2 if over age 6 months and potentially amblyogenic Group 2 if segmental (risk of PHACE syndrome).

			Group 3 if non amblyogenic. i.e., will be rejected. Refer to local eye care provider.
Headaches	Pupil check, brain imaging if suggestive features. VA/Refraction with local optometrist		Group 1 (call registrar[2]) if pupil abnormality or vision loss. Include local eye care provider report if available. Group 3. Not routinely seen if normal vision and normal eye movements (refer to neurologist).
Hypermetropia	Optometrist examination	Local eye care provider	Group 3. Will be rejected if isolated condition. Refer to local eye care provider.
Itchy eyes/hay fever		Lubricant eye drops, antihistamine systemically and/or topically, mast-cell stabiliser topically. If severe or chronic refer to local eye care provider for management.	Group 3. Will be rejected if isolated condition. Refer to local eye care provider. Group 1 (call registrar[2]): if corneal complications – ulcers, significant scarring, or new vessels. **Referral must contain local eye care provider report.**
Keratoconus			Not managed at RCH. Please refer to Eye and Ear Corneal Clinic.
Meibomian cyst		Warm compress and massage towards lid margin, lid hygiene, consider topical antibiotics.	Group 3. Will be rejected if isolated condition. Refer to local eye care provider.
Molluscum on eyelid	Photograph of eyelid / external eye		Group 2. **Referral must contain photograph to aide triage.**
MS patients on Fingolimod	VA OCT		**Referral for screening for macular oedema: Group 3.** Will be rejected. Recommend follow up by local eye care provider.

			Referral for concerns about macular oedema Group 1. Referral must contain local eye care provider report.
Myopia and myopia progression	Optometrist examination	Managed locally	Group 3. Will be rejected if isolated condition. Refer to local eye care provider.
Naso-lacrimal duct obstruction		Encourage massage of nasolacrimal sac from medial canthus towards the nose. Local eye care provider to manage where possible.	If younger than 12 months of age Group 3. Will be rejected (90% resolve spontaneously by 12 months). Group 2 if persistent >12 months of age. R**eferral must contain local eye care provider report.** Consider referral to Melb Eyecare Clinic (MEC) to be assessed according to RCH-MEC collaborative care guidelines. www.eyecare.mthc.com.au
Neurofibromatosis			If isolated condition, Group 2. **Referral must contain confirmation of Neurofibromatosis diagnosis.**
Non-Accidental Injury (suspected)			Group 1 (call registrar[2])
Nystagmus	Neurological examination		If new or sudden onset: Group 1 (call registrar[2]). If longstanding: Group 2. R**eferral must contain local eye care provider report.**
Orbital Fracture or suspected fracture			Group 1 (call registrar[2]).
Optic Nerve Head Pallor / Pale optic nerve / Optic nerve atrophy	Visual Acuity, OCT if available, Fundus photos if available.		Group 1 (call registrar[2])
Optic Nerve Head Swelling: Query Drusen or Papilloedema	Visual Acuity, OCT if available, Fundus photos if available		Group 1 (call registrar[2])
Peri orbital and Orbital Cellulitis		See RCH clinical practice guidelines	Group 1 (call registrar[2])
Proptosis			Group 1 (call registrar[2])
Ptosis	Neurological examination		If no other neurological deficit and longstanding, Group 2. **Referral must contain local eye care provider report.**

			If recent onset or additional neurological deficit/s, Group 1. (call registrar[2]).
Pupil Defect E.g. Irregular pupil, unequal pupils (Anisocoria)			If recent onset or caused by trauma, Group 1 (call registrar[2]). If longstanding, Group 2. **Referral must contain local eye care provider report.**
Refractive Error	Optometrist examination		Group 3. Will be rejected if isolated condition. Refer to local eye care provider. Group 2 if associated strabismus or amblyopia. **Referral must contain local eye care provider report.**
Retinal Detachments			Group 1 If > 2 years old, Royal Victorian Eye and Ear Hospital emergency department. Call RVEEH emergence department. If <2 years old, RCH emergency department (call registrar[2])
Retinal tumours			Group 1 (call registrar[2])
Retinoblastoma			Group 1 (call registrar[2])
Retinopathy of prematurity			Group 1 (call registrar[2]) Will be triaged as below. Active ROP: 1 -2 weeks Resolved ROP: 12 months ROP post laser: 3 months ROP post injection: 1-2 weeks
Squint/strabismus, esotropia, exotropia, hypertropia, hypotropia, nerve palsies,	Neurological examination, Visual Acuity, Cover Test, Ocular Motility		If abnormal neurological exam: Group 1 (call registrar[2]). If normal neurological examination: Not responding to management locally or is requiring surgery: Group 2. **Referral must contain local eye care provider report.**
Sticky eyes > 2 weeks of age			Group 2. **Must contain local eye care provider report.**

Sticky eyes (from birth to 2 weeks)	Swab (bacterial including chlamydia PCR)	Erythromycin 50mg/kg/day divided into QID dosing for 14 days or until negative swab OR Azithromycin 20mg/kg stat if confirmed chlamydia. Chlorsig drops TDS for 1 week.	Group 1 (call registrar[2])
Trichiasis / epiblepharon	Photograph of external eye / lids		Group 2. **Referral must contain local eye care provider report and photograph of external eye and lids.**
Tuberous Sclerosis			If isolated condition, Group 2. **Referral must contain confirmation of diagnosis.**
Uveitis			Group 1 (call registrar[2])
Vision Screening (of children with special needs)			Group 3. Will be rejected. Recommend referral to Australian College of Optometry or local eye care provider.
White pupil	Photograph		Group 1 (call registrar[2]) **Include photograph to assist with triage.**

1. See "Referral Priority Guidelines" for priority category.

2. Ophthalmology registrar on-call via RCH switchboard: (03) 9345 5522

3. Fax referral to (03) 9345 5034

4. Ophthalmology Department: (03) 9345 6347

5. Referral Triage coordinator: (03) 9345 4117 or email eye.triage@rch.org.au

Please send any images or scans to eye.triage@rch.org.au to assist with referral triage.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, please contact any of the above numbers.