## TRIAGE TOOL FOR EYE CASUALTY



If you are considering a referral into the Rapid Access Clinic (RAC) please telephone 0115 9709377 for advice 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> <li>Sudden loss of vision &lt; 12hrs (resolved / unresolved)</li> <li>Post-op &lt; 2/52 – loss of vision</li> </ul>	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	Sudden change in vision < 2/52     F & F over 1 week if unable to see peripheral retina	Mild blurring     Watery Eyes	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	Relief with analgesia     Photophobia     Post-op < 2/52		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><li>Puffy lids &amp; red eye</li><li>&lt; 2 weeks, Normal vision</li><li>Watery &lt; 2 weeks</li></ul>	<ul> <li>Chalazion - advise steam and see GP</li> <li>Blepharitis - follow guidelines – self treat or GP</li> <li>Allergic (sudden onset) cold compress</li> </ul>
Cornea / Conjunctiva	Cloudy, Red severe (with pain)	Hazy, red moderate	Clear cornea Red around limbus		Red mild     Lost contact lens	<ul> <li>2/52 – advise bacterial conjunctivitis ~ advice first</li> <li>Sub conj haemorrhage ~ GP for BP check</li> </ul>
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	Any child> 1 month dependant on symptoms     Absent red reflex – GP to refer to OPD
Paediatric		Hypopyon     Hyphaema,     IOP > 40mmHg     Papilloedema	Abnormal pupil with visual symptoms			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	Moderate pain, LOV     Profuse bleeding					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 - Herpes Zoster Ophthalmicus