Dear all

Please be aware of BMEC's neuro-ophth guidelines on neuro-ophth presentations to eye casualty. These are 3 flowcharts indicating **how and when** to refer to neuro-ophthalmology urgently. Available in intranet and eye casualty. These are part of eye casualty induction with other clinical guidelines. Summarised below.

In a nutshell

1. **PAPILLOEDEMA**-- confirm finding with most senior oncall - check BP to ensure no malignant HT
- papilloedema confirmed with normal visions send to medics for papilloedema investigations and notes to neuro-ophthalmology
-papilloedema confirmed with **abnormal vision** send to medics for investigation, **discuss with consultant oncall and hand over directly to neuro-ophthalmology** same day/next day *
-papilloedema doubtful (looks pseudo-papilloedema) and patient entirely asymptomatic refer to neuro-ophthalmology

2. **OPTIC NEUROPATHY**- discuss/see with most senior oncall
-if mild visual reduction and fully compatible with typical neuritis or non arteritic ischemic optic neuropathy may refer via notes to neuro-ophthalmology
-if **severe (visions 6/60 or less** or unclear cause/ rapid deterioration) **always discuss consultant oncall, consider admission and direct hand over to neuro-ophthalmology** same day in hours/next day*

3. **SUSPICION OF GCA**- escalate always to consultant oncall for urgent decision making.

*(this is no different than other urgent situations like a RD, perforated eye or acute angle closure glaucoma).