

ONLY APPLICABLE TO DOCTORS (optometrists and nurse practitioners are excluded)

URGENT CARE CLINICS RULES FOR TRANSFER TO ED

Patients as follows can be transferred from UCC to ED without discussion with ED but please inform triage nurse/ED doctor to prioritise as clinically urgent:

Diagnosis	Management before transfer
Acute angle closure glaucoma (AACG)	Initiate initial IOP lowering treatment
Endophthalmitis	Inform ED doctor as URGENT as vitreous tap + intravitreal Abx needed to be given
Penetrating Eye Injury / Intraocular foreign body (IOFB)	Order CT scan
Lid laceration	Exclude penetrating eye injury/IOFB
Orbital related conditions with severe pain and poor vision (thyroid eye disease, inflammation, orbital cellulitis)	<i>(Pre-septal cellulitis can be seen in UCC)</i>

Patients as follows can be managed by UCC doctors after discussion with ED doctors and if do need to be transferred, please discuss with ED doctor first:

Diagnosis	Management before transfer
Complex uveitis	Initiate recommended treatment – consult uveitis advice if required / guidelines
Complex postoperative complications	<i>(Most postoperative complications can be managed in UCC unless suspected wound leak/vitreous prolapse, endophthalmitis, choroidal detachment)</i>
Cranial Nerve Palsies / Acute diplopia	Arrange orthoptist assessment
Giant Cell Arteritis (GCA)	Order inflammatory blood markers
Microbial Keratitis	Corneal scraping
Neovascular Glaucoma (NVG)	Initiate medical treatment (as per NVG guidelines)
Raised IOP (not AACG related)	Initiate initial IOP lowering treatment

If you are dealing with the above patients and taking time, please discuss with lead nurse triage / ED doctor – we can either take over the patient or help see another patient waiting in your clinic list.

All the following conditions can be dealt with in UCC without transfer to ED:

MR conditions (even if pts need OCT macula)	VR conditions (refer to VR fellow for advice)	Anisocoria
Blepharitis	Blunt trauma	Cellulitis (pre-septal)
Chemical eye injury (mild)	Conjunctivitis	Dry / Watery Eyes
Eyelid abnormalities	Herpes simplex/zoster	Optic nerve head diseases (including papilloedema)
Ptosis	Scleritis / Episcleritis	Uveitis (anterior)

Most paediatric cases can be dealt with in UCC. However, if any doubt, please consult ED doctors or paediatric ophthalmology team for advice / guidelines.