

## BMEC EYE EMERGENCY DEPARTMENT TRIAGE TOOL

This triage tool is to be used when triaging telephone referrals and e-referrals.

It is a guide for nurses and should be used as such.

If in doubt - please discuss with a senior clinician.

Generally, any patient with symptoms present for more than 2 weeks should see their own optician/GP and/or be referred to outpatient clinic.

Presentation	Same session/ASAP	Same day	Within 24 hours	Within 3 days	Not appropriate – to see OO/GP or referral to clinic
<b>Trauma</b>	<ul style="list-style-type: none"> <li>• Chemical injury</li> <li>• Penetrating eye injury</li> </ul>	<ul style="list-style-type: none"> <li>• Blunt trauma</li> <li>• Lid Laceration</li> </ul>	<ul style="list-style-type: none"> <li>• Blunt trauma &gt;1/52 &lt;2/52 – good VA and no pain</li> <li>• Corneal abrasions</li> <li>• Corneal FBs</li> </ul>		<ul style="list-style-type: none"> <li>• Arc eye - advise</li> </ul>
<b>Vision</b>	<ul style="list-style-type: none"> <li>• Sudden complete loss of vision &lt;6 hours</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden loss of vision &gt;6 hrs &lt;12 hours</li> <li>• Post op &lt;2/52 loss of vision</li> <li>• Unilateral VF defect (new/following F&amp;F)</li> <li>• Bilat visual disturbance &lt;2hrs +/- headache</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden loss of vision &gt;12 hours but &lt;1/52</li> <li>• F&amp;F with risk factors (myope/tear/RD/FH of RD)</li> <li>• Diplopia (new/sudden onset)</li> <li>• Post op &lt;2/52 blurred vision</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden change in vision &lt;2/52</li> <li>• F&amp;F &lt;2/52 or &gt;2/52 if prev risk factors</li> <li>• Visual distortion &lt;2/52</li> <li>• Mild blurring</li> </ul>	<ul style="list-style-type: none"> <li>• Asymptomatic retinal pathology – routine medical retina or VR</li> <li>• Known AMD/CMO/DMO/RVO – refer to fast track macular clinic</li> <li>• F&amp;F &gt;2/52 (no previous risk factors) – to VR ARC clinic</li> <li>• Gradual LOV &gt;2/52 – see OO</li> <li>• Macular hole/ERMS/VMT – routine referral to VR clinic</li> <li>• Irritation with discharge/gritty – see OO/GP</li> <li>• FB sensation – no history of FB – see OO/GP</li> <li>• Watery eyes – see OO/GP</li> <li>• Cataracts – refer cataract clinic</li> </ul>
<b>Eye pain Scale 1-5</b>	<ul style="list-style-type: none"> <li>• 4-5 score, no relief from analgesia</li> <li>• With nausea and vomiting</li> </ul>	<ul style="list-style-type: none"> <li>• 3-4 score</li> <li>• Keeping patient awake at night</li> </ul>	<ul style="list-style-type: none"> <li>• Relief with analgesia, photophobia</li> <li>• Post op &lt;2/52</li> <li>• FB sensation &lt;2/52</li> </ul>	<ul style="list-style-type: none"> <li>• In-growing lashes</li> </ul>	

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<b>Headache</b>	<ul style="list-style-type: none"> <li>4-5 score with eye symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Painful scalp, painful temples, jaw pain (all with eye symptoms)</li> <li>With diplopia</li> </ul>			<ul style="list-style-type: none"> <li>No eye symptoms – see GP/ED/Rheumatology</li> </ul>
<b>Lids/facial</b>		<ul style="list-style-type: none"> <li>New droopy lid/ptosis</li> <li>Acute swollen lids (with fever/diplopia)</li> </ul>	<ul style="list-style-type: none"> <li>Swollen lids (normal vision, afebrile)</li> <li>Proptosis (with visual loss/pain)</li> </ul>	<ul style="list-style-type: none"> <li>Puffy lids &amp; red eye &lt;2/52, normal vision</li> <li>Watery &lt;2/52</li> <li>Itching &lt;2/52</li> </ul>	<ul style="list-style-type: none"> <li>Chalazion – advise warm compress, see GP</li> <li>Blepharitis – lid hygiene, see OO/GP</li> <li>Proptosis only – GP 2 week referral</li> <li>Herpes Zoster – GP to start oral antiviral asap and see within 24 hours</li> </ul>
<b>Cornea/Conjunctiva</b>	<ul style="list-style-type: none"> <li>Cloudy, Red severe (with pain)</li> </ul>	<ul style="list-style-type: none"> <li>Hazy, Red moderate</li> <li>CL wear (redness/pain with reduced vision)</li> <li>Corneal graft patients – reduced vision, pain</li> </ul>	<ul style="list-style-type: none"> <li>Clear cornea, red around limbus</li> <li>CL wear (redness/pain without reduced vision)</li> <li>Corneal graft patients – FB sensation, no LOV</li> <li>Redness and pain with prev HSK, HZK, immunosuppressed</li> </ul>	<ul style="list-style-type: none"> <li>Red mild</li> </ul>	<ul style="list-style-type: none"> <li>Subconj haemorrhage – see GP/BP check/OO</li> <li>&gt;2/52 red eyes – see GP/OO</li> <li>incidental corneal/conj findings by OO – refer to corneal clinic</li> <li>suspicion of keratoconus – refer to corneal clinic</li> </ul>

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<b>Glaucoma</b>	<ul style="list-style-type: none"> <li>Fixed, dilated pupil with high IOP</li> <li>Nausea/vomiting</li> </ul>	<ul style="list-style-type: none"> <li>IOP<math>\geq</math>40mmHg</li> <li>IOP<math>\geq</math>21mmHg with nausea/reduced vision</li> </ul>		<ul style="list-style-type: none"> <li>IOP<math>\geq</math>35&lt;40mmHg without vision loss or pain</li> </ul>	<ul style="list-style-type: none"> <li>IOP&lt;35mmHg without vision loss or pain – to refer to glaucoma clinic</li> <li>Post op – discuss with glaucoma team <u>urgently</u></li> <li>Drop allergy – discuss with glaucoma team for which patient is under</li> <li>Run out of drops – GP to prescribe</li> </ul>
<b>Paediatric</b>	<ul style="list-style-type: none"> <li>Unwell, pyrexial, swollen lids (see once stable – advise to attend ED)</li> </ul>	<ul style="list-style-type: none"> <li>Swollen lids – not unwell, apyrexial</li> </ul>	<ul style="list-style-type: none"> <li>Abnormal pupil/unequal pupil with visual symptoms</li> </ul>		<ul style="list-style-type: none"> <li>&gt;1/12 symptoms – see GP/refer to paedics clinic</li> <li>Absent red reflex – refer to paedics clinic</li> </ul>
<b>Post-op</b>	<ul style="list-style-type: none"> <li>Moderate pain, LOV</li> <li>Profuse bleeding</li> <li>hypopyon</li> </ul>	<ul style="list-style-type: none"> <li>Post op &lt;2/52 loss of vision</li> </ul>			<ul style="list-style-type: none"> <li>Asymptomatic – refer to relevant consultant</li> <li>Post op within a year – refer to relevant consultant</li> <li>Post op drops issue – Consultant’s secretary to contact consultant</li> </ul>
<b>Neuro-ophth</b>	<ul style="list-style-type: none"> <li>Unequal pupil with ptosis, diplopia</li> </ul>	<ul style="list-style-type: none"> <li>Swollen disc(s)</li> <li>New onset anisocoria</li> <li>New onset diplopia</li> </ul>	<ul style="list-style-type: none"> <li>Bell’s palsy with vision loss/pain</li> </ul>		<ul style="list-style-type: none"> <li>Unequal pupil size with no LOV, no ptosis, no trauma – refer to general clinic / neuro-ophthalmology</li> <li>Bilat VF defect – ED/stroke team</li> <li>Bell’s Palsy without vision loss/pain – advise lubricants and lip taping</li> <li>Diplopia with facial weakness – GP/ED</li> </ul>

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<b>Other</b>	<ul style="list-style-type: none"> <li>Acutely unwell adult with ocular symptoms, swollen lids, pyrexia</li> <li>Hypopyon</li> </ul>	<ul style="list-style-type: none"> <li>Hyphaema</li> </ul>	<ul style="list-style-type: none"> <li>Localised redness (not subconj hge) &lt;2/52</li> </ul>		<ul style="list-style-type: none"> <li>Symptoms &gt;2/52 see OO/GP to refer to OPD</li> </ul>

#### Abbreviation

AMD	Age related macular degeneration
CL	Contact lens
CMO	Cystoid macular oedema (swelling at macula due to inflammation/diabetes/vein occlusion etc)
DMO	Diabetic macular oedema (swelling at macula due to diabetes)
ED	Emergency department
ERM	Epi-retinal membrane
F&F	Flashes and Floaters (flashes of light and black spots/cobweb in vision – usually unilateral)
FB	Foreign body
FH	Family history
HSK	Herpes simplex keratitis
HZK	Herpes zoster keratitis
LOV	Loss of vision
OO	Optician
OPD	Outpatient department
PVD	Posterior vitreous detachment
RD	Retinal detachment
RVO	Retinal vein occlusion
VF	Visual field
VMT	Vitreomacular traction
VR ARC	Vitreoretinal Acute Retinal Clinic