

# Clinical Prioritisation Criteria

## Ophthalmology CPC v1.3

### Summary

This document contains the draft Clinical Prioritisation Criteria (CPC) for Ophthalmology. It is a consultation document only. This is a drafting document and should be read in conjunction with the consultation overview.

The final format will be as indicated on the CPC website <https://cpc.health.qld.gov.au/> and embedded into your local HealthPathways site or HHS site i.e. 'Refer your patient' website <https://metrosouth.health.qld.gov.au/referrals> or [www.health.qld.gov.au/metronorth/refer](http://www.health.qld.gov.au/metronorth/refer).

For more information about the CPC development process and purpose, please see the accompanying CPC Consultation Overview.

### Table of contents

Summary.....	1
Table of contents .....	1
Ophthalmology inclusion for outpatient services .....	2
Ophthalmology paediatric conditions .....	3
Ophthalmology exclusions for outpatient services .....	3
Referral and outpatient criteria .....	4
Cataracts .....	4
Glaucoma .....	5
Diabetic retinopathy.....	7
Pterygium .....	8
Retinal vein occlusion.....	9
Retinal artery occlusion .....	9
Age related macular degeneration .....	10
Posterior capsular opacity.....	11
Fuch's (Endothelial) dystrophy.....	12
Keratoconus .....	12
Ectropion .....	13
Entropion .....	14
Allergic eye disease .....	14
Lid lesions .....	15
Epiretinal membrane .....	16
Macular hole.....	16
Intraocular melanoma.....	17
Adult ptosis.....	18
Adult strabismus (squint).....	18
Adult epiphora (watery eyes) .....	19
Chalazion/meibomian cyst .....	20
Paediatric ptosis .....	20
Paediatric strabismus (squint).....	21
Paediatric epiphora (watery eyes/blocked tear ducts) .....	22
Paediatric leukocoria.....	23
Paediatric anisocoria (unequal pupil size) .....	23
Paediatric nystagmus.....	24
Paediatric congenital glaucoma .....	25
Paediatrics Chalazion/meibomian cyst .....	25
Other referrals to emergency not covered within these conditions.....	26
Out-of-scope for Ophthalmology interventions.....	27
Urgency category for intervention .....	27
Version control.....	28

## Ophthalmology inclusion for outpatient services

The following conditions are proposed to be considered under the Ophthalmology CPC.

**Please note this is not an exhaustive list of all conditions for outpatient services and does not exclude consideration for referral unless specifically stipulated in the CPC exclusions section.**

- Cataracts
- Glaucoma
- Diabetic retinopathy
- Pterygium
- Retinal vein occlusion
- Retinal artery occlusion
- Age related macular degeneration
- Posterior capsular Opacity
- Fuch's (Endothelial) Dystrophy
- Keratoconus
- Ectropion
- Entropion
- Allergic eye disease
- Lid lesions
- Epiretinal membrane
- Macular hole
- Intraocular melanoma
- Adult ptosis
- Adult strabismus
- Adult epiphora
- Chalazion/meibomian cyst (adult and paediatric)
- Paediatric ptosis
- Paediatric strabismus (squint)
- Paediatric epiphora (watery eyes/blocked tear ducts)
- Paediatric leukocoria
- Paediatric anisocoria (unequal pupil size)
- Paediatric nystagmus
- Paediatric congenital glaucoma

## Ophthalmology paediatric conditions

The following paediatric conditions are to be considered under the Ophthalmology CPC. Alternatively, please consider if it is necessary to develop a separate paediatric CPC for Ophthalmology.

- Chalazion/meibomian cyst
- Ptosis
- Strabismus (squint)
- Epiphora (watery eyes/blocked tear ducts)
- Leukocoria
- Anisocoria (unequal pupil size)
- Nystagmus
- Congenital glaucoma

## Ophthalmology exclusions for outpatient services

Not all services are appropriate to be seen in the Queensland public health system. Exceptions can always be made where clinically indicated. It is proposed that the following are not routinely provided in a public Ophthalmology service

### **The following are not routinely provided in a public Ophthalmology service.**

- Cataract (patients with visual acuity in the affected eye of 6/12 or better will not be accepted unless clinical modifiers apply (see general referral information section)
- Diabetic Retinopathy (routine referral for screening without evidence of diabetic retinopathy will not be accepted unless in those HHSs without primary photoscreening or optometrist)
- Age Related Macular Degeneration (AMD) (dry AMD is not routinely seen unless the practitioner is concerned about progression to wet AMD)
- Pterygium (pterygium less than 3mm from limbus to apex will not be accepted)
- Lid lesions (patients with minor cosmetic eyelid lesions should not be referred)
- Refractive error - (prescription of spectacles) in patients older than 12 years
- Mild dry eyes
- Mild ptosis

## Referral and outpatient criteria

Cataracts	
<b>Referral to emergency</b>	
<p>If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.</p> <ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Minimum referral criteria</b>	
<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Documented cataract with significant impact on activities of daily living (ADL) and BCVA worse than 6/36 in <b>each</b> eye</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Documented cataract with significant impact on ADL and:               <ul style="list-style-type: none"> <li>– BCVA worse than 6/36 in <b>one</b> eye <i>or</i></li> <li>– BCVA worse than 6/12 in <b>each</b> eye</li> </ul> </li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Documented cataract with significant impact on ADL and BCVA worse than 6/12 in either eye</li> </ul>
<b>1. Reason for request, indicate on the referral</b>	
<ul style="list-style-type: none"> <li>• To establish a diagnosis</li> <li>• For treatment or intervention not otherwise accessible to the patient</li> <li>• For advice regarding management</li> <li>• To engage in an ongoing shared care approach between primary and secondary care</li> <li>• Reassurance for GP/second opinion</li> <li>• Reassurance for the patient/family</li> <li>• For other reason (e.g. rapidly accelerating disease progression)</li> </ul>	
<b>2. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>• BCVA (vision with most recent distance spectacles) with refraction in the last 12 months</li> <li>• Whether first or second eye</li> <li>• Symptoms and duration of problem</li> </ul>	
<b>3. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>• Private Ophthalmologist or Optometrist report including VA, refraction and impact of symptoms</li> <li>• Professional drivers with specific VA requirements for employment</li> </ul>	
<b>4. Request</b>	
<p>General referral information/Standard information (Appendix 2, Consultation overview)</p> <p>Notes</p> <ul style="list-style-type: none"> <li>• Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.</li> <li>• A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.</li> <li>• Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.</li> </ul>	
<b>5. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>• Refer to Healthpathways or local guidelines</li> </ul>	

- Consider requesting an eye examination with a private ophthalmologist or optometrist to confirm the presence of cataracts and to optimise vision with glasses where possible
- Control co-morbidities

#### Clinical resources (links)

#### Patient resources (links)

[https://ranzco.edu/ArticleDocuments/233/opa\\_ranzco\\_cataract.pdf.aspx?Embed=Y](https://ranzco.edu/ArticleDocuments/233/opa_ranzco_cataract.pdf.aspx?Embed=Y)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

#### Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

## Glaucoma

#### Referral to emergency

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

- Congenital glaucoma e.g. big eye/s, cloudy cornea, photosensitive, tearing
- Angle closure glaucoma (unilateral red eye associated with pain, nausea, loss of vision, photophobia, steamy cornea, hard tender globe, 'rainbows' around lights, or sluggish pupil reactions)
- Patients with IOP > 35mmHg

#### Minimum referral criteria

**Category 1**  
(appointment within 30 calendar days)

- Refer directly to emergency:
  - patients with IOP > 35 mmHg
- Likely diagnosis of glaucoma and any of the following:
  - IOP 30-35 mmHg
  - severe disc damage
  - severe field loss

**Category 2**  
(appointment within 90 calendar days)

- Likely diagnosis of glaucoma and any of the following:
  - signs of early disc damage or field loss consistent with glaucoma
  - IOP  $\geq$  28mmHg < 30mmHg without disc damage or field loss
  - suspicion of narrow iridocorneal angles with risk of angle closure glaucoma

**Category 3**  
(appointment within 365 calendar days)

- IOP  $\geq$  22mmHg < 28mmHg WITH any of the following:
  - Central corneal thickness < 555
  - High risk medicine (eg steroids)
  - Hx of trauma
  - Pseudo exfoliation
  - Pigment dispersion
  - Very high myopia
  - Family history

#### 1. Reason for request, indicate on the referral

- To establish a diagnosis

- For treatment or intervention not otherwise accessible to the patient
- For advice regarding management
- To engage in an ongoing shared care approach between primary and secondary care
- Reassurance for GP/second opinion
- Reassurance for the patient/family
- For other reason (e.g. rapidly accelerating disease progression)

## 2. Essential referral information, Referral will be returned without this

- BCVA (vision with most recent distance spectacles)
- Private ophthalmologist or optometrist report including VA, IOP, visual fields & disc assessment

## 3. Additional referral information, Useful for processing the referral

- Optical coherence tomography
- Refraction, gonioscopy, pachymetry
- Photograph – with patient's consent, where secure image transfer, identification and storage is possible

## 4. Request

General referral information/Standard information (Appendix 2, Consultation overview)

Notes

- Please note that where appropriate and where available, the referral may be streamed to an associated public allied health and/or nursing service. Access to some specific services may include initial assessment and management by associated public allied health and/or nursing, which may either facilitate or negate the need to see the public medical specialist.
- A change in patient circumstance (such as condition deteriorating or becoming pregnant) may affect the urgency categorisation and should be communicated as soon as possible.
- Please indicate in the referral if the patient is unable to access mandatory tests or investigations as they incur a cost or are unavailable locally.

## 5. Other useful information for referring practitioners, not an exhaustive list

- Refer to Healthpathways or local guidelines
- Recommend ongoing review by a private ophthalmologist or optometrist until seen in ophthalmology outpatient's department

### Clinical resources (links)

RANZCO Referral Pathway for Glaucoma Management  
<https://ranzco.edu/ArticleDocuments/507/RANZCO%20Referral%20pathway%20for%20Glaucoma%20management.pdf.aspx?Embed=Y>

### Patient resources (links)

RANZCO Glaucoma  
[https://ranzco.edu/ArticleDocuments/233/OPA\\_RANZCO\\_Glaucoma.pdf.aspx?Embed=Y](https://ranzco.edu/ArticleDocuments/233/OPA_RANZCO_Glaucoma.pdf.aspx?Embed=Y)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Inform the patient

- Ensure they are aware of the request and the reason for being assessed.
- Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
- To inform of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.

## Diabetic retinopathy

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Diagnosis of diabetes and any of the following:           <ul style="list-style-type: none"> <li>– proliferative diabetic retinopathy (PDR)</li> <li>– assessment of diabetic retinopathy in pregnancy</li> </ul> </li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Diagnosis of diabetes and any of the following:           <ul style="list-style-type: none"> <li>– diabetic macular edema</li> <li>– severe non-PDR</li> </ul> </li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Diagnosis of diabetes and mild to moderate non-PDR</li> </ul> <p>NB Routine referral for screening without evidence of diabetic retinopathy will not be accepted.</p>

### 1. Essential referral information, Referral will be returned without this

- BCVA (vision with most recent distance spectacles)
- Date diagnosed/duration

### 2. Additional referral information, Useful for processing the referral

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms\*
- Type I or II
- Previous eye treatment e.g. retinal laser
- HbA1c (most recent within the last six months and previous three if available)
- Fasting blood glucose results
- Fasting lipids results
- Blood pressure

### 3. Other useful information for referring practitioners, not an exhaustive list

- Recommend annual diabetic retinopathy photo-screening (photo-screening should be read by an accredited practitioner)

### Clinical resources (links)

RANZCO Screening and Referral Pathway for Diabetic Retinopathy  
<https://ranzco.edu/ArticleDocuments/515/RANZCO%20Referral%20pathway%20for%20DR%202016.pdf.aspx?Embed=Y>

### Patient resources (links)

RANZCO diabetic retinopathy  
[https://ranzco.edu/ArticleDocuments/233/opa\\_ranzco\\_diabetic\\_retinopathy.pdf.aspx?Embed=Y](https://ranzco.edu/ArticleDocuments/233/opa_ranzco_diabetic_retinopathy.pdf.aspx?Embed=Y)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Pterygium

### Referral to emergency

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

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### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• No category 1 criteria</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Size - 3mm or greater from limbus to apex and visual axis is threatened and/or dysplasia</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Size - 3mm or greater from limbus to apex</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- BCVA (vision with most recent distance spectacles)

### 2. Additional referral information, Useful for processing the referral

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

### 3. Other useful information for referring practitioners, not an exhaustive list

- Refer to Healthpathways or local guidelines

Medical management

- Lubrication/artificial tears
- Wear protective sunglasses (wrap around style UV400)
- Update spectacles
- Consider annual review by private ophthalmologist or optometrist

### Clinical resources (links)

### Patient resources (links)

RANZCO Pterygium  
[https://ranzco.edu/ArticleDocuments/233/opa\\_ranzco\\_ptygium.pdf.aspx?Embed=Y](https://ranzco.edu/ArticleDocuments/233/opa_ranzco_ptygium.pdf.aspx?Embed=Y)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Retinal vein occlusion

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• All central retinal vein occlusions</li> <li>• Branch retinal vein occlusion with recent decrease in vision</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Branch retinal vein occlusion without recent decrease in vision</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- BCVA (vision with most recent distance spectacles)

### 2. Additional referral information, Useful for processing the referral

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- Recent IOP
- Recent blood tests including cholesterol FBC ELFT or known thrombotic disorders
- Recent blood pressure measurement

### 3. Other useful information for referring practitioners, not an exhaustive list

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#### Clinical resources (links)

#### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Retinal artery occlusion

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Refer directly to emergency if clinically indicated:             <ul style="list-style-type: none"> <li>– patients with central or branch retinal artery occlusion</li> </ul> </li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Incidental finding of branch retinal artery occlusion or retinal arteriole cholesterol embolus (Hollenhorst plaque)</li> </ul>

<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>No category 3 criteria</li> </ul>
<b>1. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>BCVA (vision with most recent distance spectacles)</li> </ul>	
<b>2. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms</li> <li>Recent blood tests including cholesterol, FBC ELFT ESR or other known thrombotic disorders</li> <li>Imaging of carotid arteries (USS or angiography)</li> <li>Echocardiogram and ECG results</li> <li>Recent blood pressure measurement</li> </ul>	
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>Management of cardiovascular risk factors</li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

## Age related macular degeneration

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>New onset of reduced central vision and/or distortion due to wet AMD</li> <li>Referral to continue treatment of wet AMD</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>Recent significant progression of dry AMD NB: Dry AMD is not routinely seen unless practitioner is concerned about recent significant progression</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>No category 3 criteria</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- BCVA (vision with most recent distance spectacles)

### 2. Additional referral information, Useful for processing the referral

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- OCT results

### 3. Other useful information for referring practitioners, not an exhaustive list

- Consider annual review by a private ophthalmologist or optometrist
- Patients with AMD should eat a healthy balanced diet and avoid smoking

- Sunglasses may reduce glare and excessive UV light exposure

#### Clinical resources (links)

RANZCO Referral Pathway for AMD Screening and Management by Optometrists  
<https://ranzco.edu/ArticleDocuments/514/RANZCO%20Referral%20pathway%20for%20AMD%20management.pdf.aspx?Embed=Y>

#### Patient resources (links)

Age-related macular degeneration  
<https://ranzco.edu/find-out-more-about/age-related-macular-degeneration>

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Posterior capsular opacity

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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### Minimum referral criteria

**Category 1**  
(appointment within 30 calendar days)

- No category 1 criteria

**Category 2**  
(appointment within 90 calendar days)

- No category 2 criteria

**Category 3**  
(appointment within 365 calendar days)

- Documented posterior capsular opacity and significant impact on ADL

### 1. Essential referral information, Referral will be returned without this

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

### 2. Additional referral information, Useful for processing the referral

- 

### 3. Other useful information for referring practitioners, not an exhaustive list

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#### Clinical resources (links)

#### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Fuch's (Endothelial) dystrophy

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Fuch's Endothelial dystrophy and Corneal decompensation with bullae</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Fuch's Endothelial dystrophy and BCVA worse than 6/36</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Fuch's Endothelial dystrophy and BCVA worse than 6/12</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

### 2. Additional referral information, Useful for processing the referral

- 

### 3. Other useful information for referring practitioners, not an exhaustive list

- Request an eye examination by private ophthalmologist or optometrist to optimise vision with glasses

### Clinical resources (links)

### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Keratoconus

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Keratoconus with hydrops</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Keratoconus with signs of progression</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Keratoconus with stable findings</li> </ul>

### 1. Essential referral information, Referral will be returned without this

<ul style="list-style-type: none"> <li>Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms</li> </ul>
<b>2. Additional referral information, Useful for processing the referral</b>
<ul style="list-style-type: none"> <li></li> </ul>
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>
<ul style="list-style-type: none"> <li>Refer to Healthpathways or local guidelines</li> <li>Request an eye examination by private ophthalmologist or optometrist to confirm the presence of keratoconus and to optimise vision with glasses or contact lenses</li> </ul>
<b>Clinical resources (links)</b>
<b>Patient resources (links)</b>
<p>Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.</p>

<b>Ectropion</b>	
<b>Referral to emergency</b>	
<p>If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.</p> <ul style="list-style-type: none"> <li></li> </ul>	
<b>Minimum referral criteria</b>	
<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>No category 1 criteria</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>Severe ectropion with tarsal exposure</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>Symptomatic ectropion</li> </ul>
<b>1. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>BCVA (vision with most recent distance spectacles)</li> </ul>	
<b>2. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms</li> </ul>	
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>Refer to Healthpathways or local guidelines</li> <li>Check for corneal epithelial damage with fluorescein</li> <li>Lubrication/artificial tears</li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
<p>Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.</p>	

## Entropion

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

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### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Symptomatic entropion with significant corneal epithelial damage</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Symptomatic entropion</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- BCVA (vision with most recent distance spectacles)

### 2. Additional referral information, Useful for processing the referral

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

### 3. Other useful information for referring practitioners, not an exhaustive list

- Refer to Healthpathways or local guidelines
- Check for corneal epithelial damage with fluorescein
- Teach how to evert lower lid and tape in the everted position
- Lubrication/artificial tears

### Clinical resources (links)

### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Allergic eye disease

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Severe allergic eye disease with corneal involvement</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Severe allergic eye disease without corneal involvement (thickened eyelids, stringy mucoid discharge, severe itch)</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Mild allergic eye disease without corneal involvement that is non-responsive to topical anti-histamines or mast cell stabilisers</li> </ul>

365 calendar days)	
<b>1. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>• BCVA (vision with most recent distance spectacles)</li> </ul>	
<b>2. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>• Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms</li> </ul>	
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>• Refer to Healthpathways or local guidelines</li> <li>• Avoid allergens if possible</li> <li>• Check for corneal epithelial damage with fluorescein</li> <li>• Topical anti-histamines and mast cell stabilisers</li> <li>• Oral anti-histamines</li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

## Lid lesions

### Referral to emergency

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Proven or suspected eyelid squamous cell carcinoma or melanoma</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Proven or suspected eyelid basal cell carcinoma</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Benign eyelid lesions affecting vision or causing functional deficit NB: minor cosmetic eyelid lesions should not be referred</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- General referral information

### 2. Additional referral information, Useful for processing the referral

- Pathology result of lesion biopsy
- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms
- Clinical diagram including size in mm

### 3. Other useful information for referring practitioners, not an exhaustive list

- Refer to Healthpathways or local guidelines

<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Epiretinal membrane

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• No category 1 criteria</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Epiretinal membrane with BCVA worse than 6/12</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Symptomatic epiretinal membrane with BCVA 6/12 or better NB: asymptomatic epiretinal membranes with good BCVA should not be referred</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

### 2. Additional referral information, Useful for processing the referral

- Optical coherence tomography report

### 3. Other useful information for referring practitioners, not an exhaustive list

- 

### Clinical resources (links)

### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Macular hole

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• No category 1 criteria</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Full thickness macular hole</li> </ul>
<b>Category 3</b>	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

(appointment within 365 calendar days)	
<b>1. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms</li> </ul>	
<b>2. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>Optical coherence tomography</li> </ul>	
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>Refer to Healthpathways or local guidelines</li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

<b>Intraocular melanoma</b>	
<b>Referral to emergency</b>	
<p>If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.</p> <ul style="list-style-type: none"> <li></li> </ul>	
<b>Minimum referral criteria</b>	
<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>Proven or suspected intraocular melanoma</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>No category 2 criteria</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>No category 3 criteria</li> </ul>
<b>1. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>BCVA (vision with most recent distance spectacles)</li> </ul>	
<b>2. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms</li> </ul>	
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li></li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

## Adult ptosis

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• No category 1 criteria</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Symptomatic ptosis involving visual axis</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Symptomatic ptosis NOT involving visual axis</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- BCVA (vision with most recent distance spectacles)

### 2. Additional referral information, Useful for processing the referral

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

### 3. Other useful information for referring practitioners, not an exhaustive list

- 

### Clinical resources (links)

### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Adult strabismus (squint)

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Refer directly to emergency if clinically indicated: <ul style="list-style-type: none"> <li>– sudden onset of constant convergent squint (esotropia)</li> <li>– divergent squint (exotropia)</li> <li>– double vision at any age</li> </ul> </li> <li>• New onset diplopia associated with thyroid orbitopathy</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Long standing diplopia associated with thyroid orbitopathy</li> <li>• Decompensated previous strabismus with diplopia</li> </ul>
<b>Category 3</b>	<ul style="list-style-type: none"> <li>• Long standing squint without diplopia</li> </ul>

(appointment within 365 calendar days)	
<b>1. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>• BCVA (vision with most recent distance spectacles)</li> </ul>	
<b>2. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>• Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms</li> </ul>	
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

<b>Adult epiphora (watery eyes)</b>	
<b>Referral to emergency</b>	
<p><b>If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Minimum referral criteria</b>	
<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• No category 1 criteria</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• No category 2 criteria</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Symptomatic epiphora due to obstruction of the nasolacrimal system</li> </ul>
<b>1. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>• BCVA (vision with most recent distance spectacles)</li> </ul>	
<b>2. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>• Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms</li> </ul>	
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>• Eyelid hygiene if epiphora secondary to blepharitis</li> <li>• Lubricants or artificial tears if epiphora secondary to dry eyes/blepharitis</li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

## Chalazion/meibomian cyst

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• No category 1 criteria</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• No category 2 criteria</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Failed maximal medical management of inflammatory eyelid mass (chalazion)</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- BCVA (vision with most recent distance spectacles)

### 2. Additional referral information, Useful for processing the referral

- 

### 3. Other useful information for referring practitioners, not an exhaustive list

Medical management including:

- Warm compresses have been applied to the affected eyelid(s) for 15 minutes, 4 times a day
- Lid massage has been applied to non-inflamed chalazia in an attempt to cause spontaneous discharge
- Topical antibiotic eye drops or ointment (e.g. chloramphenicol or fusidic acid) if associated infection

### Clinical resources (links)

### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Paediatric ptosis

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Ptosis involving visual axis</li> <li>• Ptosis with neurological disorder</li> <li>• Ptosis in a child under two years of age</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Ptosis not involving visual axis</li> </ul>
<b>Category 3</b> (appointment within	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

365 calendar days)

**1. Essential referral information, Referral will be returned without this**

- General referral information

**2. Additional referral information, Useful for processing the referral**

- Private ophthalmologist or optometrist report including VA, refraction and impact of symptoms

**3. Other useful information for referring practitioners, not an exhaustive list**

- 

**Clinical resources (links)**

**Patient resources (links)**

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Paediatric strabismus (squint)

**Referral to emergency**

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

- 

**Minimum referral criteria**

**Category 1**  
(appointment within 30 calendar days)

- Refer directly to emergency if clinically indicated:
  - sudden onset of constant convergent squint (esotropia)
  - divergent squint (exotropia)
  - double vision at any age
- New onset (within 2 months) of convergent squint (esotropia) or divergent squint (exotropia)
- Constant convergent squint in child <1-year old

**Category 2**  
(appointment within 90 calendar days)

- Convergent squint
- Divergent squint < 8-year old
- Possible squint

**Category 3**  
(appointment within 365 calendar days)

- Intermittent divergent squint > 8-year old

**1. Essential referral information, Referral will be returned without this**

- Date of onset (is it acute) and frequency of the ocular misalignment
- Is the deviation constant or intermittent?
- Unilateral or alternating?
- Which eye is deviated and in which direction?

**2. Additional referral information, Useful for processing the referral**

- VA, cycloplegic refraction, cover test/Hirshberg test, ocular motility

**3. Other useful information for referring practitioners, not an exhaustive list**

- Check visual acuity if child is of an appropriate age. If the child is too young to check visual acuity, ascertain whether the child can fix and follow. For toddlers try a toy, for infants try a toy or a light
- Check ocular motility. Ask the child to follow a toy or a light in the direction of individual extraocular muscles
- Perform fundus examination and note presence/absence of red reflex
- Assess pupillary reactions and sizes
- Note any behavioural issues (was child hard to assess)
- Cycloplegic refraction\* – to determine contribution of accommodation to squint

Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Paediatric epiphora (watery eyes/blocked tear ducts)

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Children with watery eyes (epiphora) from birth with accompanying photophobia and one or both eyes are enlarged (horizontal corneal diameter &gt;12.0 mm)</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• No category 2 criteria</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Children with epiphora from birth non-resolved after 12 months with no other features</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- General referral information

### 2. Additional referral information, Useful for processing the referral

- 

### 3. Other useful information for referring practitioners, not an exhaustive list

- Lacrimal sac massage technique taught to parents
- Monitor watery eye for first 12 months
- Treat any associated nasal disease/consider ENT referral if nasal obstruction

Clinical resources (links)

Patient resources (links)

Link: Lacrimal Sac massage techniques

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Paediatric leukocoria

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• White red reflex (if clinically indicated, refer to emergency)</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• No category 2 criteria</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

### 1. Essential referral information, Referral will be returned without this

- General referral information

### 2. Additional referral information, Useful for processing the referral

- 

### 3. Other useful information for referring practitioners, not an exhaustive list

- 

### Clinical resources (links)

### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Paediatric anisocoria (unequal pupil size)

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Refer directly to emergency if clinically indicated: <ul style="list-style-type: none"> <li>– if acute onset and associated with neurological signs</li> </ul> </li> <li>• Non-acute onset anisocoria</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• No category 2 criteria</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

<b>1. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>• General referral information</li> </ul>	
<b>2. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

<b>Paediatric nystagmus</b>	
<b>Referral to emergency</b>	
<p>If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.</p> <ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Minimum referral criteria</b>	
<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Nystagmus</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• No category 2 criteria</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>
<b>1. Essential referral information, Referral will be returned without this</b>	
<ul style="list-style-type: none"> <li>• General referral information</li> </ul>	
<b>2. Additional referral information, Useful for processing the referral</b>	
<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>3. Other useful information for referring practitioners, not an exhaustive list</b>	
<ul style="list-style-type: none"> <li>•</li> </ul>	
<b>Clinical resources (links)</b>	<b>Patient resources (links)</b>
Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.	

## Paediatric congenital glaucoma

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- 

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• Congenital glaucoma e.g. big eye/s (horizontal corneal diameter &gt;12.0 mm), cloudy cornea, photosensitive, tearing (if clinically indicated, refer to emergency)</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• No category 2 criteria</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• No category 3 criteria</li> </ul>

### 4. Essential referral information, Referral will be returned without this

- General referral information

### 5. Additional referral information, Useful for processing the referral

- 

### 6. Other useful information for referring practitioners, not an exhaustive list

- 

### Clinical resources (links)

### Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Paediatrics Chalazion/meibomian cyst

### Referral to emergency

If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.

- Chalazion with an abscess

### Minimum referral criteria

<b>Category 1</b> (appointment within 30 calendar days)	<ul style="list-style-type: none"> <li>• No category 1 criteria</li> </ul>
<b>Category 2</b> (appointment within 90 calendar days)	<ul style="list-style-type: none"> <li>• Chalazion associated pyogenic granuloma in a child</li> </ul>
<b>Category 3</b> (appointment within 365 calendar days)	<ul style="list-style-type: none"> <li>• Failed maximal medical management of inflammatory eyelid mass (chalazion)</li> </ul>

#### 4. Essential referral information, Referral will be returned without this

- General referral information

#### 5. Additional referral information, Useful for processing the referral

- No additional information

#### 6. Other useful information for referring practitioners, not an exhaustive list

Medical management including:

- Warm compresses have been applied to the affected eyelid(s) for 15 minutes, 4 times a day
- Lid massage has been applied to non-inflamed chalazia in an attempt to cause spontaneous discharge
- Topical antibiotic eye drops or ointment (e.g. chloramphenicol or fusidic acid) if associated infection

Clinical resources (links)

Patient resources (links)

Please insert any other information that may be of use to referring clinicians. These will be considered and incorporated into HealthPathways specialty pathways by the clinical writers.

## Other referrals to emergency not covered within these conditions

### Referral to emergency

**If any of the following are present or suspected, refer the patient to the emergency department (via ambulance if necessary) or seek emergent medical advice if in a remote region.**

- Leukocoria
- Sudden severe visual loss e.g. macular or vitreous haemorrhage, retinal detachment or retinal artery occlusion
- Rubeosis iridis (iris new vessels)
- Corneal graft rejection
- Contact lens keratitis, corneal ulcers
- Uveitis/scleritis
- Intra ocular pressure (IOP) > 35 mmHg
- Signs and/or symptoms of retinal detachment
- Acute injury e.g. trauma, burns, chemical exposure, foreign body
- Acutely inflamed eye
- Sudden onset of constant convergent squint (esotropia) or divergent squint (exotropia) and/or double vision at any age
- Preseptal/orbital cellulitis - worsening eyelid oedema, erythema and proptosis
- Ocular signs or symptoms of temporal arteritis
- Ophthalmology conditions associated with sudden onset neurological signs and/or symptoms e.g. third cranial nerve palsy or optic disc swelling

## Intervention criteria

### Out-of-scope for Ophthalmology interventions

Not all services are funded in the Queensland public health system. Exceptions can always be made where clinically indicated. It is proposed that the following are not routinely provided in a public Ophthalmology service:

- Cosmetic eyelid problems
- Refractive surgery referrals

### Urgency category for intervention

Intervention	Minimum Criteria	Urgency
• Blepharoplasty (for reasons other than cosmetic)		• Category 3
• Cataract Extraction (+/- intra-ocular lens insertion) with angle closure glaucoma	• BCVA worse than 6/12 in the affected eye	• Category 1
• Cataract Extraction (+/- intra-ocular lens insertion) with severe disability	• BCVA worse than 6/12 in the affected eye	• Category 2
• Cataract Extraction (+/- intra-ocular lens insertion)	• BCVA worse than 6/12 in the affected eye	• Category 3
• Chalazion – excision of		• Category 3
• Corneal graft with severe disability		• Category 2
• Corneal graft		• Category 3
• Dacryocystorhinostomy	• Persistent epiphora due to blocked nasolacrimal passage	• Category 3
• Ectropion – correction of		• Category 3
• Entropion		• Category 2
• Examination of eye under anaesthesia		• Category 2
• Probing of nasolacrimal duct		• Category 3
• Pterygium – excision of	• Pterygium 3mm or greater from limbus to apex	• Category 3
• Ptosis – repair of		• Category 3
• Squint – repair of	• All paediatric squint	• Category 2
• Squint – repair of	• Adult squint without diplopia	• Category 3
• Trabeculectomy with high intra ocular pressure	• High IOP uncontrolled with medical therapy	• Category 1
• Trabeculectomy	• High IOP uncontrolled with medical therapy	• Category 2
• Vitrectomy (including buckling/cryotherapy) with retinal detachment or infection		• Category 1
• Vitrectomy (including buckling/cryotherapy)		• Category 2

<ul style="list-style-type: none"> <li>Intravitreal injection of anti-vascular endothelial growth factor agent</li> </ul>	<ul style="list-style-type: none"> <li>Wet age related macular degeneration (or any other cause of choroidal neovascularization)</li> </ul>	<ul style="list-style-type: none"> <li>Urgent (within 30 days) outpatient procedure</li> </ul>
<ul style="list-style-type: none"> <li>Intravitreal injection of anti-vascular endothelial growth factor agent or steroid</li> </ul>	<ul style="list-style-type: none"> <li>DME or cystoid macular edema secondary to retinal vein occlusion</li> </ul>	<ul style="list-style-type: none"> <li>Urgent (within 30 days) outpatient procedure</li> </ul>
<ul style="list-style-type: none"> <li>Panretinal photocoagulation</li> </ul>	<ul style="list-style-type: none"> <li>Proliferative diabetic retinopathy, iris neovascularization, or severe retinal ischaemia (from retinal vein occlusion, retinal artery occlusion or retinal vasculitis)</li> </ul>	<ul style="list-style-type: none"> <li>Urgent (within 30 days) outpatient procedure</li> </ul>
<ul style="list-style-type: none"> <li>Macular grid laser photocoagulation</li> </ul>	<ul style="list-style-type: none"> <li>Diabetic macular oedema</li> </ul>	<ul style="list-style-type: none"> <li>Semi-urgent (within 90 days) outpatient procedure</li> </ul>
<ul style="list-style-type: none"> <li>Laser trabeculoplasty</li> </ul>	<ul style="list-style-type: none"> <li>High intraocular pressure</li> </ul>	<ul style="list-style-type: none"> <li>Semi-urgent (within 90 days) outpatient procedure</li> </ul>
<ul style="list-style-type: none"> <li>Temporal Artery biopsy</li> </ul>	<ul style="list-style-type: none"> <li>&lt;insert minimum criteria &gt;</li> </ul>	<ul style="list-style-type: none"> <li>Category 1</li> </ul>

## Version control

Version	Date	Author	Nature of amendment
v0.1	November 2014	Liz Drake	Consultation with key Ophthalmology staff in Queensland
v0.2	December 2014	Fraser Imrie Rowan Porter Michael Briner and Nicole Mitchell	Consultation with key Ophthalmology staff in Queensland
v0.3 -0.5	March- June 2015	Fraser Imrie Nicole Mitchell and Kelly Reeves	CAG Consultation
v0.6	June 2015	Fraser Imrie Nicole Mitchell and Kelly Reeves	Out for stage 1 consultation
v0.7	February 2016	Fraser Imrie Nicole Mitchell and Kelly Reeves	Amendments following stage 1 consultation and desk top audit
v0.7	22/4/16	Kelly Reeves and Nicole Mitchell	Transfer into 'phase 2' consultation template and editorial review
V1.0	26/05/16	Fraser Imrie Nicole Mitchell and Kelly Reeves	Final endorsed CPC
V1.1	19/07/2017	CPC Team	Rebranding and incorporate changes from feedback received from 1/7/2016-1/7/2017.
V1.2	26/8/2018	CPC Team (Liz Travers)	Incorporate changes to-date and prepare for CPC CAG review
V1.3	25/9/18	CPC team (Katie Wykes)	Preparation for release for statewide consultation