

Northern Health Ophthalmology Referral Guidelines (incorporating Statewide Referral Criteria)

Access & Referral Priority

All referrals received are triaged by Northern Health clinicians to determine urgency of referral. The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

EMERGENCY Present to appropriate Emergency Department (ED) for immediate assessment and treatment	URGENT If the patient has a condition that has the potential to deteriorate quickly, with significant consequences for health and quality of life if not managed promptly. These patients should be provided an appointment and seen within 29 days of referral receipt.	ROUTINE If the patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if specialist assessment is delayed beyond one month. Appointment timeframe provided will be greater than 29 days and depending on clinical need may be added to a waiting list
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Ophthalmology service not offered at Northern Health:

Paediatric:

- Children younger than 1 years old should be directed to [The Royal Children's Hospital](#) or other paediatric service.

Adults:

- Sudden loss of vision and trauma should be directed to [Royal Victorian Eye and Ear Hospital](#)
- Acute presentation of Optic Neuritis should be directed to [Royal Victorian Eye and Ear Hospital](#)

- Ocular oncology should be directed to [Royal Victorian Eye and Ear Hospital](#)
- Patients requiring injections or retinal laser treatment should be directed to [Royal Victorian Eye and Ear Hospital](#)
- Low vision and rehabilitation services
- Refractive/corrective Laser
- Eye conditions which can be managed by local Optometrist or primary eye health care provider

How to Refer:

Urgent referrals can be discussed with the Ophthalmology Fellow/Registrar by calling Northern Health switchboard Tel: 8405 8000 Mon- Fri 0830 – 1700hrs. Outside of these hours please direct to [Royal Victorian Eye and Ear Hospital](#)

GP referrals: Use HealthLink to send referrals, results and reports. For more information [click here](#)

Other health services (hospitals, allied health, specialists etc.): Fax your referral to 8405 8616.

For further guidance on how to manage specific conditions in general practice, or what specific investigations and information are required for specialist referral, please visit your local HealthPathways website or equivalent online care pathways website.

[Click here](#) for HealthPathways Melbourne *(please contact your local PHN if you require login access)*

Mandatory referral content

Please note: that if a referral fails to meet the mandatory referral information it will be declined with written notification to the referring health professional and patient.

Demographic:	Clinical:
Full name (and alias)	Requested Speciality/Service
Postal address	Reason for referral/ working diagnosis
Date of birth	Detailed history of current complaint including clinical examination findings and duration of symptoms
Contact number(s) including mobile	Current management of the condition and response to this management
Medicare number	Detailed past medical history
Interpreter requirement	Current medications and medication history if relevant
Aboriginal or Torres Strait Islander yes/no	Functional status (if applicable)
Referring GP details including provider number	Psychosocial history (if applicable)
Primary GP if different from referring GP	Dietary status (if applicable)
	Family history
	Height and weight
	Diagnostics (pathology/medical imaging/endoscopy/histology) and other key information as per referral guidelines outlined in table below

Conditions seen by Northern Health:

Paediatric (1 - 16 years of age)

Conditions listed below are seen at Northern Health [click here](#) for HealthPathways for specific referral criteria

- Pseudo or true strabismus (Squint)
- Requiring management of amblyopia or exercises to strengthen muscles of the eye
- Amblyopia (Lazy eye)
- Fundus examination
- Screening or treatment of existing pathology

Adult

Conditions listed below are seen at Northern Health - [Click on condition below for specific referral criteria:](#)

- [Cataract](#)
- [Headaches](#)
- [Squint, lazy or watery eyes](#)
- [Conjunctivitis and Red eye](#)
- [Blepharitis](#)
- [Dry eyes](#)
- [Chalazion](#)
- [Ectropion/ Entropion or Lid lesion](#)
- [Glaucoma & Narrow AC's](#)
- [Optic Neuritis](#) – acute presentation please direct to [Royal Victorian Eye and Ear Hospital](#)
- [Pterygium – Primary and Recurrent](#)
- [Ptosis \(Adult\)](#)
- [Cornea, Conjunctiva, Anterior Segment](#)
- [Neuro Ophthalmology](#)
- [Watery eye](#)
- [Retina, choroid & posterior ocular structures](#)
- [Thyroid eye disease](#)
- [Age-related macular degeneration](#)
- [Diabetic eye disease](#)

For other ophthalmology conditions not listed above [Click here](#) for HealthPathways Melbourne

(Please contact your local PHN if you require login access)

Condition	Priority	Key Information	Clinical Investigations
Cataract	EMERGENCY DEPARTMENT	Assessment for cataract surgery in Adults: Click here for Statewide Referral Criteria Paediatric: Click here for HealthPathways	
	URGENT <ul style="list-style-type: none"> All paediatric referrals Sudden and marked change in vision with a known cataract 		
	ROUTINE <ul style="list-style-type: none"> All adult referrals 		
Flashes & Floaters	EMERGENCY DEPARTMENT Direct to Royal Victorian Eye and Ear Hospital <ul style="list-style-type: none"> Flashes - acute with tear or high risk features 	Please provide evidence of:	Please provide results of: <ul style="list-style-type: none"> Dilated Retinal examination report
	URGENT		
	ROUTINE		
Headaches	EMERGENCY DEPARTMENT Direct to Royal Victorian Eye and Ear Hospital Headaches with these signs – Direct to RVEEH <ul style="list-style-type: none"> Optic Disc swelling Diplopia Papilledema Raised intracranial pressure, throbbing sensation side of head, jaw pain etc. Visual Disturbance / reduction in vision 	Routine headaches associated with refractive error please refer to optometrist first.	Please provide results of: Vision IOP Cataracts Previous ocular history Treated refractive error
	URGENT		
	ROUTINE		

Squint, Lazy Eyes and watery eyes	EMERGENCY DEPARTMENT Direct to Royal Victorian Eye and Ear Hospital • If associated with trauma	Please provide evidence of: • Acute onset squint, evidence of amblyopia	Please provide results of:
	URGENT		
	ROUTINE		
Conjunctivitis & Red eye	EMERGENCY DEPARTMENT Direct to Royal Victorian Eye and Ear Hospital	Please provide evidence of: • Sudden onset of Red eye with pain • Uveitis/ iritis , Severe with corneal ulcer, blurred vision, with discharge	Please provide results of:
	URGENT		
	ROUTINE		
Blepharitis	EMERGENCY DEPARTMENT	Please provide evidence of: • Severe and persistent with secondary corneal changes and lid changes • With itchy eyes and no lid or cornea changes • Persistent	Please provide results of:
	URGENT		
	ROUTINE		
Dry Eyes	EMERGENCY DEPARTMENT	Please provide evidence of: • Unresponsive to 3 months of Lubrication • With Conjunctival inflammatory condition • Associated with Sjogren's syndrome • Ocular pemphigoid	Please provide results of:
	URGENT		
	ROUTINE		
Chalazion	EMERGENCY DEPARTMENT	Please provide evidence of: • Adult patients requiring surgical excision • Previous unsuccessful treatment • Infected • Possible Sty	Please provide results of:
	URGENT		
	ROUTINE		

Ectropion / Entropion or lid lesion	EMERGENCY DEPARTMENT	Please provide evidence of: <ul style="list-style-type: none"> Lid papilloma, Wart lesion for cryotherapy Non-specific lid lesions increasing in size, Ectropion Symptomatic with Corneal Irritation Lid Inflammation Watery eyes 	Please provide results of:
	URGENT		
	ROUTINE		
Glaucoma & Narrow AC'S	EMERGENCY DEPARTMENT Direct to Royal Victorian Eye and Ear Hospital Click here for Statewide Referral Criteria Acute angle closure	Glaucoma in adults– Click here for Statewide Referral Criteria Narrow AC's - Please provide evidence of: <ul style="list-style-type: none"> Narrow angles with no symptoms. 	Glaucoma – Click here for Statewide Referral Criteria Narrow AC's Please provide results of: <ul style="list-style-type: none"> Optometrist / Ophthalmologist Report
	URGENT		
	ROUTINE		
Optic Neuritis	EMERGENCY DEPARTMENT Direct to Royal Victorian Eye and Ear Hospital <ul style="list-style-type: none"> Sudden Vision loss pain on eye movements New diagnosis of Optic Neuritis 	Northern Health Ophthalmology accepts referrals for resolved diagnosis of optic neuritis for follow-up only All other symptoms/referrals please direct to Royal Victorian Eye and Ear Hospital	
	URGENT <ul style="list-style-type: none"> Resolved Diagnosis of Optic Neuritis for follow up 		
	ROUTINE		

Pterygium- Primary & Recurrent	EMERGENCY DEPARTMENT	Please provide evidence of: <ul style="list-style-type: none"> • Encroaching upon visual axis, • Distorting vision • Symptomatic • Waiting surgical treatment 	Please provide results of:
	URGENT		
	ROUTINE		
Ptosis (Adult)	EMERGENCY DEPARTMENT	Please provide evidence of:	Please provide results of:
	URGENT Sudden Ptosis Symptomatic and obscuring line of sight or affecting vision, Floppy eyelid Syndrome		
	ROUTINE No Symptoms & unknown duration , NOT obscuring line of sight or affecting Vision		
Cornea, Conjunctiva, Anterior Segment	EMERGENCY DEPARTMENT <ul style="list-style-type: none"> • Sudden loss of vision • Corneal graft rejection • Contact lens keratitis or corneal ulcers • Embedded foreign body in the eye • Traumatic eye injuries 	Corneal conditions in adults– Click here for Statewide Referral Criteria Please provide evidence of: Corneal and ocular surface conditions including: <ul style="list-style-type: none"> • Progressive corneal conditions causing vision loss. • Corneal melting disorders. • Filamentary keratopathy. • Graft versus host disease. • New pigmented corneal or conjunctival lesions. • Ocular surface squamous neoplasia. • Patient requires corneal transplant. • Progressive cicatrising conjunctivitis. 	Please provide results of: <ul style="list-style-type: none"> • Refraction report from Optometrist /Ophthalmologist confirming diagnosis
	URGENT		
	ROUTINE		

		<ul style="list-style-type: none"> • Progressive keratoconus. • Symptomatic pterygium. • Symptomatic, recurrent corneal erosion syndrome. • Corneal Ulcers • Conjunctival lesion, • Corneal lesions, • Fuchs’ Endothelial dystrophy – visually significant • Ocular pemphigoid 	
Neuro Ophthalmology	EMERGENCY DEPARTMENT	Please provide evidence of: <ul style="list-style-type: none"> • Intracranial tumour (e.g. Pituitary tumour) • Suspected intracranial pressure • Recent CVA for ophthalmology assessment • New diagnosis of Optic Neuritis 	Please provide results of: <ul style="list-style-type: none"> • CT scan/ MRI brain
	URGENT		
	ROUTINE		
Watery Eye	EMERGENCY DEPARTMENT	Please provide evidence of: <ul style="list-style-type: none"> • Suspected blocked tear duct – Please refer to Royal Victorian Eye and Ear hospital • Punctual stenosis <p>All routine watery eyes related to dry eyes to be referred to optometrist first</p>	Please provide results of:
	URGENT		
	ROUTINE <ul style="list-style-type: none"> • Punctal stenosis • Associated with Ectropion/entropion 		

<p>Retina, choroid & posterior ocular structures</p>	<p>EMERGENCY DEPARTMENT Direct to Royal Victorian Eye and Ear Hospital</p> <ul style="list-style-type: none"> • Sudden onset floaters or flashes of light • Reduced vision • Posterior uveitis • Anterior uveitis with hypopyon <p>URGENT</p> <p>ROUTINE</p>	<p>Please provide evidence of:</p> <ul style="list-style-type: none"> • High risk or suspected Plaquenil toxicity and Ethambutol toxicity. • Central serous Retinopathy • Review of Known Plaquenil toxicity • Ethambutol toxicity 	<p>Please provide results of:</p>
<p>Thyroid eye disease</p>	<p>EMERGENCY DEPARTMENT- Please refer to Royal Victorian Eye and Ear Hospital</p> <ul style="list-style-type: none"> • Vision loss • Acute proptosis • Associated with conjunctival congestion/swelling <p>URGENT</p> <p>ROUTINE</p> <ul style="list-style-type: none"> • Stable thyroid eye disease for monitoring 	<p>Please provide evidence of:</p>	<p>Please provide results of:</p>
<p>Age-related macular degeneration</p>	<p>EMERGENCY DEPARTMENT Adults: Click here for Statewide Referral Criteria</p> <p>URGENT Sub macular haemorrhage New wet AMD</p> <p>ROUTINE Dry AMD</p>	<p>Adults: Click here for Statewide Referral Criteria</p>	

Diabetic eye disease	EMERGENCY DEPARTMENT Adults: Click here for Statewide Referral Criteria Tractional Retinal Detachment Neovascular glaucoma	Adults: Click here for Statewide Referral Criteria
	URGENT Send to RVEEH PDR Diabetic macular oedema	
	ROUTINE Non-proliferative diabetic retinopathy	