



Conditions that are **not** normally sight threatening (can therefore be managed in the community) for example:

- Dry Eye
- Corneal Abrasion
- Foreign bodies
- Blepharitis
- Episcleritis
- Bacterial conjunctivitis
- Conjunctival haemorrhage
- Hordeola
- Marginal Keratitis
- Allergic, Toxic or Viral external eye conditions

Conditions that are normally sight threatening (should therefore be managed in **secondary care**) for example:

- Anterior Uveitis
- Inclusion
- Scleritis
- Endophthalmitis
- Cellulitis
- Microbial Keratitis
- Angle Closure Glaucoma
- Chemical Burns
- Neoplasia

Useful Information for Patients

NHS24: 08454 24 24 24
www.nhs.uk
www.doctoronline.nhs.uk
www.patient.co.uk

Self Care Primary Care Secondary Care

Notes on Dry Eye

1. Posterior Blepharitis – Obstructive Meibomian Gland Disease
2. Sarcoid, HIV Graft v Host, Xenophthalmia, Ablation, other disease
3. Trachoma, Cicatricial Pemphigoid, Erythema Multiforme, Burns
4. Neuro Paralytic Keratitis, Contact Lens, VIIth Nerve Palsy
5. Rheumatoid arthritis, Systemic Lupus Erythematosus, Wegeners Granulomatosis, Systemic Sclerosis, Primary Biliary Cirrhosis, Other autoimmune disease

Notes on differential diagnosis and management criteria

1. It is envisaged that the first point of contact will be in the community and that the differential diagnosis will be carried out by the community optometrist (or similar)
2. The management criteria was chosen to ensure patient safety
3. This management plan should ensure that all sight threatening cases are detected properly and referred on to the specialist clinic
4. Other common conditions can be safely managed and treated in the community

A1 = Immediate referral no intervention eg microbial keratitis

A2 = First aid and urgent referral eg angle closure glaucoma

B1 = Treatment and routine referral eg anterior uveitis

B2 = Alleviation / Palliation, normally no referral eg viral conjunctivitis

B3 = Management to resolution in the community eg bacterial conjunctivitis

It is expected that practitioners working within this pathway would have the necessary competencies to do so. These competencies would be defined by guidelines / protocols based on the decision making template. These competencies could be taught within an appropriate syllabus supported by practical clinical training.