THE COLLEGE OF OPTOMETRISTS

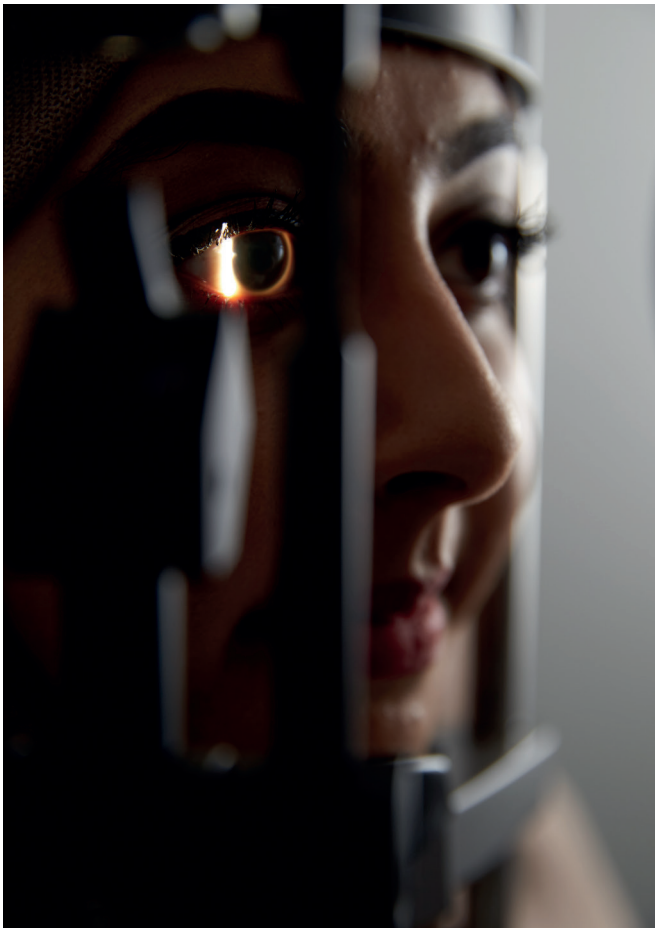
Professional Excellence in Eye Health

PRACTICE INFORMATION

Emergency eye triage

Patients often contact the practice by phone or in person with what appears to be an acute eye problem. Practice staff need to be trained as to how quickly these patients need to be seen and whether they are best directed to the local eye casualty, or assessed in practice.

Although this document is intended to summarise the appropriate clinical considerations which practice staff should take into account, it is important to note that the document (i) is of general application and should therefore not be seen as a substitute for a proper assessment of a patient by a registered optometrist, (ii) does not relieve optometrists from their own professional duties, including in respect of staff working under their supervision, and (iii) does not amount to an assumption of responsibility by the College in respect of any harm, loss or damage (including, without limitation, indirect or consequential loss or damage), or any loss or damage whatsoever arising in connection with the information contained within the document.



If your practice participates in a local MECS or similar you should follow the local protocols for assessing these patients.

This document does not cover every eventuality, so if in any doubt practice staff should check with their optometrist about the correct course of action.

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Emergency eye triage protocol

Questions to ask:

1. Is your vision (with glasses if you wear them) clear?
2. Is your eye red?
3. Is your eye painful?
4. How long have you had these symptoms?

Generally, if the patient has only noticed the problem recently (last day or two), then it is more important that they are seen quickly than if they have had the problem for longer, particularly if it has not worsened. If the patient's vision is affected (blurry, misty or black) then the problem is likely to be more serious than if it isn't. If the eye is very painful the patient needs to be seen quickly (within 24 hours).

Check your local pathway for sending patients to eye casualty, as this varies according to area. In some areas patients cannot present straight to eye casualty without going via their GP, the Urgent Care Centre, or the general Accident and Emergency department.

Red flags – refer immediately to local eye casualty according to your local pathway.

- Veil or curtain coming across the eye which does not go away (often preceded by an increase in floaters, or flashing lights). Suspect retinal detachment.
- Sudden onset painful (not gritty) eye. Suspect corneal abrasion or foreign body, acute glaucoma, scleritis or iritis.
- Contact lens wearer with a painful red eye that does not resolve on contact lens removal. See optometrist the same day if available. If not available, refer to eye casualty. Suspect microbial keratitis.
- Sudden onset pain and blurry/ misty vision. Suspect acute glaucoma or iritis.
- Sudden unilateral painless loss of vision. Suspect vascular event of the retina or optic nerve.
- Chemical burn – ocular first aid by washing eye and surrounding area immediately with saline if available or water. Then refer to eye casualty.
- Trauma (blunt or penetrating) – refer immediately to eye casualty.

Book to see the optometrist within 24 hours if possible – if not refer to eye casualty.	**Book to see the optometrist within a few days.**	**Book to see optometrist. No urgency.**
1. Recent onset flashes of light and/ or floaters *with no effect on vision*. Suspect floaters with no retinal detachment. *Advise patient to contact the practice if the symptoms get worse*. If the patient notices any effect on their vision they should go to eye casualty.	1. Recent onset distortion on Amsler chart or straight lines. Suspect wet AMD. 2. Gritty, red eye with or without discharge. Suspect conjunctivitis. 3. Red patch on white of eye. No pain or effect on vision. One eye only. Suspect subconjunctival haemorrhage or episcleritis.	1. Slow (few weeks/months) change in vision or misty vision. Suspect refractive change or cataract. 2. Longstanding gritty, sore or watery eye. Suspect dry eye or blepharitis.

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