

## Appendix 2 - Urgent Referrals

Urgent referral (to be seen between 2 days & 2 weeks from referral)

The College of Optometrist has produced a list of these that has been agreed by the profession and the Royal College of Ophthalmologists.

This list should not be considered as exhaustive.

Symptoms or signs suggesting:

- Acute dacryadenitis
- Acute dacrocystitis
- Any tumours including those mentioned below
- Central Retinal Vein Occlusion with elevated IOP and/or of recent onset with a marked reduction in visual acuity
- Choroidal neovascular membrane
- Commotio retinae
- Cytomegalovirus and Candida retinitis
- Dendritic ulcer
- Disc haemorrhage (although a splinter haemorrhage in a patient with known glaucoma does not require urgent referral)
- IOP > 35 mm Hg (and < 45 mmHg)
- Proliferative Diabetic Retinopathy
- Retinal detachment if not an emergency (as per appendix 1)
- Retrobulbar/optic neuritis
- Rubeosis
- Scleritis
- Sudden onset diplopia
- 'Wet' macular degeneration / Choroidal neovascular membrane, according to local fast track protocol

Urgent will also include any suspected tumours whether ocular (choroidal melanoma, retinoblastoma etc), orbital (basal or squamous cell carcinoma, lid melanoma etc.) or systemic (pituitary tumour or other brain tumours etc.).