



## OPHTHALMOLOGY DEPARTMENT Primary care referral guidelines

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These referral guidelines identify key clinical thresholds required for referral to the Monash Children's Hospital Ophthalmology Department. They are not designed to assist with definitive diagnosis.

The Monash Children's Hospital Ophthalmology Department provides acute and time-limited specialist services for the diagnosis, treatment and stabilisation of sight-threatening disorders. These congenital or acquired eye problems may be in isolation or as part of a systemic condition.

Monash Children's Hospital Ophthalmology Department is a tertiary specialist service. The department is unable to undertake routine screening of common or chronic ophthalmic conditions, and therefore these children should be referred to community eye healthcare providers (ophthalmologists).

All referrals should include information on signs (including visual acuity where possible), symptoms, duration and any relevant investigations. Referrals with insufficient information will be returned to the referrer.

## REFERRAL CATEGORIES

### Emergency/Urgent

- A child whose condition is identified from referral details as having an acute sight or life threatening condition where immediate medical or surgical intervention is required, or as having the potential to deteriorate quickly to the point it may become an emergency.
- Children in this category are recommended to be sent to nearest Monash Health paediatric emergency department.
- Ophthalmology registrar on call can be contacted for advice via Monash Health switchboard Ph: 9594 6666.

### Semi-urgent/Routine

- A child whose condition may be apparent or causing discomfort but is unlikely to become a potential emergency or deteriorate quickly.
- Refer to Monash Health or community eye care provider (ophthalmologist/optometrist) appropriately, based on the following guidelines.

### Not accepted

- Children whose condition is identified from referral details as requiring primary care, and not reaching the threshold criteria for the hospital's tertiary specialist services.

## OPHTHALMIC CONDITIONS NOT ACCEPTED

The following conditions are not routinely seen at the Monash Children's Hospital Ophthalmology Department and may be more appropriately managed by a local ophthalmologist or optometrist.

Ophthalmic Condition	Management
Vision screening / refractive error / glasses, if an isolated condition	<ul style="list-style-type: none"> <li>Refer to a local eye care provider</li> </ul>
Blepharitis, if an isolated condition	<ul style="list-style-type: none"> <li>Refer to a local eye care provider</li> </ul>
Chalazion / meibomian cyst / stye, if an isolated condition	<ul style="list-style-type: none"> <li>Advise hot compress and massage towards lid margin, lid hygiene, consider topical antibiotics</li> <li>Refer to a local eye care provider</li> </ul>
Naso-lacrimal duct obstruction in children younger than 12 months of age	<ul style="list-style-type: none"> <li>Generally resolve by 12 months</li> <li>Advise massage of nasolacrimal sac from medial canthus upwards and towards the nose</li> <li>Refer to a local eye care provider</li> </ul>
Conjunctivitis in children greater than 1 month of age, if an isolated condition and normal visual behaviour / acuity	<ul style="list-style-type: none"> <li>No other signs or symptoms</li> <li>Refer to a local eye care provider</li> </ul>
Itchy eyes / hay fever, if an isolated condition	<ul style="list-style-type: none"> <li>Advise lubricant eye drops, topical or systemic antihistamine, topical mast-cell stabiliser</li> <li>If severe or chronic refer to a local eye care provider</li> </ul>
Sticky eyes in children greater than 1 month of age, if an isolated condition	<ul style="list-style-type: none"> <li>Refer to a local eye care provider</li> </ul>
Headaches with no eye movement or pupil involvement	<ul style="list-style-type: none"> <li>Refer to neurologist if required</li> </ul>

## REFERRAL GUIDELINES

Diagnosis	Evaluation	Management	Referral Guidelines
Amblyopia	<ul style="list-style-type: none"> <li>Visual Acuity</li> </ul>	<ul style="list-style-type: none"> <li>Early intervention required</li> </ul>	<p><b>Routine</b> Refer to Ophthalmology Dept, with local eye care provider report.</p>
Cataract	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<p><b>Urgent</b> if child &lt; 1 year old; Refer to Paediatric ED/Call Registrar.</p> <p><b>Routine</b> if child &gt; 1 year old; Refer to Ophthalmology Dept, with local eye care provider report.</p>
Chemical burns	<ul style="list-style-type: none"> <li>Check pH if possible</li> </ul>	<ul style="list-style-type: none"> <li>Irrigation</li> </ul>	<p><b>Urgent</b> Refer to Paediatric ED.</p>
Conjunctivitis / sticky eyes – neonatal	<ul style="list-style-type: none"> <li>Swab (bacterial or viral)</li> </ul>	<ul style="list-style-type: none"> <li>Antibiotic treatment</li> </ul>	<p><b>Urgent</b> in neonates; Refer to Paediatric ED /Call Registrar.</p>
Conjunctivitis / sticky eyes – paediatric	<ul style="list-style-type: none"> <li>Visual acuity if possible</li> <li>Swab (bacterial or viral)</li> </ul>	<ul style="list-style-type: none"> <li>Trial of topical antibiotics</li> </ul>	<p><b>Urgent</b> if severe, not responding to treatment, or affecting vision; Refer to Paediatric ED/Call Registrar.</p>
Dacryoceles	<ul style="list-style-type: none"> <li>Assess size and shape</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<p><b>Urgent</b> Refer to Paediatric ED.</p>
Dermoid	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<p><b>Routine</b> Refer to Ophthalmology Dept, with local eye care provider report.</p>
Eyelid lesions or malposition (ptosis, epiblepharon, ectropion, entropion)	<ul style="list-style-type: none"> <li>Neurological examination in children with ptosis</li> </ul>	<ul style="list-style-type: none"> <li>Lubricant eye drops as required</li> </ul>	<p><b>Urgent</b> if abnormal neurological exam; Refer to Paediatric ED /Call Registrar.</p> <p><b>Semi-urgent</b> if ptosis covering pupil; Refer to Ophthalmology Dept.</p> <p><b>Routine</b> otherwise; Refer to Ophthalmology Dept, with local eye care provider report.</p>
Glaucoma	<ul style="list-style-type: none"> <li>Congenital glaucoma</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<p><b>Urgent</b> Refer to Paediatric ED.</p>

<b>Headache</b>	<ul style="list-style-type: none"> <li>• Check visual acuity, pupil and neurological examination/ imaging if required</li> </ul>	•	<p><b>Urgent</b> if associated with pupil abnormality or vision loss; Refer to Paediatric ED /Call Registrar. Otherwise see GP.</p>
<b>Haemangioma</b>	<ul style="list-style-type: none"> <li>• Assess size and shape</li> </ul>	•	<p><b>Semi-urgent</b> if &lt; 6 months of age; Refer to Ophthalmology Dept. <b>Routine</b> otherwise; Refer to Ophthalmology Dept, with local eye care provider report.</p>
<b>Naso-lacrimal duct obstruction</b>	<ul style="list-style-type: none"> <li>• Persistent in children &gt; 12 months of age</li> </ul>	•	<p><b>Routine</b> Refer to Ophthalmology Dept, with local eye care provider report.</p>
<b>Neurofibromatosis</b>	•	•	<p><b>Routine</b> Refer to Ophthalmology Dept, with local eye care provider report.</p>
<b>Optic nerve head swelling / papilloedema</b>	•	•	<p><b>Urgent</b> Refer to Paediatric ED /Call Registrar.</p>
<b>Orbital / periorbital cellulitis</b>	<ul style="list-style-type: none"> <li>• General paediatric assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Consider paediatric admission</li> </ul>	<p><b>Urgent</b> Refer to Paediatric ED /Call Registrar.</p>
<b>Pupil anomalies</b>	<ul style="list-style-type: none"> <li>• Neurological examination</li> </ul>	•	<p><b>Urgent</b> if sudden onset or trauma; Refer to Paediatric ED /Call Registrar. <b>Routine</b> otherwise; Refer to Ophthalmology Dept, with local eye care provider report.</p>
<b>Retinal detachments</b>	•	•	<p><b>Urgent</b> If &lt; 2 years old; Refer to Paediatric ED. If &gt; 2 years old; Refer to RVEEH Emergency Dept.</p>
<b>Retinal haemorrhages / suspected non-accidental injury</b>	•	•	<p><b>Urgent</b> Refer to Paediatric ED /Call Registrar.</p>

<b>Retinal tumours / retinoblastoma</b>	•	•	<b>Urgent</b> Refer to Paediatric ED /Call Registrar.
<b>Retinopathy of prematurity</b>	• Monash NICU infants are assessed while inpatients and a management plan is crafted	•	Screening of non-Monash infants is organised through their own hospital nurseries with ophthalmologists. For infants with proven retinopathy of prematurity requiring treatment, local ophthalmologist should discuss the case with the Ophthalmology Registrar.
<b>Strabismus / diplopia / nystagmus</b>	• Vision, assessment of squint, eye movements • Neurological assessment if sudden onset	• Early intervention required, particularly during infancy	<b>Urgent</b> if new onset or associated with neurological signs; Refer to Paediatric ED /Call Registrar. <b>Routine</b> otherwise; Refer to Ophthalmology Dept, with local eye care provider report.
<b>Trauma / orbital fracture / blunt or penetrating injury / corneal foreign body</b>	• Major penetrating injuries, lid trauma, blunt trauma, chemical burns, traumatic mydriasis	•	<b>Urgent</b> Refer to Paediatric ED /Call Registrar.
<b>Uveitis</b>	•	•	<b>Urgent</b> Refer to Paediatric ED /Call Registrar.
<b>Vision loss</b>	• Sudden onset of vision loss or abnormal visual disturbance	•	<b>Urgent</b> Refer to Paediatric ED /Call Registrar.
<b>White pupil</b>	•	•	<b>Urgent</b> Refer to Paediatric ED/Call Registrar.

## Acknowledgements

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