

HPH Guidelines for Ophthalmology Referrals

Effective December 21, 2017

These guidelines are designed to help the primary care physicians determine when to refer patients with possible eye diseases or injury to an ophthalmologist.

Ophthalmic Emergencies:

Immediate phone call/referral to an Ophthalmologist during clinic hours:

1. Chemical injury to eyes (irrigate for 20 minutes first, then refer).
2. Eye/lid/periocular trauma, suspected foreign bodies.
3. Sudden vision loss.
4. Postoperative patients with eye pain, vision loss or symptoms of infection.
5. Recent onset of flashes/floaters/curtains over vision.
6. Recent onset of double vision, pupil change or ptosis.

Criteria for Prompt Referral to an Ophthalmologist:

A person who exhibits any of the following signs, symptoms, or diseases should be referred promptly to an ophthalmologist for definitive diagnosis and necessary medical treatment:

- A. Significant eye injury, eye pain, or periocular trauma, suspected corneal abrasion, ulcer or foreign body.
- B. Symptoms of flashes of light; recent onset of floaters, halos, transient dimming, or distortion of vision; obscured vision; loss of vision or pain in the eye, lids, or orbits; double vision; or excessive tearing in the eye.
- C. Transient or sustained loss of any part of the visual field, or clinical suspicion or documentation of such field loss.
- D. Tumor or swelling of the eyelids or orbit, or protrusion of one or both eyes.
- E. Inflammation of the lids, conjunctiva, or globe, with or without discharge, ophthalmic zoster, facial palsy.

Criteria for Routine Appointment to an Ophthalmologist:

A person who exhibits any of the following signs, symptoms, or diseases should be referred for routine appointment to an ophthalmologist for definitive diagnosis and necessary medical treatment:

- A. Change in vision for the worse in either eye, unless the case of the impairment has been medically confirmed by prior examination and visual acuity is stabilized. (Different levels of visual acuity screening for different ages of preschool children have been established to accommodate the maturity of the child.)
- B. Abnormalities or opacities in the normally transparent media of the eye, or abnormalities of the ocular fundus or the optic nerve head.
- C. Strabismus or crossed eyes that do not straighten with glasses.
- D. Family history of glaucoma, especially in patients of African or Hispanic origin.
- E. Diabetes mellitus without a recent retinal examination.
- F. Eye and orbital abnormalities associated with thyroid disease (Grave's disease).
- G. Other history, symptoms, or signs that indicate the need for an ophthalmologist to perform an eye examination or treatment.
- H. Patients with AIDS, HIV positive.
- I. Hydrochloroquine patients on medication more than 5 years should have yearly exams.

Disclaimer: These referral guidelines have been generated by HHP specialists in collaboration with primary care physicians and are a work in progress. They are provided as general guidance to practicing clinicians, may change with time, and are not intended to supersede the medical judgment of the clinician.