

Quick Guide

Ocular Emergencies

Overview

All clinical emergencies require same day actioning. Clear communication using correct pathways will facilitate timely transfer of care.

Principles

- All emergency referrals must be actioned the same day
- Where local services are unavailable, default escalation applies
- Clear documentation improves transfer of care

Weekday In-Hours Pathway

Contact relevant service provider using the procedure outlined below

Hospital	In-Hours	Contact Details	Procedure
KCH, Denmark Hill	Mon-Fri 8:00am – 4:00pm	Kch-tr.earlyreferralservice@nhs.net 020 3299 0443 option 1	Email referral via NHS mail If same day, call to confirm first
KCH, Queen Marys	Mon-Fri 8:00am – 4:00pm	Kch-tr.qmsrapideyeservice-referral@nhs.net 020 3299 0442 option 2	Email referral via NHS mail If same day, call to confirm first
St Thomas'	Mon-Fri 8:30am – 4:00pm	020 7188 4336	Call to confirm first
MEH, City Road	Mon-Fri 9:00am – 9:00pm	020 7566 2345	Call to confirm first
MEH, Croydon	Mon-Fri 8:30am - 4:30pm	Moorfields.croydonurgentcare@nhs.net 020 8401 3082	Email referral via NHS mail If same day, call to confirm first
MEH St Georges	Mon-Fri 8:30am - 4:30pm	Moorfields.sgurgentcare@nhs.net 020 8266 6115	Email referral via NHS mail If same day, call to confirm first

Out-of Hours, Bank Holidays & Strike Escalation

Expect reduced ophthalmology capacity and stricter triage thresholds

Hospital	Contact Details	Procedure
KCH, Denmark Hill	Kch-tr.earlyreferralservice@nhs.net 020 3299 9000 (on-call)	Call to confirm first Email referral via NHSmail
KCH, Queen Marys	Send to KCH, Denmark Hill	Follow KCH, Denmark Hill procedure
St Thomas'	020 7188 7188 (on-call)	Call to confirm first
MEH, City Road		
MEH, Croydon	020 8725 1794 (joint SWL on-call)	Call to confirm first
MEH St Georges	020 8725 1794 (joint SWL on-call)	Call to confirm first

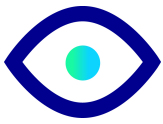
Communication

All communication whether verbal or written should contain the following information:

- Situation:** your details, patient name/age; presenting problem
- Background:** Relevant ocular/systemic history; meds; allergies
- Assessment:** VA, IOP (if relevant); key signs; provisional diagnosis
- Recommendations:** Action requested and urgency

Final check:

- are details correct?
- Is emergency referral required?
- Is the reason for referral clearly identified, evidenced and communicated?



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Referral Guidance and Timeframes

Emergency to GP	Emergency to A&E
Herpes Zoster	Suspect Temporal Arteritis Definitive papilloedema Current or Imminent Stroke

Emergency to Eye Casualty	
General	Chemical injuries Unexplained sudden vision loss Penetrating injuries Suspect malignant lesions
Lids	Orbital Cellulitis Laceration Blow-out fracture Pulsating proptosis Rapidly acquired ptosis
Cornea	Microbial keratitis
Sclera	Scleritis
Iris/AC	Hyphaema Hypopyon Acute Uveitis Endophthalmitis
Vitreous	Tobacco dust Vitreous Haemorrhage
Fundus	CRAO within 24hrs Anterior Ischaemic Optic Neuropathy Retinal tears/breaks Retinal Detachment
Neuro	Acute, painful, III Nerve Palsy
Glaucoma	Acute red eye with raised IOP
Diabetes	Pre-retinal Haem Proliferative DR Rubeosis in only eye