

	SAME DAY	WITHIN 1 WEEK	MECS	NON-URGENT
General	<ul style="list-style-type: none"> Acute Diplopia Chemical Injuries Dacrocystitis (to GP) Inexplicable sudden vision loss Penetrating Injuries Herpes Zoster (to GP) 	<ul style="list-style-type: none"> Inexplicable gradual vision loss Dacroadenitis Herpes Zoster with corneal involvement 		<ul style="list-style-type: none"> Non-specific repeatable field defects
Lids	<ul style="list-style-type: none"> Orbital Cellulitis Laceration Blow Out fracture with vision loss Pulsating Proptosis Rapidly acquired ptosis Proptosis with affected vision 	<ul style="list-style-type: none"> Eyelid melanoma (GP’s 2/52 cancer referral pathway) 	<ul style="list-style-type: none"> Persistent Cysts of Zeis/Moll/Meibomian Glands Persistent Epiphora Blepharitis Ingrowing Lashes/Trichiasis 	<ul style="list-style-type: none"> Acquired Ptosis Exophthalmos Ectropion Entropion
Cornea	<ul style="list-style-type: none"> Microbial Keratitis 		<ul style="list-style-type: none"> Dry eye Superficial foreign bodies 	<ul style="list-style-type: none"> Corneal Dystrophy with reduced VA New Keratoconus Pterygium
Conjunct.	<ul style="list-style-type: none"> Foreign bodies 		<ul style="list-style-type: none"> Conjunctival Cysts/Inclusion with symptoms Allergic Conjunctivitis Pingeculae Subconjunctival Haemorrhage 	
Sclera	<ul style="list-style-type: none"> Scleritis 		<ul style="list-style-type: none"> Episcleritis 	
Iris/Ant. Chamber	<ul style="list-style-type: none"> Hyphaema Hypopyon Uveitis Endophthalmitis 	<ul style="list-style-type: none"> Iris Melanoma (GP’s 2/52 cancer referral pathway) 		<ul style="list-style-type: none"> New pupillary defect Rubeosis in NLP eye
Lens	<ul style="list-style-type: none"> Urgent post cataract complications 			<ul style="list-style-type: none"> Cataract – via pathway Posterior Capsular Opacification – via pathway
Vitreous	<ul style="list-style-type: none"> Acute Flashes/Floaters with tobacco dust Vitreous Haemorrhage 	<ul style="list-style-type: none"> Vitritis 	<ul style="list-style-type: none"> Asteroid hyalitis/synchisis scintillans 	
Fundus	<ul style="list-style-type: none"> Amaurosis Fugax (to GP for TIA referral) CRAO within 24 hrs Anterior Ischaemic Optic Neuropathy Retinal tears/breaks Retinal Detachment Suspect Temporal Arteritis Papilloedema Retinitis 	<ul style="list-style-type: none"> ARMD with recent Amsler Defects – via AMD pathway CRAO more than 24 hrs CRVO/BRVO Direct blunt trauma to eyeball Maculopathy with recent VA change New Macular Hole Wet ARMD – via ARMD pathway Optic Disc Pallor (suspected compression lesion) Central Serous Retinopathy Chorioidal Melanoma (GP’s 2/52 cancer referral pathway) Retinal Haemorrhages (to GP if not diabetic or hypertensive) 	<ul style="list-style-type: none"> Dry ARMD with reduced VA 	<ul style="list-style-type: none"> ARMD with stable VA for LVA assessment Retinal Haemorrhages if diabetic / hypertensive Retinitis Pigmentosa Optic Disc Haemorrhage (check IOP – if normal review once, if not refer) Retinal Emboli (to GP)
Neurology	<ul style="list-style-type: none"> III Nerve Palsy – acute, painful IV Nerve Palsy – sudden if suspect temporal arteritis VI Nerve Palsy – sudden if suspect temporal arteritis 	<ul style="list-style-type: none"> IV Nerve Palsy – sudden VI Nerve Palsy - sudden 		
Glaucoma	<ul style="list-style-type: none"> Acute red eye with raised IOP 	<ul style="list-style-type: none"> IOP greater than 35mmHg Suspect sub-acute CAG 		<ul style="list-style-type: none"> Suspect POAG – via pathway
Diabetes	<ul style="list-style-type: none"> Pre-retinal Haem Proliferative DR Rubeosis in useful eye 	<ul style="list-style-type: none"> Focal Maculopathy Exudates within 1DD of fovea 		<ul style="list-style-type: none"> Hard Exudates within 2DD of fovea Pre-proliferative retinopathy