

Emergency Ophthalmology services are only available at the Royal Victoria Hospital and Altnagelvin Area Hospital.  
Please use the guidelines below when deciding on the urgency of your referral and consider the appropriate referral pathway.

**OUT OF HOURS: TO HELP US PROVIDE THE BEST SERVICE FOR YOUR PATIENT AND TO AVOID UNNECESSARY WAITING FOR THE PATIENT; PLEASE CONTACT**

**THE OPHTHALMOLOGIST ON CALL BEFORE SENDING TO A&E**

<p>ROYAL VICTORIA HOSPITAL BELFAST Eye Casualty Monday – Friday 0830-1800 Weekends &amp; Bank Holidays 0900-1300 Tel: 028 96150093 OUT OF HOURS (EMERGENCIES ONLY) contact Ophthalmologist on Call via Switchboard tel: 028 90240503</p>
<p>Contact on-call ophthalmologist via switchboard Tel: 028 71345171</p>
<p>MACULAR SERVICE , BHSCT Tel: 028 95041289 Fax: 028 90637187 MACULAR SERVICE , Western Trust Tel: 028 is 02871 345171 extension 213708</p>

## SIGHT-THREATENING EMERGENCIES

Please contact the ophthalmologist on-call for advice 24 hours a day

- Sudden visual loss of less than 6 hours' duration
- Suspected acute angle closure (red eye with pain, nausea, fixed irregular mid-dilated pupil)
- Red eye with hypopyon (pus in anterior chamber)
- Acute trauma with globe rupture / suspected intraocular foreign body / chemical injury
- Severe pain and loss of vision in patients with recent intraocular surgery

We are happy to provide emergency input into the **systemic** management of patients with:

- Binocular double vision with papilloedema
- Peri-orbital and orbital cellulitis who are systemically unwell
- Painful 3<sup>rd</sup> nerve palsy

## URGENT

Please contact Eye Casualty during opening hours for advice if required  
**Within 24 hours / next day**

- Red eye with:
 

Pain and photophobia	History of contact lens use
History of iritis	History of Herpetic keratitis
  - Hyphaema or visual disturbance following **blunt** trauma
  - Orbital fracture with muscle entrapment
  - (Peri-)orbital cellulitis not responding to oral antibiotic
  - Sudden loss of vision >6 hours' duration
  - Acute onset Horner's syndrome
  - Suspected retinal detachment
- Within 1 week**
- Sudden onset diplopia without papilloedema
  - Suspected intraocular tumour
  - Acute onset flashes and floaters with risk factors for retinal tear
  - Herpes Zoster Ophthalmicus with red eye

## ROUTINE

- Refer to Outpatients
- Optometric referrals querying **asymptomatic** raised intraocular pressure
- Other non-urgent / non-sight-threatening conditions

## LOCAL INTEGRATED CARE (ICC) (16yrs +)

**Greater Belfast Area – Refer to Beech Hall  
Appointments through CCG only**

Provide treatment / advice locally and refer *if not responding* or other concerns. Conditions may include:

- Blepharitis
- Chalazions, lid cysts
- Spontaneous subconjunctival haemorrhage
- Conjunctivitis
- Corneal abrasions
- Foreign bodies
- Dry eyes
- Watering eyes
- Episcleritis
- Allergic, toxic or viral external eye conditions
- Unreadable retinal screening results
- Cataracts with VA better than 6/12

## PAEDIATRIC PATIENTS

**Children(<16yo) requiring urgent eye assessment (2-15 working days):**

**Paed Ophth Priority Consultation Clinic**

Refer via CCGateway: RVH, Ophthalmology, stating Urgent

Children with acute ocular trauma, severe pain/vision loss after recent intraocular surgery, infective keratitis should attend Eye Casualty.

## NON-OPHTHALMIC EMERGENCIES

- Refer to GP urgently
- Acute homonymous hemianopia
- Possible giant cell arteritis without visual loss
- Bilateral papilloedema without vision loss