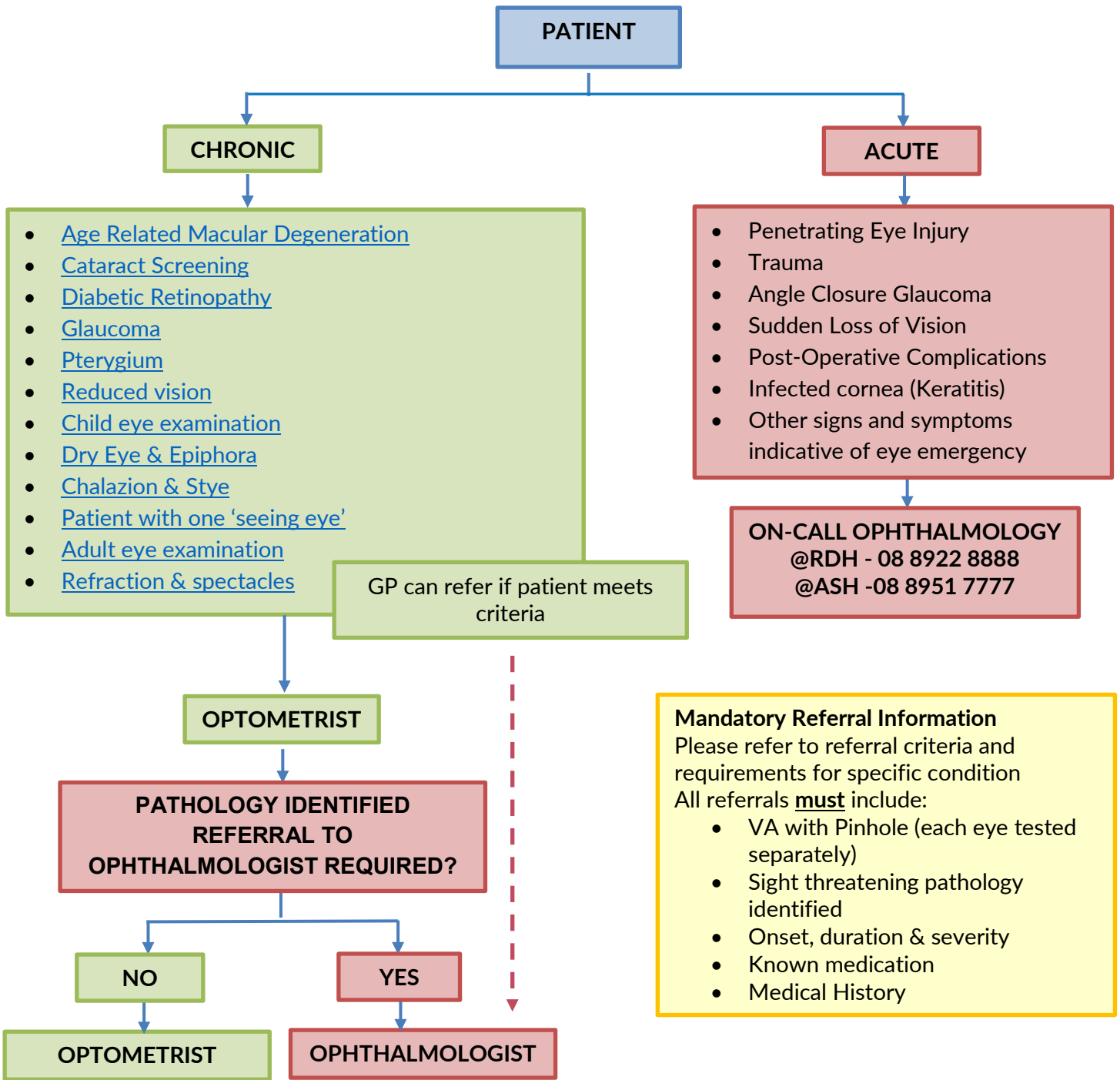


# NT Health Ophthalmology Referral Pathway



**Where to send referrals:**  
**Top End region:**  
 Greater Darwin & Palmerston region: Send to [RDHOPDReferrals.DOH@nt.gov.au](mailto:RDHOPDReferrals.DOH@nt.gov.au)  
 East Arnhem region: Send to [OutpatientsGDH.DoH@nt.gov.au](mailto:OutpatientsGDH.DoH@nt.gov.au)  
 Katherine region: Send to [KHOPD.THS@nt.gov.au](mailto:KHOPD.THS@nt.gov.au)  
 Emergency referrals or referrals accepted by On-Call Registrar: Send to [Eyeclinicnurse.DOH@nt.gov.au](mailto:Eyeclinicnurse.DOH@nt.gov.au)  
 Address referrals to: Generic referral - **Consultant Ophthalmologist** or Dr Tharmalingam Mahendrarajah, Dr Nishantha Wijesinghe, Dr Hema Karthik, Dr Susith Kulasekara, Dr Eline Whist & Dr Sanditha Wickramasinghe

**All Central Australia and Barkly region:** [EyeBookingOfficerASH.DOH@nt.gov.au](mailto:EyeBookingOfficerASH.DOH@nt.gov.au)  
 Emergency referrals or referrals accepted by On-Call Eye Doctor  
 Address referrals to: Generic referral – **Consultant Ophthalmologist** – Dr Tim Henderson

## Exclusion Criteria (Optometry to Monitor)

- Early or intermediate dry age-related macular degeneration
- If the patient is not willing to have surgical treatment for their cataract
- Cataract that does not have a significant impact on the person's activities of daily living
- If the use of visual aids or pinhole e.g. spectacles provides adequate vision
- Eye screening in patients with diabetes
- Review of diabetic retinopathy (including pregnancy)
- Pterygium not causing significant discomfort or visual impairment
- Acute chalazion & sty (less than 3 month duration), unless infected or severe

## Referral Criteria

### Age Related Macular Degeneration (AMD)

#### Criteria

- New onset of reduced central vision and/or distortion due to wet AMD

#### Mandatory Referral Requirements

- Visual Acuity
- Onset, duration & severity
- Comprehensive dilated slit lamp examination performed by an Optometrist/Ophthalmologist OR retinal photo assessed by Ophthalmologist/Optometrist

#### Not appropriate for referral to Ophthalmology (Optometry to Monitor)

- Early or intermediate dry AMD

#### Contact On-Call Eye Doctor only if:

- Sudden or rapidly progressing severe vision loss

## Cataracts

### Criteria

- Visual Acuity of 6/9 or worse with distance correction or pinhole
- Significant disabling symptoms impacting person's daily activities or profession despite up to date glasses

### Mandatory Referral Requirements

- Indication that the person is willing to have cataract surgery
- Visual Acuity including pinhole
- Onset, duration & severity
- Functional impact on daily activities (driving, study, work, carer duties etc.)

### Not appropriate for referral to Ophthalmology

- If the person is not willing to have surgical intervention
- Lens opacities do not have significant impact on person's daily activities
- Person's vision can be corrected with spectacles or pinhole
- If the person is from interstate

### Contact On-Call Eye Doctor only if:

- Sudden marked change in vision with known cataract

## Diabetic Retinopathy

### Criteria

- Proliferative Diabetic Retinopathy (PDR)
- Severe non-proliferative diabetic retinopathy (NPDR)
- Vitreous Haemorrhage in person with diabetes
- Diabetic macula oedema

### Mandatory Referral Requirements

- Visual Acuity including pinhole
- Type of diabetes and duration
- HbA1c, EUC, fasting BSL, cholesterol where available
- Current medications
- Any other complications of diabetes including nephropathy and neuropathy
- Comprehensive dilated slit lamp examination by optometrist
- If referred directly from GP – retinal photography (where available) with evidence of the above criteria
- Previous treatments if known

### Not appropriate for referral to Ophthalmology (Optometry to Monitor)

- General diabetic eye screening
- Review of a non-vision threatening diabetic retinopathy

### Contact On-Call Eye Doctor only if:

- Sudden loss of vision

## Glaucoma

### Criteria

- Glaucoma suspects where diagnosis cannot be confirmed due to patients living remote and no access to diagnostic equipment (HVF & OCT)
- Glaucoma patients requiring a management plan from Ophthalmology

### Mandatory Referral Requirements

- Visual Acuity including pinhole
- IOP
- Comprehensive dilated slit lamp examination by optometrist including optic nerve head assessment & visual field assessment

### Not appropriate for referral to Ophthalmology (Optometry to Monitor)

- Requests for ongoing management of Glaucoma Suspects, where patient can be appropriately monitored by an optometrist with \*HVF and OCT testing.

\*Optometry HVF & OCT testing is only available in Greater Darwin

### Contact On-Call Eye Doctor only if:

- Sudden loss of vision associated with raised intraocular pressure (IOP)

## Pterygium

### Criteria

- Atypical appearance, suspicious of ocular surface squamous neoplasia
- Recurrence of previously resected pterygium
- If pterygium encroaches onto the cornea of  $\geq 2$ mm from limbus to apex or significantly located
- Patient is symptomatic e.g. constantly irritated eyes, vision impairment
- Patient is willing to have surgical intervention

### Mandatory Referral Requirements

- Visual Acuity including pinhole

- Onset, duration & severity
- Size of pterygium from limbus to apex (encroachment on to cornea)

Not appropriate for referral to Ophthalmology (Optometry to Monitor)

- Asymptomatic patient
- Patient not willing to have surgery

## Reduced Vision

Criteria

- Reduced vision that cannot be improved with pinhole or spectacles
- Sign of ocular pathology causing reduced vision

Mandatory Referral Requirements

- Visual Acuity including pinhole
- Onset, duration & severity
- Examination by optometrist

Not appropriate for referral to ophthalmology

- Vision improved with correction
- No signs of ocular pathology

Contact On-Call Eye Doctor only if:

- Recent onset of sudden and profound vision loss
- Associated pupil defect, RAPD or other pupil defect
- Visual Field Defects affecting both sides
- Giant Cell Arteritis

## Child Eye Examination

Criteria

- Amblyopia
- Strabismus
- Abnormal head posture
- Ptosis
- Abnormal red reflex
- Chronic watering eyes
- Congenital Glaucoma or Cataract

- Pupil anomaly
- Premature birth < 32 weeks or other neonatologist concern
- Systemic disorder involving the eye
- Congenital syndromes involving the orbit or eye
- Non- Accidental Injury
- Chronic headaches

#### Mandatory Referral Requirements

- VA including pinhole where attainable
- Suspected diagnosis
- Optometry examination where appropriate

#### Not appropriate for referral to Ophthalmology

- Refractive error manageable by optometrist e.g. vision improvement with pinhole

#### Contact On-Call Eye Doctor only if:

- Red reflex absent or very dull, white, or markedly asymmetric in a young child
- Photophobia (won't open eyes until all the lights are off) in young child
- Eyelid swollen shut
- New, sudden-onset strabismus or nystagmus

## Dry Eye or Epiphora

#### Criteria

- Chronic dry eye, with no relief from lubricants
- Chronic Epiphora
- Symptoms not controlled with management by optometrist

#### Mandatory Referral Requirements

- Visual Acuity including pinhole
- Duration, severity and onset
- Topical treatment
- Comprehensive optometry assessment
- Medical history and medication list

#### Not appropriate for referral to Ophthalmology

- Mild dry eye or Epiphora-primary care managed by optometrists; responding to warm compresses, lid scrubs, and lubricants

#### Contact On-Call Eye Doctor only if:

- Epiphora associated with eye pain and vision loss

## Chalazion or Stye

### Criteria

- Chalazion & stye which does not resolve after 3 month onset (not responding to warm compress, massage & lid hygiene)
- Infected or severe chalazion or stye

### Mandatory Referral Requirements

- Visual Acuity including pinhole
- Duration, severity and onset

### Not appropriate for referral to Ophthalmology

- Acute chalazion or stye (less than 3 month duration) – responding to warm compress, massage & lid hygiene

## Patient with one Seeing Eye

Optometry to manage annually and refer if any concerns of pathology

## Adult eye examination

### Less than 65 years

Recommended to receive examination every 3 years (optometry to manage). Any diabetic patient for yearly examination especially if Aboriginal/ Torres Strait Islander) or anyone with poor control.

### 65+ years

Annual examination (optometry to manage)

## Refraction & spectacles

Optometry to manage