

Emergency Eye Clinic (EEC) referral guidance

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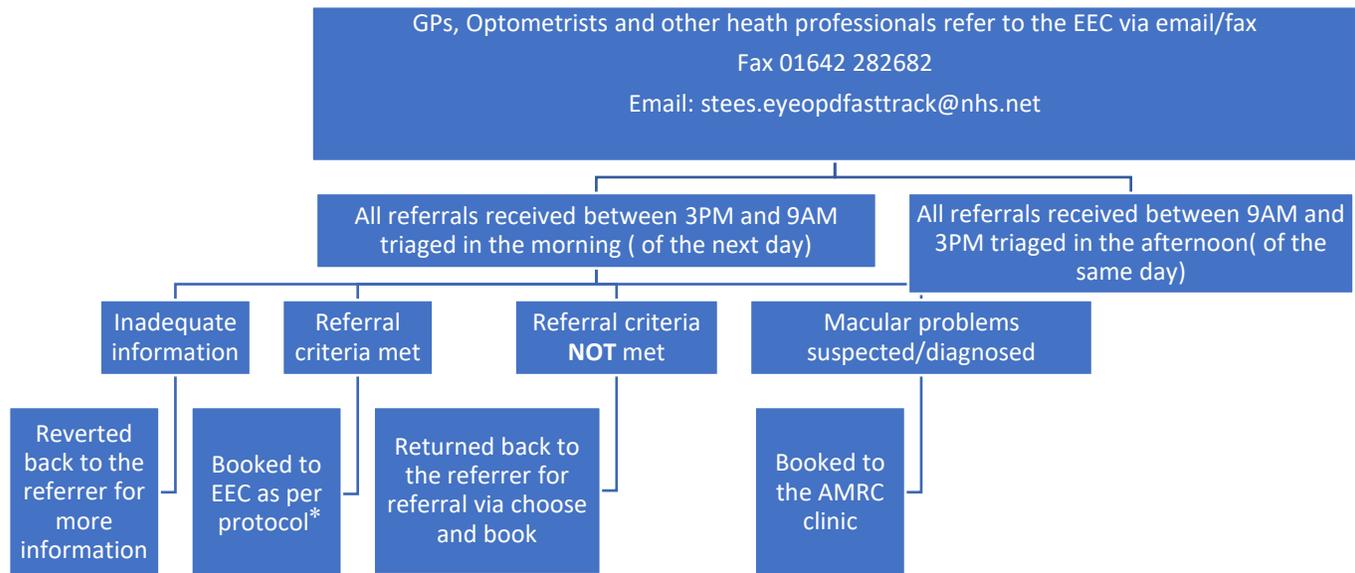
The purpose of the EEC, or the fast track clinic as it is popularly known, is to provide timely help to patients for urgent or painful eye problems and appropriately direct their further care/ follow up.

Urgent cases from GPs, Optometrists, A&E (via ophthalmic nurses/ A&E Doctors), other specialities are accepted into the EEC. This is not a walk-in clinic, and there are limited slots every day thus necessitating appropriate triage.

Important information before referring a patient to the EEC

1. **Please refer to the Moorfields GP handbook for treating common eye conditions and refer to page 17 which gives an outline about the triage protocol on which our triage is based**
<https://www.moorfields.nhs.uk/content/gp-handbook>
2. Please refer if the patient needs a quick appointment within a week, otherwise please refer via choose and book.
3. **Patient referred MUST have demographic details on the referral letter (Including TELEPHONE NUMBER, address)**
4. **The DURATION of symptoms, visual acuity (with and without the pinhole) and suspected diagnosis or concern MUST be highlighted.**
The clinical history and clinical findings must also be recorded.
5. Optometrists are advised to use the wet AMD Fast track referral form for referring patients with wet AMD/retinal vein occlusion/any macular problem.
<https://www.rcophth.ac.uk/wp-content/uploads/2015/04/2010-SCI-048-AMD-Electronic-Referral-Form-edited.pdf>

EEC referral pathway



*If the referral is deemed urgent after triage and there are no available slots in the EEC, the patient will be contacted via telephone by the ophthalmic team and advised to come to the eye casualty.

Which cases are accepted?

(Please refer to page 17 of the Moorfields eye hospital GP handbook for triage guidance)

<https://www.moorfields.nhs.uk/content/gp-handbook>

Patients with sight-threatening problems

- Sudden loss of vision
- New onset of visual distortion. If macular problems suspected or diagnosed then, they might be referred to the acute medical retina clinic (AMRC)
- Flashing lights/floaters typical of retinal problems—acute onset
- Iritis (recurrence or new onset)
- Herpes simplex (recurrence or new onset)
- Corneal ulcers
- Painful eye conditions
- Raised intraocular pressure (>40mmHg)
- New paralytic squints, but if you suspect acute neurological conditions which have ocular manifestations, please refer those accordingly.

- Proliferative diabetic retinopathy (Please consider referring to the AMRC clinic)
- Herpes zoster with eye involvement (red-eye, decreased/cloudy vision, shingles involving the tip of the nose)
- Acute facial nerve palsy with red-eye (Bell's palsy)
- Corneal graft problems (any)
- Eye problems within one month of intraocular surgery or any intraocular procedure (injections)

Which cases are not accepted?

- Cataract
- Chronic glaucoma
- Herpes zoster without eye involvement (white conjunctiva with no visual symptoms or without any involvement of the tip of the nose)
- Blepharitis
- Trichiasis
- Dry eye
- Entropion—detected incidentally (Please check the patient does not have any corneal ulcers and advise then about taping the lid to the cheek while waiting for a routine appointment or choose and book from the oculoplastic team)
- Ectropion---detected incidentally
- Ptosis—long-standing
- Squint—long-standing
- Macular Hole
- Benign lid lumps, chalazion (BCCs are not for 2-week rule)
- Missed clinic appointments/worries about the length of wait (please write to the consultant in charge of the patient / advise patient to contact the call centre telephone number 01642 282424)
- **Longstanding eye problems**

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Emergency Eye Clinic (EEC) Protocols

All referrals will be triaged **at least** twice a day during the following hours

- 9 am - (all referrals from 3 pm - 9 am)
- 3 pm - (all referrals from 9 am - 3 pm)

EEC doctor will accept phone calls about a referral to EEC if the on-call doctor is unavailable. Suitable referrals will be booked into EEC slots within five working days. Unsuitable (non-urgent) referrals or any such without adequate information may be reverted to the referrer for referring via choose and book or sent back asking for further information before triage can be carried out.

Cases referred after 3 PM on Friday may not be read/triaged until 9 AM on Monday. The referring doctor/nurse/optometrist must be aware that urgent cases which need an assessment over the weekend will need to be discussed with the ophthalmic doctor on call who will decide on the priority.

A letter to the GP must be dictated on each patient that day

Medical secretaries must give priority to typing the EEC letters which must be sent within 1-2 working days after the clinic visit.

There must be no second appointments in the EEC

If urgent follow up is deemed necessary, the case must be referred to the consultant on call that day. The purpose of the EEC is to make a diagnosis and to arrange suitable follow up for that patient. It is not to provide on-going care.

All investigations requested by the EEC should be checked and acted upon

All investigations done at the EEC should be checked and acted upon by the EEC doctor, and it is unacceptable for this to be passed on to the consultant in charge.

Patients without a contact telephone/hearing impairment

The offer of an appointment will be sent via post, but this may compromise the time frame within which the patient needs to be seen. These patients can also use a public phone to ring the EEC clerk after the next triage (see above). If the case is more urgent, the referral should be discussed on the phone with the EEC doctor, and an appointment date/time agreed and communicated (a letter of referral is still mandatory).

Eye casualty should still be used for genuine accidents and emergencies

e.g. Chemical burns, mechanical injuries, corneal foreign bodies.