

Monash Children's Hospital

Referral Guidelines

OPHTHALMOLOGY

EXCLUSIONS

Services not offered by Monash Children's Hospital

The following conditions are not routinely seen at the Monash Children's Hospital Ophthalmology Department and may be more appropriately managed by a local ophthalmologist or optometrist.

- Patients over 16 years (please refer to adult guidelines)
- Vision screening/ refractive error/ glasses; if an isolated condition
- Chalazion/meibomian cyst/stye; if an isolated condition and unresponsive to treatment
- Nasolacrimal duct obstruction in children younger than 12 months of age
- Conjunctivitis/sticky eyes in children greater than 1 month of age; if an isolated condition and normal visual behaviour/acuity
- Blepharitis/ itchy eyes/ hay fever; if an isolated condition
- Headaches with no eye movement or pupil abnormalities
- We are unable to accept patients for a second opinion unless referred by an ophthalmologist.

The Monash Children's Hospital Ophthalmology Department is a tertiary specialist service; providing **acute and time-limited** specialist services for the diagnosis, treatment and stabilisation of sight-threatening disorders. These congenital or acquired eye problems may be in isolation or as part of a systemic condition. The department is unable to undertake routine screening of common or chronic ophthalmic conditions, and therefore these children should be referred to community eye healthcare providers (ophthalmologists/ optometrists).

All referrals should include information on clinical signs (including visual acuity where possible), symptoms, duration and any relevant investigations. Referrals with insufficient information will be returned to the referrer.

CONDITIONS

- [Amblyopia](#)
- [Blepharitis](#)
- [Cataract](#)
- [Chalazion/Meibomian Cyst/Stye](#)
- [Chemical burns](#)
- [Conjunctivitis/Sticky eyes](#)
- [Dacryocystitis](#)
- [Dermoid](#)
- [Eyelid lesions or malposition](#)
- [Glaucoma \(congenital\)](#)
- [Headache](#)
- [Haemangioma](#)
- [Itchy eyes/hayfever](#)
- [Nasolacrimal duct obstruction](#)
- [Neurofibromatosis](#)
- [Optic nerve head swelling/papilloedema](#)
- [Orbital/periobital cellulitis](#)
- [Pupil anomalies](#)
- [Red reflex abnormal](#)
- [Refractive error](#)
- [Retinal detachment](#)
- [Retinal haemorrhage/suspected non-accidental injury](#)
- [Retinopathy of prematurity](#)
- [Strabismus/diplopia/nystagmus](#)
- [Trauma](#)
- [Uveitis](#)
- [Vision loss](#)
- [White pupil/leucocoria](#)

Head of unit:
A/Prof Christine Chen

Program Director:
Mr Alan Saunder

Last updated:
25/1/2021

Monash Children's Hospital

Referral Guidelines

OPHTHALMOLOGY

PRIORITY

All referrals received are triaged by **Ophthalmology Department clinicians** to determine **urgency of referral**.

EMERGENCY

For emergency cases please do any of the following:

- send the patient to the Emergency department OR
- Contact the ophthalmology on call registrar OR
- Phone 000 to arrange immediate transfer to ED

URGENT

The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.

ROUTINE

The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month.

REFERRAL

How to refer to Ophthalmology Department

Mandatory referral content

Demographic:

Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:

Reason for referral
Duration of symptoms
Management to date and response to treatment
Past medical and ocular history, medications and procedures
Current medications and medication history if relevant
Functional status, **visual acuity** if possible
Family history
Diagnostics as per referral guidelines



[Click here](#) to download the outpatient referral form

CONTACT US

Medical practitioners

To discuss complex & urgent referrals contact ophthalmology on-call registrar on 9594 6666

Submit a referral

Fax referral form to Specialist Consulting Services: 9594 2273

General enquiries

Phone: 1300 342 273

Head of unit:

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AMBLYOPIA

Presentation

- Reduced visual acuity, usually unilateral
- Associated with strabismus, refractive error or ocular pathology such as cataract, ptosis

Management Options for GP/Optomtrist

- Early intervention required

WHEN TO REFER?

Routine

Refer to Monash Ophthalmology Clinic, with report from the medical practitioner

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BLEPHARITIS

Presentation

- Inflamed lid margins

Management Options for GP/Optomtrist

- If an isolated condition refer to local eye care provider (optometrist/ ophthalmologist)

WHEN TO REFER?

Routine

Refer to Monash Ophthalmology Clinic, with report from the medical practitioner

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CATARACT

Presentation

- White pupil, abnormal red reflex

Management Options for GP/Optomtrist

- Refer to eye care provider for assessment

WHEN TO REFER?

Urgent

If child < 3 years of age; refer to Monash Ophthalmology Clinic or contact ophthalmology on-call registrar

Routine

If child > 3 years of age; refer to Monash Ophthalmology Clinic, with a report from local eye care provider (optometrist/ ophthalmologist)

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CHALAZION/ MEIBOMIAN CYST/STYE

WHEN TO REFER?

Presentation

- Red, swollen bump or nodule inside eyelid

Management Options for GP/Optomtrist

- If an isolated condition, advise hot compress and lid hygiene, consider topical antibiotics
- Refer to a local eye care provider

Routine

Refer to Monash Ophthalmology Clinic only if the chalazion require surgical excision. A report and photo from a medical practitioner is required

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CHEMICAL BURNS

WHEN TO REFER?

Presentation

- Red painful eye with a history of chemical exposure

Management Options for GP/Optomtrist

- Initial emergency management, irrigation
- Note down the chemical if possible
- Check pH if possible

Emergency

Refer to Monash Children's Hospital Paediatric ED

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CONJUNCTIVITIS/STICKY EYES

WHEN TO REFER?

Presentation

- Redness, pain, discharge

Management Options for GP/Optomtrist

- **Neonates**
- Swab (bacterial and viral)
- Antibiotic treatment
- **Children > 1 month of age**
- Visual acuity if possible
- Swab (bacterial and viral)
- Trial of topical antibiotics
- In children > 1 month of age; if an isolated condition and normal visual behaviour/acuity, refer to a local eye care provider

Urgent

Neonates (< 1 month of corrected age) - refer to Monash Children's Hospital Paediatric ED or contact ophthalmology on-call registrar

Routine

Children > 1 month of corrected age: refer to Monash Ophthalmology Clinic if vision is affected or not responding to management, with a report from the medical practitioner

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DACRYOCYSTITIS

WHEN TO REFER?

Presentation

- Swollen lacrimal sac
- Discharge

Management Options for GP/Optomtrist

- Assess size and shape

Urgent

Refer to Monash Children's Hospital Paediatric ED

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DERMOID

WHEN TO REFER?

Presentation

- Dermoid or epidermoid cyst
- May be associated with ptosis, proptosis, ocular movement restriction

Management Options for GP/Optomtrist

- Assess size and shape
- Refer to local eye care provider

Routine

Refer to Monash Ophthalmology Clinic, with a report from the medical practitioner

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EYELID LESIONS OR MALPOSITION

WHEN TO REFER?

Presentation

- Abnormal lid position; e.g. ptosis, epiblepharon, ectropion, entropion

Management Options for GP/Optomtrist

- Neurological examination in children with ptosis
- Lubricant eye drops as required

Urgent

If abnormal neurological exam; refer to Monash Children's Hospital Paediatric ED

Routine

Semi-urgent if eyelid/ lesion is covering the pupil or affecting vision; refer to Monash Ophthalmology Clinic

Routine otherwise; refer to Monash Ophthalmology Clinic, with a report from the medical practitioner

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GLAUCOMA (CONGENITAL)

WHEN TO REFER?

Presentation

- Photophobia, blepharospasm, epiphora
- Corneal oedema, enlarged eye

Urgent

Refer to Monash Ophthalmology Clinic or contact ophthalmology on-call registrar

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HEADACHE

WHEN TO REFER?

Presentation

- Headache

Management Options for GP/Optomtrist

- Observe for associated eye signs
- Check visual acuity, pupils
- Headaches with no eye movement or pupil involvement, refer for neurological assessment and imaging if required

Urgent

If associated with other cranial nerve abnormalities such as pupil / eye movement abnormality or vision loss; refer to Monash Children's Hospital Paediatric ED

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HAEMANGIOMA

WHEN TO REFER?

Presentation

- Capillary haemangioma on lids or ocular surface

Management Options for GP/Optomtrist

- Assess size and shape
- Refer to eye care provider for assessment
- Clinical colour photos required

Routine

Semi-urgent if < 6 months of age; refer to Monash Ophthalmology Clinic with a photo

Routine otherwise; refer to Monash Ophthalmology Clinic, with a report from the medical practitioner including a clinical photo

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ITCHY EYES/HAY FEVER

WHEN TO REFER?

Presentation

- Red, watery, irritated, itchy eyes

Management Options for GP/Optomtrist

- Advise lubricant eye drops, topical or systemic antihistamine, topical mast-cell stabiliser
- If severe or chronic, refer to a local eye care provider
- If corneal complications, e.g. ulcers, significant scarring or new vessels, refer to Monash Ophthalmology Clinic

Routine

Semi-urgent if there are corneal complications; refer to Monash Ophthalmology Clinic with a report from local eye care provider (optometrist/ ophthalmologist).

Otherwise; refer to local eye care provider (optometrist/ ophthalmologist)

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NASOLACRIMAL DUCT OBSTRUCTION

WHEN TO REFER?

Presentation

- Watery eye, discharge

Management Options for GP/Optomtrist

- This generally resolves by 12 months of age (90%), refer to a local eye care provider
- Review after 12 months of age

Routine

If persistent in children > 12 months of age; refer to Monash Ophthalmology Clinic, with a report from the medical practitioner

Referrals will only be accepted for children > 6 months of age, with a view to an appointment when > 12 months of age

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NEUROFIBROMATOSIS

WHEN TO REFER?

Presentation

- Diagnosis of neurofibromatosis

Management Options for GP/Optomtrist

- Refer to eye care provider for assessment

Routine

Refer to Monash Ophthalmology Clinic, with a report from the medical practitioner

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OPTIC NERVE HEAD SWELLING/PAPILLOEDEMA

WHEN TO REFER?

Presentation

Management Options for GP/Optomtrist

- Assess for associated neurological signs

Urgent

Refer to Monash Children's Hospital Paediatric ED or contact ophthalmology on-call registrar

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ORBITAL/PERIORBITAL CELLULITIS

WHEN TO REFER?

Presentation

- Infection, local tenderness, fever
- Proptosis, ophthalmoplegia, headache

Management Options for GP/Optomtrist

- General paediatric assessment
- Consider paediatric admission

Urgent

Refer to Monash Children's Hospital Paediatric ED

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PUPIL ANOMALIES

WHEN TO REFER?

Presentation

- Unequal pupils

Management Options for GP/Optomtrist

- Neurological examination

Urgent

If sudden onset or secondary to trauma; refer to Monash Children's Hospital Paediatric ED

Routine

Otherwise, refer to Monash Ophthalmology Clinic, with a report from the medical practitioner

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RED REFLEX ABNORMAL

WHEN TO REFER?

Presentation

- Abnormal red reflex

Management Options for GP/Optomtrist

Urgent

Refer to Monash Ophthalmology Clinic

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REFRACTIVE ERROR



WHEN TO REFER?

Presentation

- Reduced vision
- Identified by preschool or school vision screening

Management Options for GP/Optomtrist

- Refer to eye care provider for assessment and management, for glasses as appropriate
- If associated with strabismus or amblyopia, refer to Monash Ophthalmology Clinic

Routine

If strabismus or amblyopia is identified, refer to Monash Ophthalmology Clinic, with a report from local eye care provider (optometrist/ ophthalmologist)

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RETINAL DETACHMENT



WHEN TO REFER?

Presentation

- Sudden painless loss of vision
- With photopsia and floaters

Management Options for GP/Optomtrist

Urgent

If < 2 years old; refer to Monash Children's Hospital Paediatric ED or contact ophthalmology on-call registrar

If > 2 years old; refer to RVEEH ED

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RETINAL HAEMORRHAGE/SUSPECTED NON-ACCIDENTAL INJURY



WHEN TO REFER?

Presentation

- Suspected non-accidental injury

Management Options for GP/Optomtrist

Urgent

Refer to Monash Children's Hospital Paediatric ED

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RETINOPATHY OF PREMATURETY



WHEN TO REFER?

Presentation

- NICU infants are assessed while inpatients and a management plan is provided

Management Options for GP/Optomtrist

Routine

Screening of non-Monash infants is organised through their own hospital nurseries with local ophthalmologists.

For infants diagnosed with retinopathy of prematurity requiring treatment, the treating ophthalmologist should discuss the case with the ophthalmology on-call registrar

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STRABISMUS/DIPLOPIA/NYSTAGMUS



WHEN TO REFER?

Presentation

- Strabismus
- With or without diplopia
- Nystagmus
- Ocular movement abnormality

Management Options for GP/Optomtrist

- Assessment of vision, squint, eye movements
- Neurological assessment if sudden onset
- Early intervention required, particularly during infancy

Urgent

If new onset or associated with neurological signs; refer to Monash Children's Hospital Paediatric ED or contact paediatric neurology on-call registrar

Routine

Otherwise; refer to Monash Ophthalmology Clinic, with a report from the medical practitioner

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TRAUMA



WHEN TO REFER?

Presentation

- Orbital fracture
- Blunt or penetrating injury
- Corneal foreign body
- Lid trauma
- Traumatic mydriasis
- Chemical burns

Management Options for GP/Optomtrist

- If significant trauma refer to paediatric ED

Emergency

Refer to Monash Children's Hospital Paediatric ED
Contact ophthalmology on-call registrar to discuss first aid if required

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UVEITIS



WHEN TO REFER?

Presentation

- Pain, redness, photophobia, excessive tearing, and decreased vision
- History of systemic associations such as JIA

Management Options for GP/Optomtrist

Urgent

Refer to Monash Children's Hospital Paediatric ED or contact ophthalmology on-call registrar

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VISION LOSS



WHEN TO REFER?

Presentation

- Sudden onset of vision loss or abnormal visual disturbance

Management Options for GP/Optomtrist

Urgent

Refer to Monash Children's Hospital Paediatric ED or contact ophthalmology on-call registrar

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WHITE PUPIL/LEUKOCORIA



WHEN TO REFER?

Presentation

- White pupil

Management Options for GP/Optomtrist

Urgent

Refer to Monash Ophthalmology Clinic or contact ophthalmology on-call registrar

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