Monash Children’s Hospital
Referral Guidelines
OPHTHALMOLOGY

EXCLUSIONS
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/periorbital 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/leuocoria

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

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- Diagnostics as per referral guidelines

**Click here** to download the outpatient referral form
AMBLYOPIA

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

Management Options for GP/Optometrist
- Early intervention required

WHEN TO REFER?

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

BACK

BLEPHARITIS

Presentation
- Inflamed lid margins

Management Options for GP/Optometrist
- 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

BACK

CATARACT

Presentation
- White pupil, abnormal red reflex

Management Options for GP/Optometrist
- 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)

BACK
CHEMICAL BURNS

Presentation
- Red painful eye with a history of chemical exposure

Management Options for GP/Optometrist
- Initial emergency management, irrigation
- Note down the chemical if possible
- Check pH if possible

WHEN TO REFER?
- Emergency
  - Refer to Monash Children’s Hospital Paediatric ED
- Routine
  - Refer to Monash Ophthalmology Clinic only if the chemical burn require surgical excision. A report and photo from a medical practitioner is required

CHALAZION/ MEIBOMIAN CYST/STYE

Presentation
- Red, swollen bump or nodule inside eyelid

Management Options for GP/Optometrist
- If an isolated condition, advise hot compress and lid hygiene, consider topical antibiotics
- Refer to a local eye care provider

WHEN TO REFER?
- Routine
  - Refer to Monash Ophthalmology Clinic only if the chalazion require surgical excision. A report and photo from a medical practitioner is required

CONJUNCTIVITIS/STICKY EYES

Presentation
- Redness, pain, discharge

Management Options for GP/Optometrist
- 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

WHEN TO REFER?
- 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

DACRYOCYSTITIS

Presentation
- Swollen lacrimal sac
- Discharge

Management Options for GP/Optometrist
- Assess size and shape

WHEN TO REFER?
- Urgent
  - Refer to Monash Children’s Hospital Paediatric ED
<table>
<thead>
<tr>
<th>Condition</th>
<th>WHEN TO REFER?</th>
</tr>
</thead>
<tbody>
<tr>
<td>DERMOID</td>
<td></td>
</tr>
<tr>
<td>Presentation</td>
<td>Dermoid or epidermoid cyst</td>
</tr>
<tr>
<td></td>
<td>May be associated with ptosis, proptosis, ocular</td>
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<tr>
<td></td>
<td>movement restriction</td>
</tr>
<tr>
<td>Management Options for GP/</td>
<td>Assess size and shape</td>
</tr>
<tr>
<td>Optometrist</td>
<td>Refer to local eye care provider</td>
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<td></td>
<td></td>
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<tr>
<td>EYELID LESIONS OR MALPOSITION</td>
<td></td>
</tr>
<tr>
<td>Presentation</td>
<td>Abnormal lid position; e.g. ptosis, epiblepharon,</td>
</tr>
<tr>
<td></td>
<td>ectropion, entropion</td>
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<tr>
<td>Management Options for GP/</td>
<td>Neurological examination in children with ptosis</td>
</tr>
<tr>
<td>Optometrist</td>
<td>Lubricant eye drops as required</td>
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<td></td>
<td></td>
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<tr>
<td>GLAUCOMA (CONGENITAL)</td>
<td></td>
</tr>
<tr>
<td>Presentation</td>
<td>Photophobia, blepharospasm, epiphora</td>
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<tr>
<td></td>
<td>Corneal oedema, enlarged eye</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>HEADACHE</td>
<td></td>
</tr>
<tr>
<td>Presentation</td>
<td>Headache</td>
</tr>
<tr>
<td>Management Options for GP/</td>
<td>Observe for associated eye signs</td>
</tr>
<tr>
<td>Optometrist</td>
<td>Check visual acuity, pupils</td>
</tr>
<tr>
<td></td>
<td>Headaches with no eye movement or pupil involvement, refer for neurological assessment and imaging if required</td>
</tr>
</tbody>
</table>
HAEMANGIOMA

Presentation
• Capillary haemangioma on lids or ocular surface

Management Options for GP/Optometrist
• Assess size and shape
• Refer to eye care provider for assessment
• Clinical colour photos required

WHEN TO REFER?

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

ITCHY EYES/HAY FEVER

Presentation
• Red, watery, irritated, itchy eyes

Management Options for GP/Optometrist
• 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

WHEN TO REFER?

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)

NASOLACRIMAL DUCT OBSTRUCTION

Presentation
• Watery eye, discharge

Management Options for GP/Optometrist
• This generally resolves by 12 months of age (90%), refer to a local eye care provider
• Review after 12 months of age

WHEN TO REFER?

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

NEUROFIBROMATOSIS

Presentation
• Diagnosis of neurofibromatosis

Management Options for GP/Optometrist
• Refer to eye care provider for assessment

WHEN TO REFER?

Routine
• Refer to Monash Ophthalmology Clinic, with a report from the medical practitioner
**OPTIC NERVE HEAD SWELLING/PAPILLOEDEMA**

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

**Management Options for GP/Optometrist**
- General paediatric assessment
- Consider paediatric admission

**WHEN TO REFER?**
- **Urgent**
  - Refer to Monash Children’s Hospital Paediatric ED or contact ophthalmology on-call registrar

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**ORBITAL/PERIORBITAL CELLULITIS**

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

**Management Options for GP/Optometrist**
- General paediatric assessment
- Consider paediatric admission

**WHEN TO REFER?**
- **Urgent**
  - Refer to Monash Children’s Hospital Paediatric ED

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**PUPIL ANOMALIES**

**Presentation**
- Unequal pupils

**Management Options for GP/Optometrist**
- Neurological examination

**WHEN TO REFER?**
- **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**

**Presentation**
- Abnormal red reflex

**Management Options for GP/Optometrist**

**WHEN TO REFER?**
- **Urgent**
  - Refer to Monash Ophthalmology Clinic
REFRACTIVE ERROR

Presentation
• Reduced vision
• Identified by preschool or school vision screening

Management Options for GP/Optometrist
• Refer to eye care provider for assessment and management, for glasses as appropriate
• If associated with strabismus or amblyopia, refer to Monash Ophthalmology Clinic

WHEN TO REFER?

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

RETINAL DETACHMENT

Presentation
• Sudden painless loss of vision
• With photopsia and floaters

WHEN TO REFER?

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

RETINAL HAEMORRHAGE/SUSPECTED NON-ACCIDENTAL INJURY

Presentation
• Suspected non-accidental injury

WHEN TO REFER?

Urgent
Refer to Monash Children’s Hospital Paediatric ED

RETINOPATHY OF PREMATURITY

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

WHEN TO REFER?

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
STRABISMUS/DIPLOPIA/NYSTAGMUS

Presentation
• Strabismus
• With or without diplopia
• Nystagmus
• Ocular movement abnormality

Management Options for GP/Optometrist
• Assessment of vision, squint, eye movements
• Neurological assessment if sudden onset
• Early intervention required, particularly during infancy

WHEN TO REFER?

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

TRAUMA

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

Management Options for GP/Optometrist
• If significant trauma refer to paediatric ED

WHEN TO REFERR?

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

UVEITIS

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

Management Options for GP/Optometrist

WHEN TO REFER?

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

VISION LOSS

Presentation
• Sudden onset of vision loss or abnormal visual disturbance

Management Options for GP/Optometrist

WHEN TO REFER?

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

WHITE PUPIL/LEUKOCORIA

Presentation
• White pupil

Management Options for GP/Optometrist

WHEN TO REFER?

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