Description of service:
Ophthalmology services are provided at The Royal Adelaide Hospital and The Queen Elizabeth Hospital.

Our outpatient services are multi-disciplinary units which provide assessment, management and treatment for all sub-specialty areas of adult ophthalmology.

<table>
<thead>
<tr>
<th>Services provided:</th>
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<tbody>
<tr>
<td><strong>Royal Adelaide Hospital</strong></td>
<td><strong>The Queen Elizabeth Hospital</strong></td>
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<tr>
<td>&gt; Oculoplastic and orbital surgery</td>
<td>&gt; Corneal and external diseases</td>
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<td>&gt; Ocular oncology</td>
<td>&gt; Cataract</td>
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<td>&gt; Neuro-ophthalmology</td>
<td>&gt; Refractive surgery</td>
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<td>&gt; Medical and Surgical retinal</td>
<td>&gt; Medical retina</td>
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<tr>
<td>&gt; Corneal and external diseases</td>
<td>&gt; Oculoplastic surgery</td>
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<td>&gt; Glaucoma</td>
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<tr>
<td>&gt; Cataract</td>
<td>&gt; Diabetic eye disease</td>
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<tr>
<td>&gt; Adult squint and squint surgery</td>
<td>&gt; Neuro-ophthalmology</td>
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<td>&gt; Advanced diabetic eye disease</td>
<td>&gt; Management of emergencies via daily emergency clinics</td>
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<tr>
<td>&gt; Ocular and adnexal trauma</td>
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Exclusions:
> Prescriptions of glasses in adults
> Driver’s license forms / assessments
> Paediatrics

For admission or **URGENT** advice contact the ophthalmology Registrar
Royal Adelaide Hospital (RAH) Ph: (08) 7074 0000
The Queen Elizabeth Hospital (TQEH) Ph: (08) 8222 6000

Alternatively, if the problem is urgent and the patient is unstable, the patient should be sent directly to the Emergency Department of the nearest hospital for assessment.

For more information or to make a referral contact
Royal Adelaide Hospital (RAH) Fax: (08) 7074 6247 Ph: 1300 153 853
The Queen Elizabeth Hospital (TQEH) Fax: (08) 8222 7188 Ph: 8222 7030 / (08) 8222 7020
**Adult Triage Criteria for referral**

### Emergency
All urgent cases must be discussed with the on call ophthalmology registrar.

- Acute angle closure glaucoma
- Central retinal artery occlusion
- Chemical injury
- Conjunctivitis >1/52
- Conjunctivitis with pain
- Corneal ulceration
- Flashers / floaters with field loss.
- Retinal detachment
- Orbital cellulitis / acute dacryocystitis
- Periocular herpes simplex/herpes zoster infection
- Post-operative / post intra-ocular injection inflammation
- Pupil changes
- Red eye in contact lens wearer
- Sudden loss of vision or diplopia
- Sudden onset of blurred vision with headaches
- Acute loss of visual field
- Suspected penetrating eye injury
- TIA / amaurosis fugax
- Trauma to eye/orbit
- Uveitis
- Sudden onset of double vision

### Category 1
All urgent cases must be discussed with the on call ophthalmology registrar.

- Acute dacryoadenitis
- Diabetes if with recent visual loss
- Distortion or vision loss in ARMD patient.
- Elevated intraocular pressure ≥ 30 mmHg
- Eye pain
- Flashes / floaters without field loss
- Proptosis with visual changes
- Ptosis if pupil occluded
- Severe light sensitivity
- Squint if red reflex abnormal or lack of visual response
- Known diabetic with drop in vision

### Category 2
Target within 3 months

- Cataract with vision <6/12 in better eye
- Elevated Intraocular pressure <30 mmHg
- Eye discharge without redness
- Eyelid problems: ectropion / entropion / ptosis.
- Eyelid tumours
- Glaucoma suspects high risk (high cup-disc ratio, glaucomatous visual field defect, shallow anterior chamber).
- Proptosis without visual issues (Thyroid eye disease)
- Severe dry eyes (Sjogren’s, Rheumatoid arthritis)

### Category 3
Target 6-12 months

- Annual chronic disease review
- Age related macular degeneration without visual distortion.
- Blepharitis / dry eye
- Cataracts with vision better than 6/12 in better eye
- Glaucoma suspects low risk (normal cup-disc ratio, family history)
- Routine keratoconus
- Other eyelid lumps
- Referral for ongoing care from elsewhere
- Screening for eye disease
- Systemic eye disease
- Vision <6/12 for any reason other than refractive
- Watery eyes

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**Essential Referral Content**

**Demographic**

- Date of birth
- Contact details (including mobile phone)
- Referring GP details
- Interpreter requirements
- Medicate number

**Clinical**

- Reason for referral
- Duration of symptoms
- Relevant pathology and imaging reports
- Past medical history
- Current medications