NSW Health

Paediatric Ophthalmology State-wide Referral Criteria for Public Outpatient Services

This document is to be used as a guide for referrers and clinicians in NSW public outpatient services

The aim of State-wide Referral Criteria (SRC) is to facilitate safe, timely and effective referral and prioritisation of patients requiring access to NSW public specialist outpatient services.

This document contains Ophthalmology SRC for ophthalmic emergencies, ophthalmic presentations out of scope and the following presenting conditions:

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Notes

- Ophthalmology SRC sets thresholds for referral, regardless of source, to NSW public ophthalmology and applicable allied health-led, nurse-led or medical/surgical-led outpatient services and expected clinical urgency category based on clinical need
- Ophthalmology SRC supports patients to be managed by the most appropriate member(s) of the multidisciplinary care team in the most appropriate setting based on their presenting condition
- Ophthalmology SRC are applicable to NSW Local Health Districts and Specialty Health Networks with existing public ophthalmology and applicable allied health-led, nurse-led or medical/surgical-led outpatient services that manage the identified presenting conditions
- Ophthalmology SRC are applicable where the identified presenting conditions managed by paediatric ophthalmologists are delivered in private practice as part of public-private hospital arrangements
- Ophthalmology SRC may also be used by a range of specialists in private practice at their own discretion
- Ophthalmology SRC does not intend to change eligibility in terms of presenting conditions managed and referral sources accepted for NSW public ophthalmology and applicable allied health-led, nurse-led or medical/surgical-led outpatient services
- Some NSW Local Health Districts and Specialty Health Networks may have different eligibility based on local contextual factors and/or service availability
- Referring health professionals may consider local alternative care options, including private practice, Aboriginal Community Controlled Health Services and/or non-government organisations, where appropriate, for patients seeking to access specialist services

Glossary

The structure for SRC in NSW is divided into the following five criterion.

In some cases, component(s) may not be applicable to each presenting condition. This will be denoted by 'Nil'.

Criterion	Description
Emergency	• Clinical presentations or 'red flags' where referring health professionals should consider redirecting the patient to an Emergency Department or urgent care service, or seeking medical advice (e.g. phone on-call medical practitioner) • These criteria should not be used by referring health professionals to refer to an NSW public specialist outpatient service
Out of scope (not routinely provided)	• Symptoms, conditions and/or presentations that would not routinely be provided by NSW public specialist outpatient services (i.e. could be optimally and safely managed in primary care) • These criteria acknowledge and permit exceptions, where clinically appropriate
Access and prioritisation	• Symptoms, conditions and/or presentations that advise referring health professionals, clinicians, patients and carers suitability for management by NSW public specialist outpatient services • These criteria are classified by expected clinical urgency category and clinically recommended timeframes to be seen for a new outpatient appointment (i.e. Category 1: within 30 days, Category 2: within 90 days, Category 3: within 365 days) • These criteria are only applicable where NSW public specialist outpatient services exist and manage the identified presenting condition
Required information	• Mandatory information that is to be supplied with referrals to NSW public specialist outpatient services for specific symptoms, conditions and/or presentations • These criteria support with the determination of an appropriate clinical urgency category
Additional information (if available)	• Optional information that can be supplied with referrals to NSW public specialist outpatient services for specific symptoms, conditions and/or presentations • These criteria support with the determination of an appropriate clinical urgency category, however, are not required to continue referral processing

Ophthalmic emergencies

Note: Ophthalmic emergencies require immediate medical attention and/or intervention to prevent or manage serious harm to a patient. The list of emergency criteria below may not be exhaustive. Please refer to HealthPathways for more information.

Presenting condition	Emergency
Absent or poor red reflex (paediatric and adult)	• If absent or poor red reflex, contact on-call hospital consultant or registrar for same day advice • White pupil in one or both eyes (paediatric only)
Acute neuro-ophthalmic signs or symptoms (paediatric and adult)	• Acute onset anisocoria (unequal pupil size) with or without neurological signs • Acute onset nystagmus • Acute ptosis • Sudden onset strabismus (ocular misalignment) • Sudden loss of peripheral vision
Acute red eye (paediatric and adult)	• Abnormal cornea, indicating Herpes simplex infection, bacterial or acanthamoebal ulcer, marginal keratitis or foreign body / corneal abrasion • Acute angle closure crisis • Acute anterior uveitis (iritis) • Acute painful eye with sudden loss of vision • Conjunctivitis with reduced vision or not responding to treatment • Flash burn • Hyphaema • Hypopyon • Photophobia and marked decrease in visual acuity • Red eye in the context of corneal transplant or contact lens wear • Scleritis
Acute visual disturbance (paediatric and adult)	• Acute onset monocular visual loss • Dark shadow in the vision of the affected eye • Fundus examination shows large areas of haemorrhage and/or emboli • Orbital pain, with or without eye movement • Painless loss of vision over hours to days • Recent history of increased number of visual floaters and/or flashes • Reduced visual acuity, colour vision, brightness and contrast vision • Sudden, persistent loss of vision • Swollen optic disc • Transient visual loss

Blow-out fracture (paediatric and adult)	• Crepitus after nose blowing • Diplopia • Evidence of ocular injury • Eyelid swelling • Findings suggestive of minimal periorbital haemorrhage, sunken (enophthalmic) globe and restricted eye movement in an unwell child • Localised tenderness • Minimal redness and swelling (white-eye blow-out fracture in a child) • Nausea or vomiting on eye movements • Nose bleed • Pain on eye movements • Ptosis • Suspected or documented orbital floor fractures
Chemical burns (paediatric and adult)	• Acid or alkali in contact with eye
Corneal foreign body (paediatric and adult)	• Any foreign body penetration of the cornea or retained foreign body • Foreign body is not completely removed • Persistent epithelial defect (i.e. significant or minimal improvement within 48 hours) • Underlying surface defect is opaque and indicative of an abscess
Keratoconus (paediatric and adult)	• Keratoconus with acute graft rejection • Keratoconus with acute hydrops
Lid lacerations and infections (paediatric and adult)	• Extensive tissue loss or distortion of the anatomy • Eyelid laceration is associated with ocular trauma requiring surgery (e.g. ruptured globe, intraorbital foreign body) • Full thickness laceration • Laceration involves the lid margin • Laceration position is nasal to either the upper or lower eyelid punctum • Suspected pre-septal or orbital cellulitis
Ocular and orbital trauma (paediatric and adult)	• All penetrating trauma • Findings are suggestive of intraocular haemorrhage, ruptured globe or orbital wall fracture • Reduced ocular movements
Optic nerve head swelling (paediatric and adult)	• Optic nerve head swelling with neurological signs or symptoms, vision change and/or headache • Optic nerve head swelling with retinal haemorrhages or exudates

Ptosis (paediatric and adult)	• Ptosis with anisocoria • Ptosis with other neurological signs • Sudden onset ptosis with or without diplopia Sudden onset ptosis with or without strabismus
Anisocoria (unequal pupil size) (paediatric)	• Acute onset anisocoria (unequal pupil size) with or without neurological signs
Cataracts (paediatric)	• Cataract with red eye • Cataract with nystagmus • Cataract with congenital glaucoma • New cataract for aged < 3 years
Congenital glaucoma (paediatric)	• Big eye(s) (horizontal corneal diameter > 12 mm) • Cloudy cornea • Photosensitivity with tearing
Nystagmus (paediatric)	• Aged > 6 months with any new, sudden onset nystagmus *Note: any nystagmus with other neurological symptoms (e.g. ataxia) should be considered an emergency irrespective of child's age.*
Reduced visual acuity (paediatric)	• Sudden and/or severe vision loss in a child
Strabismus or ocular motility disorder (paediatric)	• Abnormal red reflex or lack of visual response • Sudden onset strabismus (squint) with diplopia • Suspicion of nerve palsy with other cranial nerve and/or neurological signs
Uveitis (paediatric)	• New onset uveitis

Ophthalmic presentations out of scope

Presenting condition	Out of scope (not routinely provided)
Keratoconus (paediatric and adult)	• Keratoconus with stable findings and tolerating visual aids (i.e. contact lenses, spectacles) with visual function meeting individual needs
Low vision assistance (paediatric and adult)	• Low vision assistance Note: see Vision Australia, Guide Dogs Australia and Macular Disease Foundation Australia for more information.
Anisocoria (unequal pupil size) (paediatric)	• Nil out of scope criteria
Cataracts (paediatric)	• Screening for cataract aged > 8 years due to family history of congenital cataract • Screening for cataract for aged > 8 years that do not have current treatment regime, medication or systemic disease that may cause development of cataract
Nystagmus (paediatric)	• Nil out of scope criteria
Optic nerve head swelling (paediatric)	• Nil out of scope criteria
Ptosis (paediatric)	• Nil out of scope criteria
Reduced visual acuity (paediatric)	• Nil out of scope criteria
Strabismus or ocular motility disorder (paediatric)	• Nil out of scope criteria
Uveitis (paediatric)	• Nil out of scope criteria

Presenting conditions

Keratoconus (paediatric and adult)

Emergency	
If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergency medical advice via phone to on-call consultant or registrar.	
• Keratoconus with acute graft rejection • Keratoconus with acute hydrops	
Out of scope (not routinely provided)	
• Keratoconus with stable findings, tolerating visual aids (i.e. contact lenses, spectacles) and visual function meeting individual needs	
Access and prioritisation	
Category 1 (clinically recommended to be seen within 30 calendar days)	• Newly diagnosed or suspected keratoconus and aged < 18 years

Category 2
(clinically recommended to be seen within 90 calendar days)
	• Keratoconus with signs of progression (e.g. quantified change in keratometry or refraction over time)
	• Keratoconus at high risk of progression (e.g. aged 18-26 years, developmental delay, Down syndrome, atopy, persistent eye rubbing, sleep apnoea)
	• Suspected keratoconus and any of the following:
	  ○ Aged ≥ 18 years
	  ○ Family history of keratoconus in 1st degree relative

Category 3 (clinically recommended to be seen within 365 calendar days)	• Keratoconus with stable findings and not tolerating visual aids (i.e. contact lenses, spectacles)
Required information	
• Reason for referral • Details of the presenting condition including symptoms and their impact on activities of daily living • Provisional diagnosis • Information regarding atopy, sleep apnoea, history of connective tissue disease, family history of keratoconus, chromosomal abnormalities, and genetic conditions • Optometrist, orthoptist or ophthalmologist report, including Best Corrected Visual Acuity (BCVA) and refraction • Evidence of corneal irregularity and corneal topography (as appropriate) • If the patient and/or carer requires an interpreter (if so, list preferred language)	

Additional information (if available)

- Patient health summary (such as relevant medical history, relevant investigations, current medications and dosages, immunisations, allergies and/or adverse reactions)
- Details of previous management (including type and duration)
- Previous ocular history
- Guardianship status
- Professional driver with specific visual acuity requirements for employment
- Driving status
- Social circumstances
- If the patient is at increased risk of falling
- If the patient identifies as Aboriginal and/or Torres Strait Islander
- If the patient is considered ‘at risk’ and/or among a vulnerable, disadvantaged or priority population
- If the patient is willing to have surgery (where clinically relevant)
- If the patient is suitable for virtual care or telehealth
- If the patient has special needs or requires reasonable adjustments to be made

Anisocoria (unequal pupil size) (paediatric)

Emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergency medical advice via phone to on-call consultant or registrar.

- Acute onset anisocoria (unequal pupil size) with or without neurological signs

Out of scope (not routinely provided)

- Nil

Access and prioritisation

Category 1 (clinically recommended to be seen within 30 calendar days)	• Aged < 1 year with anisocoria (unequal pupil size)
Category 2 (clinically recommended to be seen within 90 calendar days)	• Longstanding anisocoria (unequal pupil size)
Category 3 (clinically recommended to be seen within 365 calendar days)	• Nil

Required information

- Reason for referral
- Details of the presenting condition including timeframe of onset
- Provisional diagnosis
- If the patient and/or carer requires an interpreter (if so, list preferred language)

Additional information (if available)

- Patient health summary (such as relevant medical history, relevant investigations, current medications and dosages, immunisations, allergies and/or adverse reactions)
- Any associated changes to vision
- Birth and pregnancy history
- If the patient identifies as Aboriginal and/or Torres Strait Islander
- If the patient is considered ‘at risk’ and/or among a vulnerable, disadvantaged or priority population
- If the patient is suitable for virtual care or telehealth
- If the patient has special needs or requires reasonable adjustments to be made

Cataracts (paediatric)

Emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergency medical advice via phone to on-call consultant or registrar.

- Cataract with red eye
- Cataract with nystagmus
- Cataract with congenital glaucoma
- New cataract for aged < 3 years

Out of scope (not routinely provided)

- Screening for cataract aged ≥ 8 years due to family history of congenital cataract
- Screening for cataract aged ≥ 8 years that do not have current treatment regime, medication or systemic disease that may cause development of cataract

Access and prioritisation

Category 1 (clinically recommended to be seen within 30 calendar days)	• Aged between 3 to 8 years with concerns of poor vision due to cataract • Aged ≥ 8 years with developmental delay or other issues that does not allow referrer to assess visual acuity • Patient requires cataract surgery referred by private ophthalmologist
Category 2 (clinically recommended to be seen within 90 calendar days)	• Aged ≥ 8 years with newly recognised cataract • Aged ≥ 3 years with documented or suspected cataract and vision 6/12 or worse in affected eye • Aged < 8 years and screening for cataract due to current treatment regime, medication or systemic disease that may cause development of cataract • Aged < 8 years with family history of congenital cataract
Category 3 (clinically recommended to be seen within 365 calendar days)	• Aged ≥ 8 years with previous congenital cataract surgery (without glaucoma)

Required information

- Reason for referral
- Details of the presenting condition including timeframe of cataracts onset
- Provisional diagnosis
- Visual acuity (in each eye) from optometrist, orthoptist or ophthalmologist (patient aged ≥ 8 years only)
- Refraction (patient aged ≥ 8 years only)
- If the patient and/or carer requires an interpreter (if so, list preferred language)

Additional information (if available)

- Patient health summary (such as relevant medical history, relevant investigations, current medications and dosages, immunisations, allergies and/or adverse reactions)
- Family history of congenital cataract
- Birth and pregnancy history
- If the patient identifies as Aboriginal and/or Torres Strait Islander
- If the patient is considered ‘at risk’ and/or among a vulnerable, disadvantaged or priority population
- If the patient is suitable for virtual care or telehealth
- If the patient has special needs or requires reasonable adjustments to be made

Nystagmus (paediatric)

Emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergency medical advice via phone to on-call consultant or registrar.

- Aged > 6 months with any new, sudden onset nystagmus

Note: any nystagmus with other neurological symptoms (e.g. ataxia) should be considered an emergency irrespective of child's age.

Out of scope (not routinely provided)

- Nil

Access and prioritisation

Category 1 (clinically recommended to be seen within 30 calendar days)	• Aged < 6 months with nystagmus
Category 2 (clinically recommended to be seen within 90 calendar days)	• Aged between 6 to 12 months with nystagmus onset prior to age 6 months
Category 3 (clinically recommended to be seen within 365 calendar days)	• Aged > 12 months with nystagmus onset prior to age 6 months

Required information

- Reason for referral
- Details of the presenting condition including age of nystagmus onset and duration of nystagmus
- Provisional diagnosis
- Best Corrected Visual Acuity (BCVA), including both eyes open (as appropriate)
- If the patient and/or carer requires an interpreter (if so, list preferred language)

Additional information (if available)

- Patient health summary (such as relevant medical history, relevant investigations, current medications and dosages, immunisations, allergies and/or adverse reactions)
- Video recording of eye movement (as appropriate)
- Previous ocular history
- Guardianship status
- Social circumstances
- If the patient identifies as Aboriginal and/or Torres Strait Islander
- If the patient is considered 'at risk' and/or among a vulnerable, disadvantaged or priority population
- If the patient is suitable for virtual care or telehealth
- If the patient has special needs or requires reasonable adjustments to be made

Optic nerve head swelling (paediatric)

Emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergency medical advice via phone to on-call consultant or registrar.

- Optic nerve head swelling with neurological signs or symptoms, vision change and/or headache
- Optic nerve head swelling with retinal haemorrhages or exudates

Out of scope (not routinely provided)

- Nil

Access and prioritisation

Category 1 (clinically recommended to be seen within 30 calendar days)	• Optic nerve head swelling (if a new presentation) without other neurological signs or symptoms
Category 2 (clinically recommended to be seen within 90 calendar days)	• Nil
Category 3 (clinically recommended to be seen within 365 calendar days)	• Nil

Required information

- Reason for referral
- Details of the presenting condition
- Provisional diagnosis
- If the patient and/or carer requires an interpreter (if so, list preferred language)

Additional information (if available)

- Patient health summary (such as relevant medical history, relevant investigations, current medications and dosages, immunisations, allergies and/or adverse reactions)
- Visual acuity
- If the patient identifies as Aboriginal and/or Torres Strait Islander
- If the patient is considered ‘at risk’ and/or among a vulnerable, disadvantaged or priority population
- If the patient is suitable for virtual care or telehealth
- If the patient has special needs or requires reasonable adjustments to be made

Ptosis (paediatric)

Emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergency medical advice via phone to on-call consultant or registrar.

- Ptosis with other neurological signs
- Ptosis with anisocoria
- Sudden onset ptosis with or without diplopia
- Sudden onset ptosis with or without strabismus

Out of scope (not routinely provided)

- Nil

Access and prioritisation

Category 1 (clinically recommended to be seen within 30 calendar days)	• Aged < 8 years, and pupil is occluded and involving visual axis • Ptosis with pre-existing or known neurological disorder
Category 2 (clinically recommended to be seen within 90 calendar days)	• Aged < 8 years, and pupil is not occluded and not involving visual axis
Category 3 (clinically recommended to be seen within 365 calendar days)	• Aged ≥ 8 years with ptosis

Required information

- Reason for referral
- Details of the presenting condition
- Provisional diagnosis
- If the patient and/or carer requires an interpreter (if so, list preferred language)

Additional information (if available)

- Patient health summary (such as relevant medical history, relevant investigations, current medications and dosages, immunisations, allergies and/or adverse reactions)
- Optometrist, orthoptist or ophthalmologist report performed within last 3 months
- Visual acuity
- Refraction
- Impact of symptoms
- Photograph of head in primary position
- Birth and pregnancy history
- If the patient identifies as Aboriginal and/or Torres Strait Islander
- If the patient is considered ‘at risk’ and/or among a vulnerable, disadvantaged or priority population
- If the patient is suitable for virtual care or telehealth

- If the patient has special needs or requires reasonable adjustments to be made

Reduced visual acuity (paediatric)

Emergency	
If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergency medical advice via phone to on-call consultant or registrar.	
• Sudden and/or severe vision loss in a child	
Out of scope (not routinely provided)	
• Nil	
Access and prioritisation	
Category 1 (clinically recommended to be seen within 30 calendar days)	• Infant with visual failure to fix and follow • Visual response or behaviour not aligned with age expected response where best corrected visual acuity (BCVA) cannot be measured • BCVA worse than 6/24
Category 2 (clinically recommended to be seen within 90 calendar days)	• Aged < 8 years with BCVA worse than 6/18
Category 3 (clinically recommended to be seen within 365 calendar days)	• Aged ≥ 8 years with BCVA worse than 6/18 • Aged < 8 years with BCVA worse than 6/12 • Unable to continue receiving care under private ophthalmologist • Referred from treating ophthalmologist for second opinion
Required information	
• Reason for referral • Details of the presenting condition • Provisional diagnosis • Orthoptist, optometrist or ophthalmologist report within last 3 months (if patient is aged ≥ 8 years only, excluding children with developmental delay), including Best Corrected Visual Acuity (BCVA) (as appropriate) • If the patient and/or carer requires an interpreter (if so, list preferred language)	
Additional information (if available)	
• Patient health summary (such as relevant medical history, relevant investigations, current medications and dosages, immunisations, allergies and/or adverse reactions) • Ability to fix and follow toy or light, or objection to occlusion with each eye separately • Ocular motility • Fundus exam • Difficulty with assessment (e.g. behavioural, psychological, neurodiverse) • Family history of visual problems • Cycloplegic or subjective refraction • If the patient identifies as Aboriginal and/or Torres Strait Islander	

- If the patient is considered ‘at risk’ and/or among a vulnerable, disadvantaged or priority population
- If the patient is suitable for virtual care or telehealth
- If the patient has special needs or requires reasonable adjustments to be made

Strabismus or ocular motility disorder (paediatric)

Emergency

If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergency medical advice via phone to on-call consultant or registrar.

- Abnormal red reflex or lack of visual response
- Sudden onset strabismus (squint) with diplopia
- Suspicion of nerve palsy with other cranial nerve and/or neurological signs

Out of scope (not routinely provided)

- Nil

Access and prioritisation

Category 1 (clinically recommended to be seen within 30 calendar days)	• Recent (up to 3 months in duration) or acute onset of strabismus (squint) • Aged < 1 year with constant strabismus

Category 2
(clinically recommended to be seen within 90 calendar days)
	• Strabismus with systemic disease or developmental delay
	• Aged < 8 years with one or more of the following:
	  ○ Strabismus with visual asymmetry
	  ○ Reduced or loss of binocular vision
	  ○ Asymmetrical visual acuity

Category 3 (clinically recommended to be seen within 365 calendar days)	• Aged ≥ 8 years with strabismus

Required information

- Reason for referral
- Details of the presenting condition including symptoms, type (constant or intermittent, unilateral or alternating) and duration (acute or longstanding onset)
- Provisional diagnosis
- Patient seen or not seen by another eye health professional (optometrist, orthoptist or ophthalmologist)
- If the patient and/or carer requires an interpreter (if so, list preferred language)

Additional information (if available)

- Patient health summary (such as relevant medical history, relevant investigations, current medications and dosages, immunisations, allergies and/or adverse reactions)
- Visual acuity or assessment of visual response
- Direction of ocular misalignment (vertical or horizontal, convergent or divergent)
- Corneal reflexes (e.g. Hirshberg test)
- Optometrist, orthoptist or ophthalmologist report performed within last 3 months
- Cover test
- Ocular motility
- Cycloplegic refraction
- Head posture

- Birth and pregnancy history
- If the patient identifies as Aboriginal and/or Torres Strait Islander
- If the patient is considered ‘at risk’ and/or among a vulnerable, disadvantaged or priority population
- If the patient is suitable for virtual care or telehealth
- If the patient has special needs or requires reasonable adjustments to be made

Uveitis (paediatric)

Emergency	
If any of the following are present or suspected, please refer the patient to the emergency department (via ambulance if necessary) or seek emergency medical advice via phone to on-call consultant or registrar. • New onset uveitis	
Out of scope (not routinely provided)	
• Nil	
Access and prioritisation	
Category 1 (clinically recommended to be seen within 30 calendar days)	• Suspected uveitis • Recurrence of uveitis • New diagnosis of juvenile idiopathic arthritis
Category 2 (clinically recommended to be seen within 90 calendar days)	• Known diagnosis of juvenile idiopathic arthritis requiring routine screening
Category 3 (clinically recommended to be seen within 365 calendar days)	• Nil
Required information	
• Reason for referral • Details of the presenting condition • Provisional diagnosis • Optometrist, orthoptist or ophthalmologist report, including Best Corrected Visual Acuity (BCVA) and refraction (as appropriate) • If the patient and/or carer requires an interpreter (if so, list preferred language)	
Additional information (if available)	
• Patient health summary (such as relevant medical history, relevant investigations, current medications and dosages, immunisations, allergies and/or adverse reactions) • Serology results • Guardianship status • Social circumstances • If the patient identifies as Aboriginal and/or Torres Strait Islander • If the patient is considered ‘at risk’ and/or among a vulnerable, disadvantaged or priority population • If the patient is suitable for virtual care or telehealth • If the patient has special needs or requires reasonable adjustments to be made	