

NORTH OF TYNE AND GATESHEAD GUIDELINES FOR MANAGEMENT OF COMMON OPHTHALMOLOGICAL CONDITIONS IN PRIMARY / COMMUNITY CARE

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INTRODUCTION

This guidance is intended to inform initial management of common ophthalmological conditions and has been developed as a consensus between representatives from primary and secondary care, and optometrists with reference to national guidelines, including from NICE.

Where patients present is not explicitly stated; for example patients might present to the GP, a community optometrist or to an emergency department. The guidelines do not set out to describe all the clinical symptoms associated with each condition and clinicians are expected to use their skills and knowledge to assess and manage individual patients. The guidelines are intended to guide clinical management, but every patient should be assessed and managed individually.

These guidelines are intended for all clinicians in the Newcastle, North Tyneside, Northumberland and Gateshead areas involved in managing patients with ophthalmological conditions.

How to use the guidelines

The guidelines are a set of flow charts covering a variety of ophthalmological conditions. Each of these can be printed and laminated for easy reference if preferred. When referral is indicated the appropriate clinic is stated.

The BNF and the North of Tyne Formulary should be referred to as appropriate.

Referrals

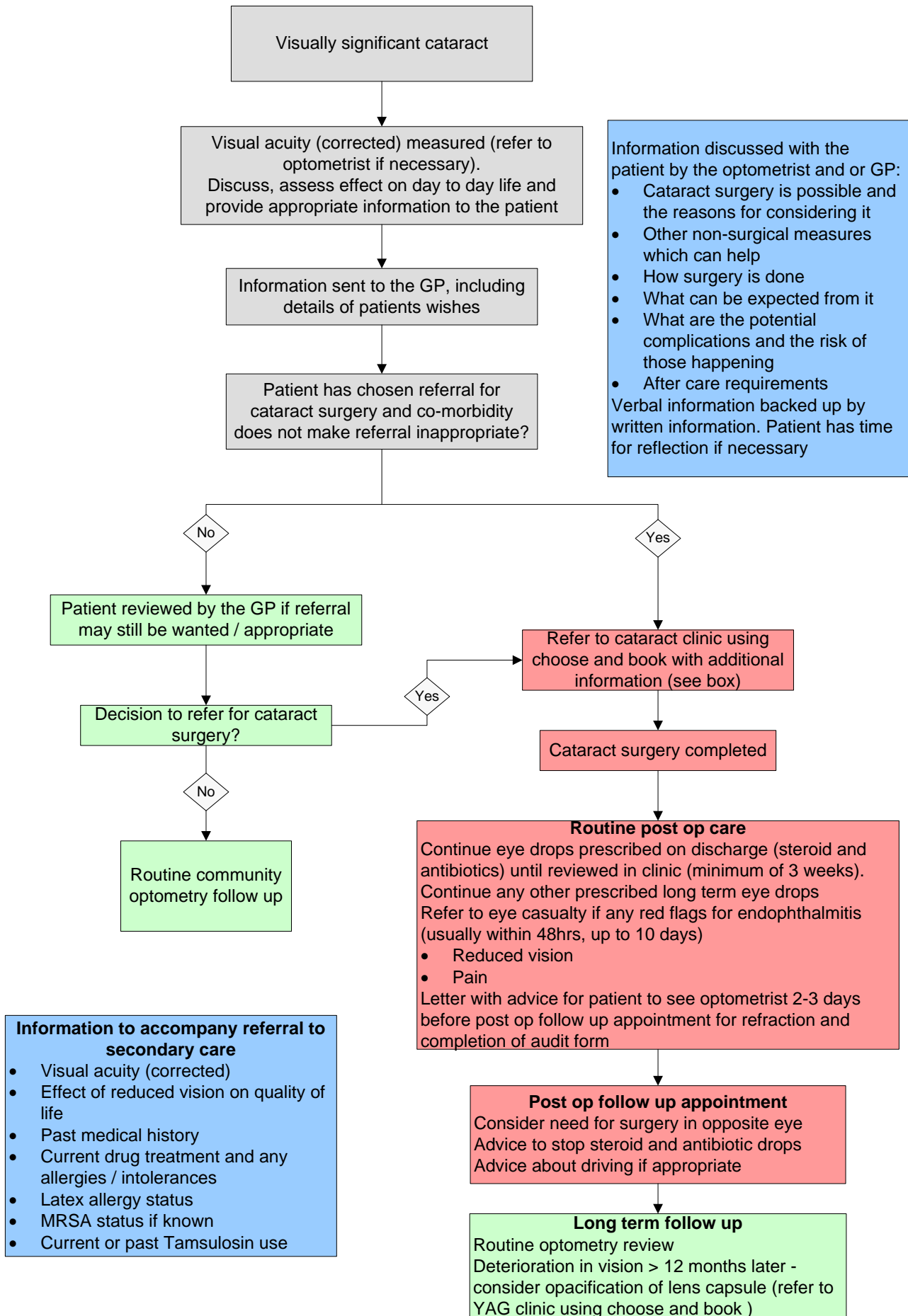
When referral to secondary care ophthalmology is recommended in the guideline, referral for patients to be seen at a local outreach clinic may be preferred. It is anticipated that clinicians in localities where such clinics are available will be aware of them, but further information can be obtained from the ophthalmology department at the RVI.

Patient information

There are various sources of patient information. None are specifically endorsed, but clinicians may find that available on the Royal College of Ophthalmologists website (www.rcophth.ac.uk/page.asp?section=365§ionTitle=Information+Booklets) and from Patient UK (www.patient.co.uk/display/16777233/) helpful.

The Newcastle upon Tyne Hospitals NHS Foundation Trust ophthalmology department have also developed patient information leaflets. At the time of development of these guidelines these were undergoing review, but updated and additional leaflets will be available from the Trust website in due course (<http://www.newcastle-hospitals.org.uk/>).

Cataract



Raised intraocular pressure

SIGNIFICANTLY RAISED IOP
 If IOP > 35mmHg refer to eye emergency department (EED)

IOP found to be raised (≥ 24 mmHg) with Non-Contact Tonometry (NCT)
 [No signs of glaucoma or secondary causes of raised IOP, and open angles]

Repeat reading with Goldmann Applanation Tonometry (GAT) if available

GAT not available

Average of 4 readings on NCT ≥ 24 mmHg

Refer to Repeat Measures Scheme[^] where available

IOP ≥ 24 mmHg with GAT

Repeat GAT at another visit or refer to Repeat Measures Scheme[^] where available

IOP found to be ≥ 24 mmHg with GAT on repeat readings?

No

Routine community optometry follow-up

Yes

Provide information to the patient.
 GP referral to glaucoma assessment clinic with additional information:

- Visual Acuity (VA) and refractive error.
- Details of eye examination (copy of Optometrists' report)
- Past medical history
- Current drug treatment
- Any allergies / intolerances
- Latex allergy status
- MRSA status if known

[^] Repeat Measures:
 -Defined by NG81* as "The repeated measurement of parameters related to the diagnosis of glaucoma. A simple repeat measures scheme may involve repeat measurement of IOP only. Other repeat measures schemes may also include repeated measurement of visual fields and other relevant ocular parameters when clinically necessary."

*Ref: National Institute for Health and Care Excellence (2017) Glaucoma: diagnosis and management NG81. Available at <https://www.nice.org.uk/guidance/ng81/evidence> [accessed 30 April 2019].

Glaucoma suspect

Eye examination reveals Optic Nerve Head (ONH) suspicious for glaucoma in either eye.

Patients should be offered the following*:

- IOP measurement (preferably with GAT)
- Visual Field (VF) assessment with Standard Automated Perimetry (SAP); full threshold or supra-threshold.
- Peripheral anterior chamber configuration and depth assessment using gonioscopy / van Herick's technique / OCT.
- ONH assessment and fundus examination using stereoscopic slit lamp biomicroscopy.
- Optical Coherence Tomography (OCT) or ONH imaging if available.

Has patient previously been discharged from Hospital Eye Services (HES) after assessment for COAG and related conditions?*

Yes

No

Have clinical circumstances changed?

Yes

No

Routine community optometry follow-up

Provide information to the patient.

GP referral to glaucoma assessment clinic with additional information:

- Visual Acuity (VA) and refractive error.
- Details of eye examination (copy of Optometrists' report)
- Past medical history
- Current drug treatment
- Any allergies / intolerances
- Latex allergy status
- MRSA status if known

*NB: Consider repeating VF assessment and IOP measurement on another occasion to confirm findings. Except where clinical circumstances indicate urgent / emergency referral is required.**

*Ref: National Institute for Health and Care Excellence (2017) Glaucoma: diagnosis and management NG81. Available at <https://www.nice.org.uk/guidance/ng81/evidence> [accessed 30 April 2019].

Narrow iridocorneal angles

Examination indicative of ACUTE ANGLE CLOSURE (AAC)~
- refer to eye emergency department (EED)

Eye examination reveals narrow iridocorneal angles

Refer patients with a van Herick Grade \leq Grade 2 (i.e. a peripheral anterior chamber width of \leq 25% of the corneal thickness) to HES for further assessment*.

Symptoms of intermittent angle closure, raised IOP or suspicion of glaucoma?

Yes

No

Urgent Referral to glaucoma assessment clinic

Routine Referral to narrow angle clinic

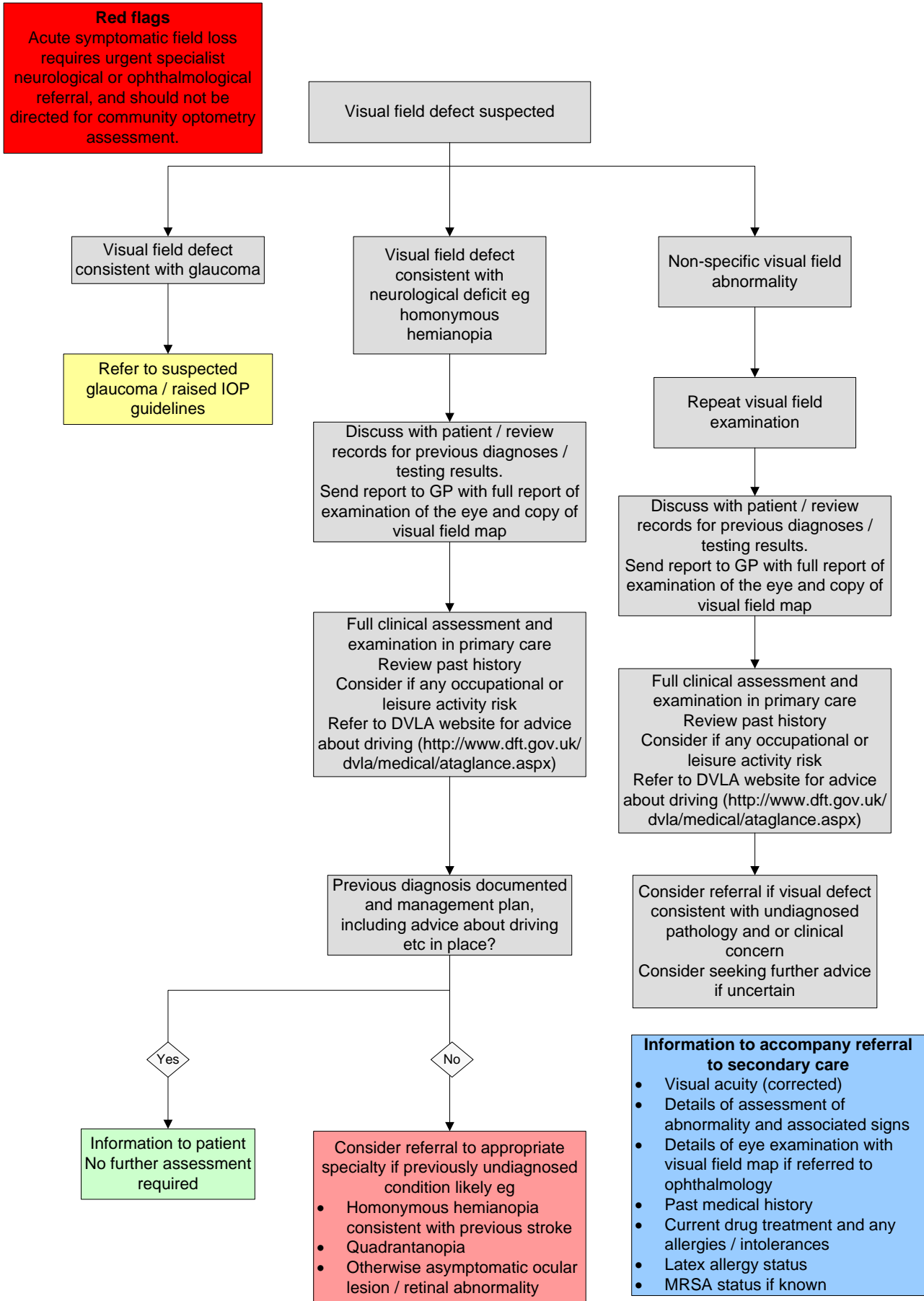
Provide information to the patient.
Warn patient on symptoms~ of AAC and that these warrant EED attendance.
GP referral to glaucoma assessment clinic with additional information:

- Visual Acuity (VA) and refractive error.
- Details of eye examination (copy of Optometrists' report)
- Past medical history
- Current drug treatment
- Any allergies / intolerances
- Latex allergy status
- MRSA status if known

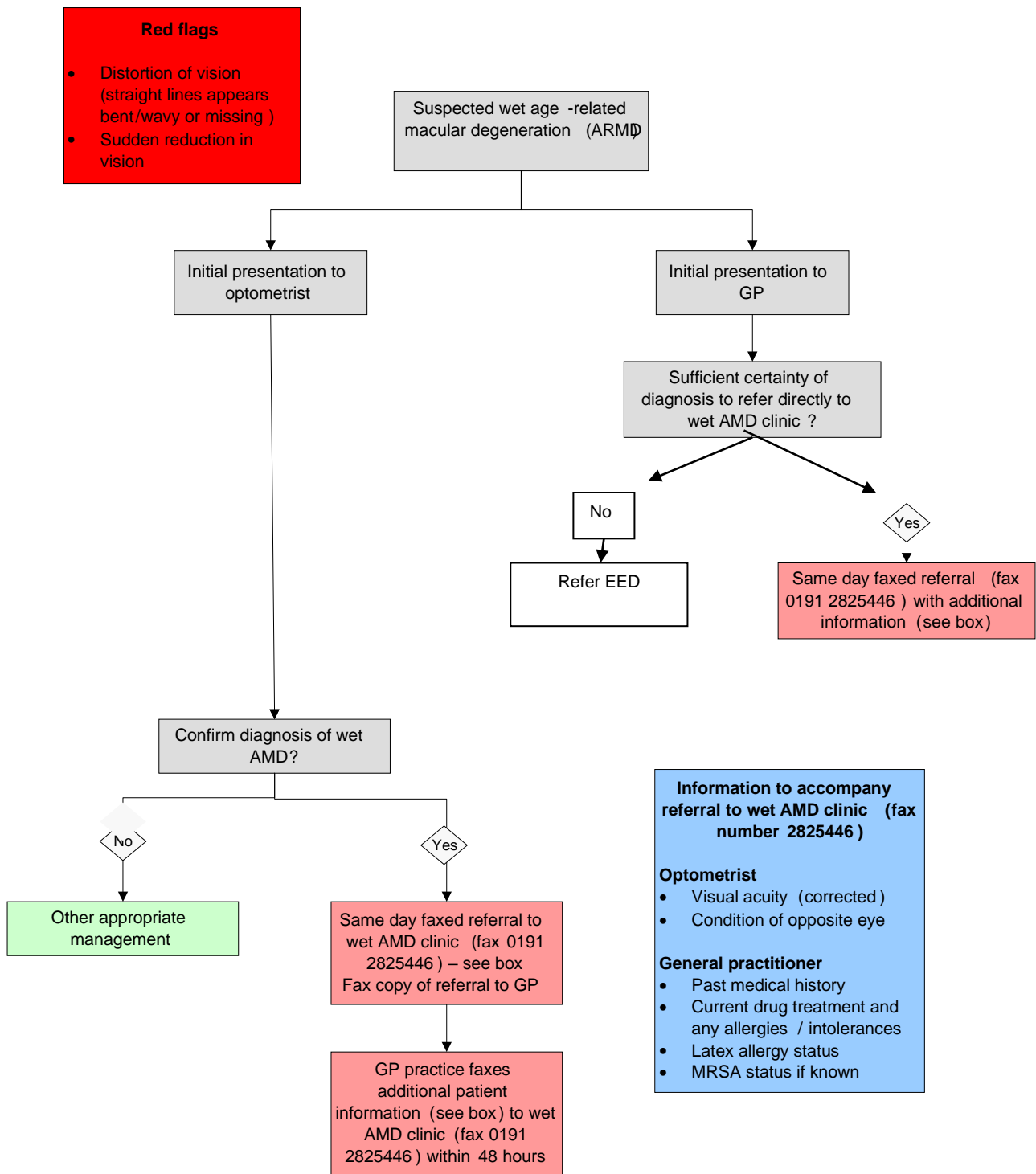
~SIGNS OF AAC may include: Conjunctival injection, fixed mid-dilated pupil, corneal oedema, shallow anterior chamber, raised intraocular pressure.
~SYMPTOMS OF AAC may include: Sudden onset intense ocular / periocular pain, redness, blurred vision, seeing coloured haloes around lights, nausea and vomiting.

*Ref: Scottish Intercollegiate Guidelines Network (2015) Glaucoma referral and safe discharge SIGN 144. Available at <https://www.sign.ac.uk/sign-144-glaucoma-referral-and-safe-discharge.html> [accessed 8 May 2019].

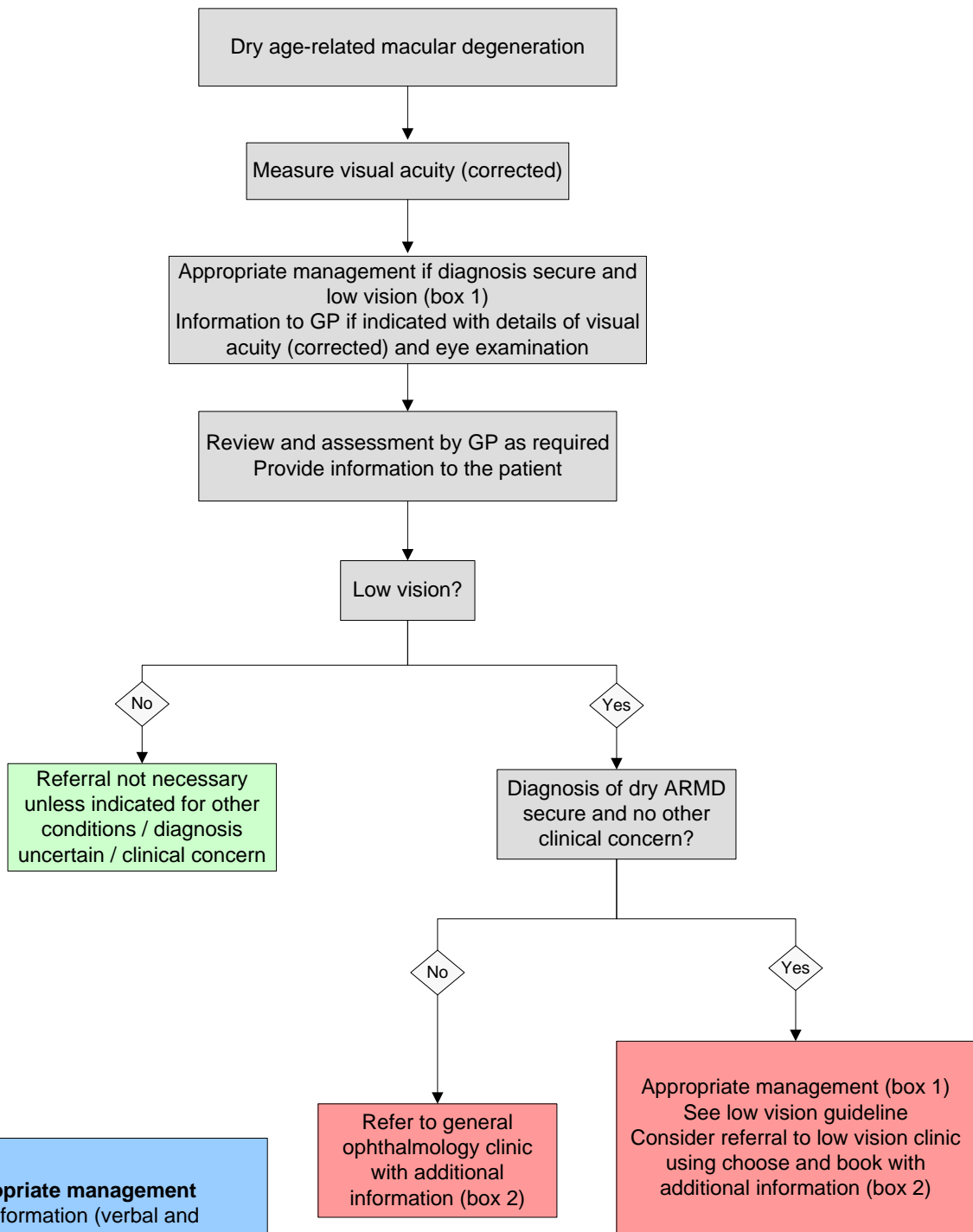
Visual field abnormalities



Wet age related macular degeneration (ARMD)



Dry age related macular degeneration (ARMD)



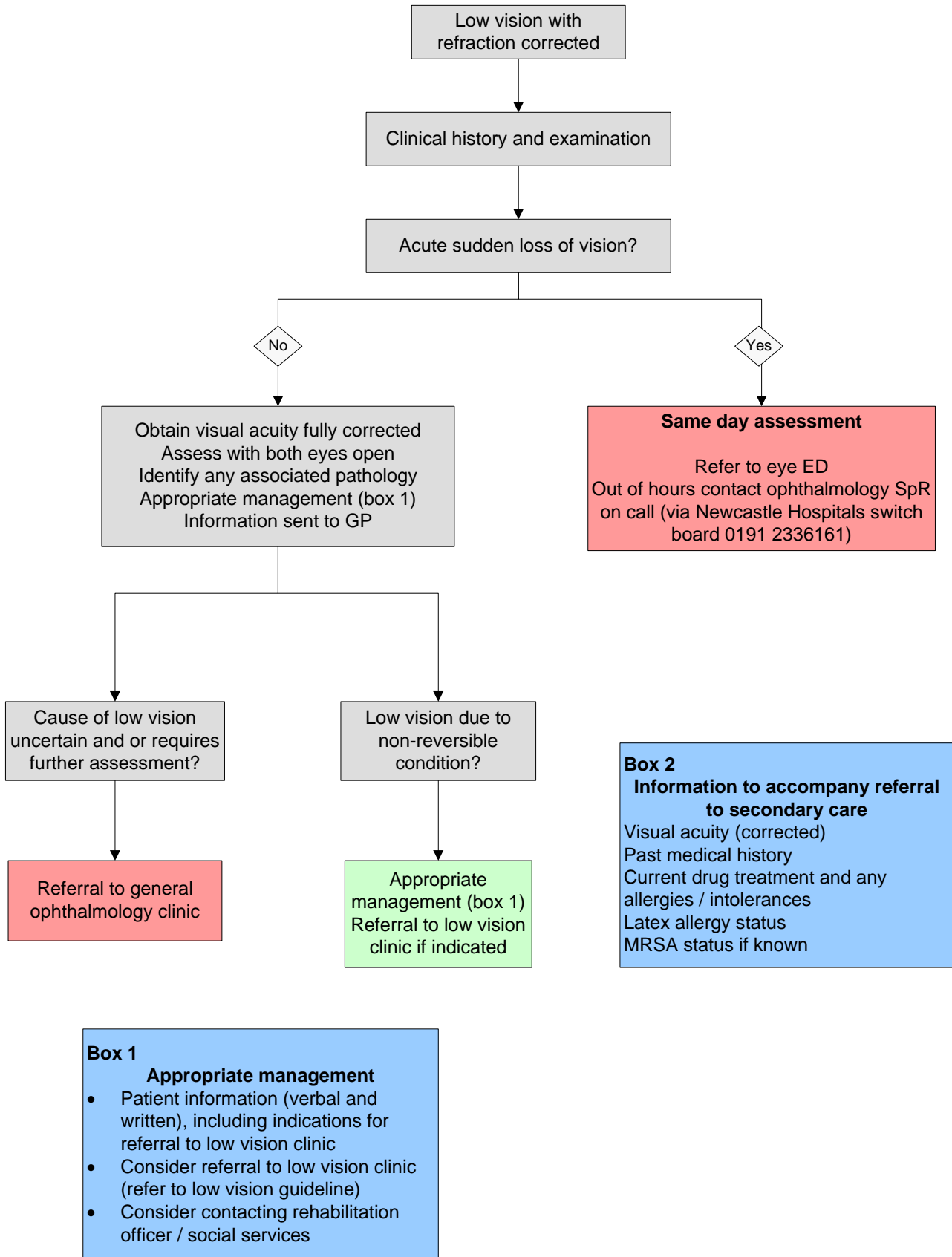
Box 1
Appropriate management

- Patient information (verbal and written), including indications for referral to low vision clinic
- Consider referral to low vision clinic (refer to low vision guideline)
- Consider contacting rehabilitation officer / social services

Box 2
Information to accompany referral to secondary care

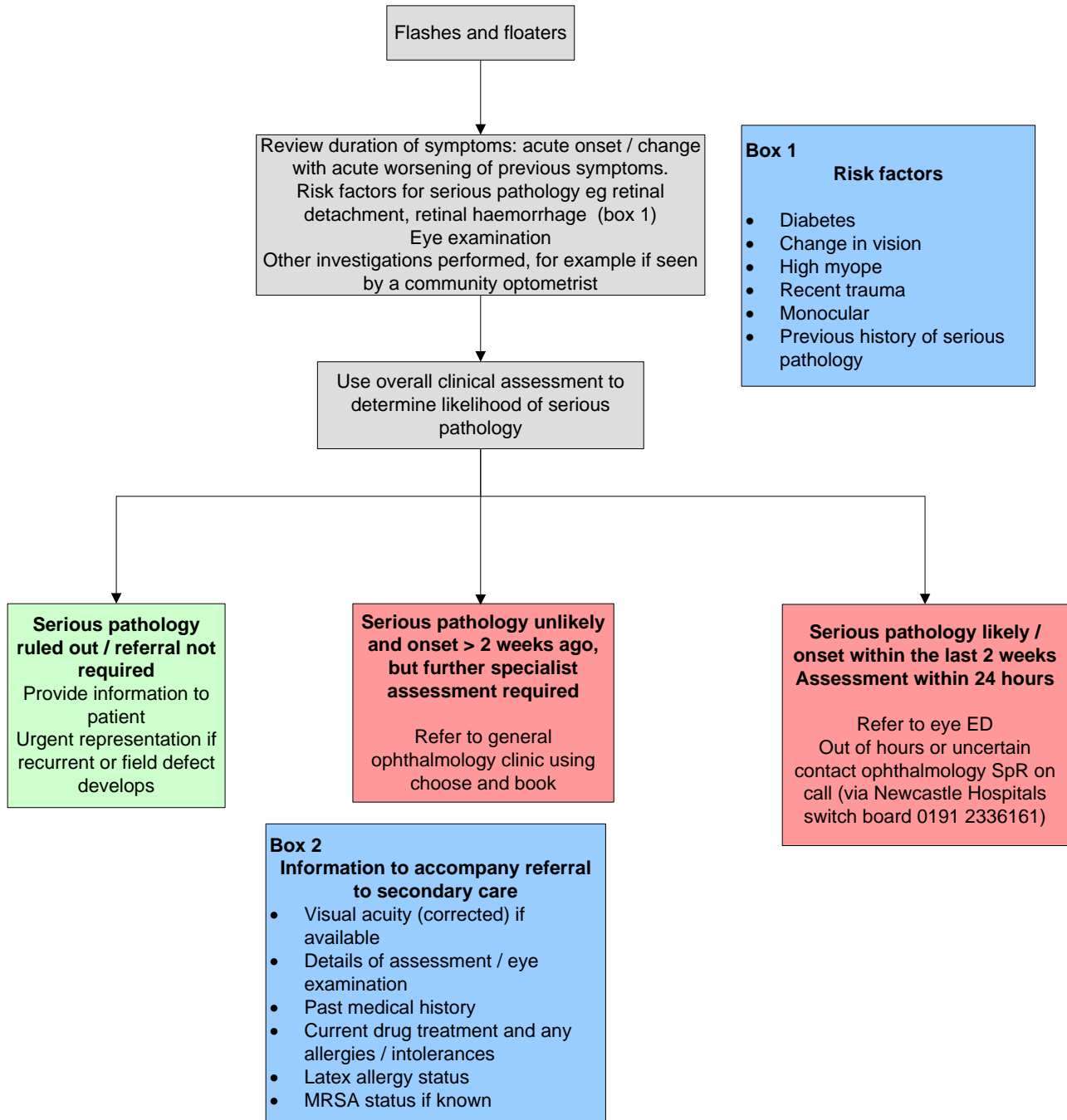
Visual acuity (corrected)
 Past medical history
 Current drug treatment and any allergies / intolerances
 Latex allergy status
 MRSA status if known

Low vision



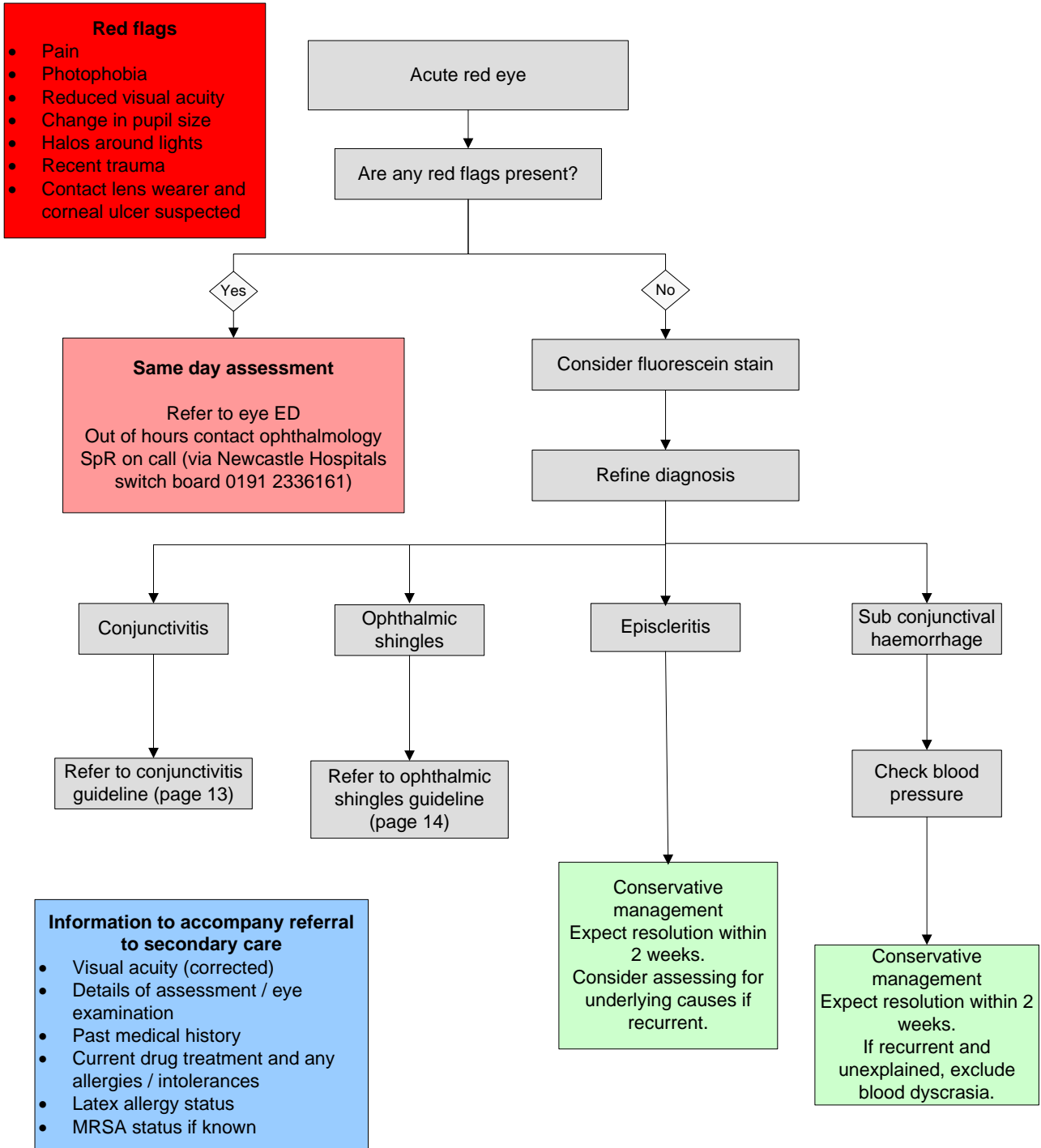
This pathway is largely for patients with low vision with no reversible cause. However, it includes recommendations for further assessment if the underlying cause of low vision is undiagnosed.

Flashes and floaters

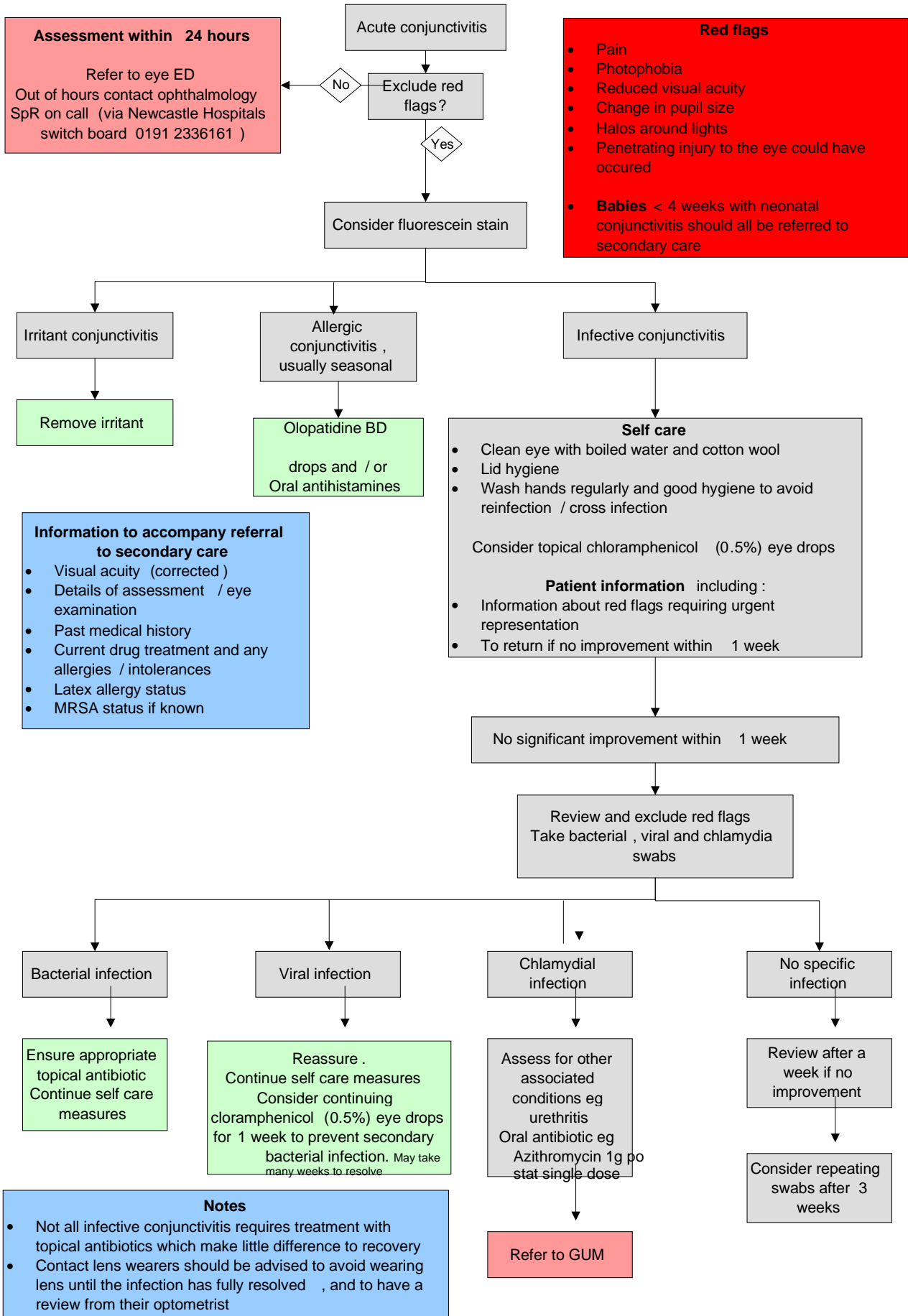


Acute red eye

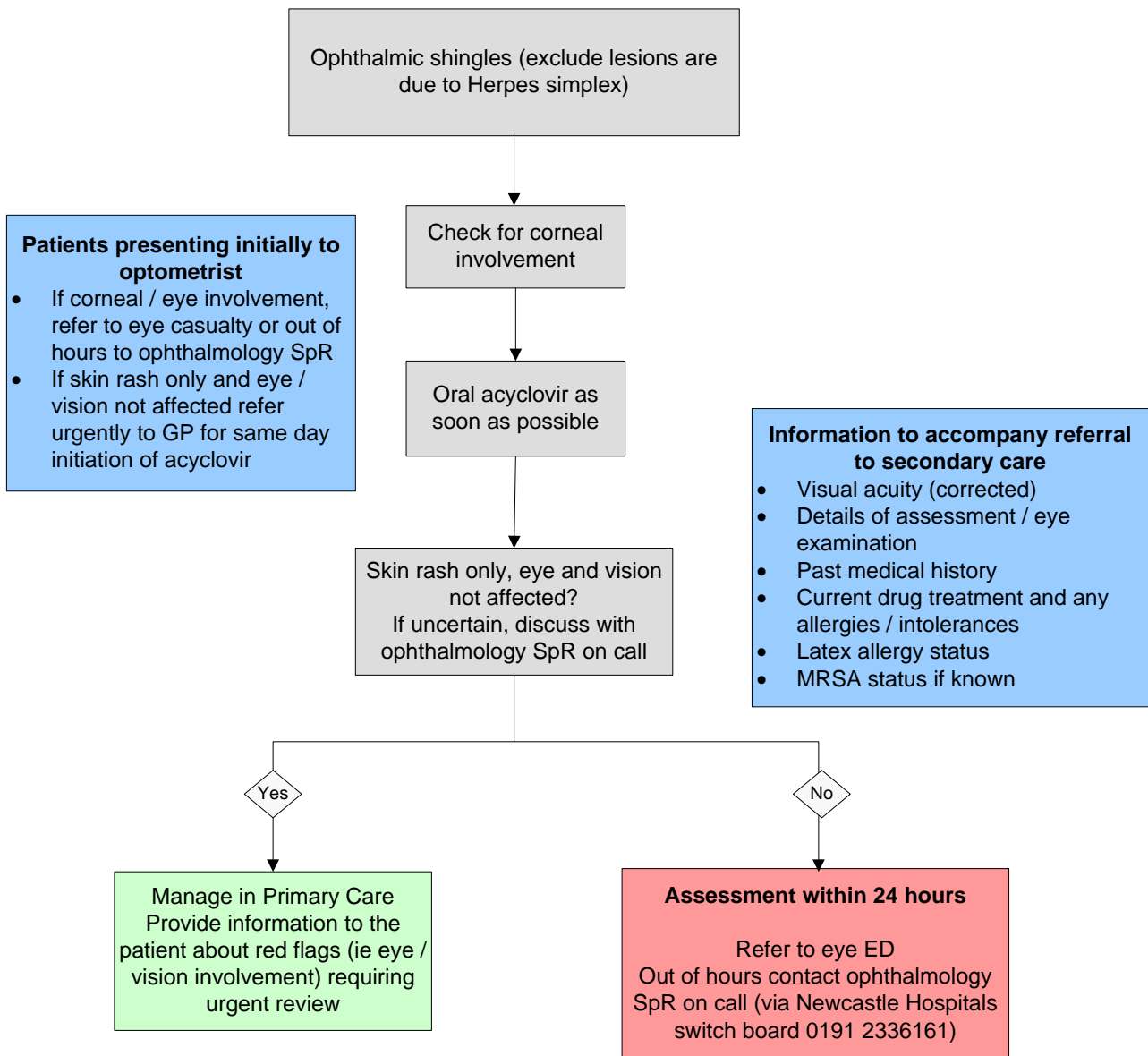
There are many causes of a red eye and conditions other than those included in the guideline below, may cause a red eye as a secondary effect e.g. lid malposition, foreign body. Each patient should be assessed individually and the following used as appropriate.



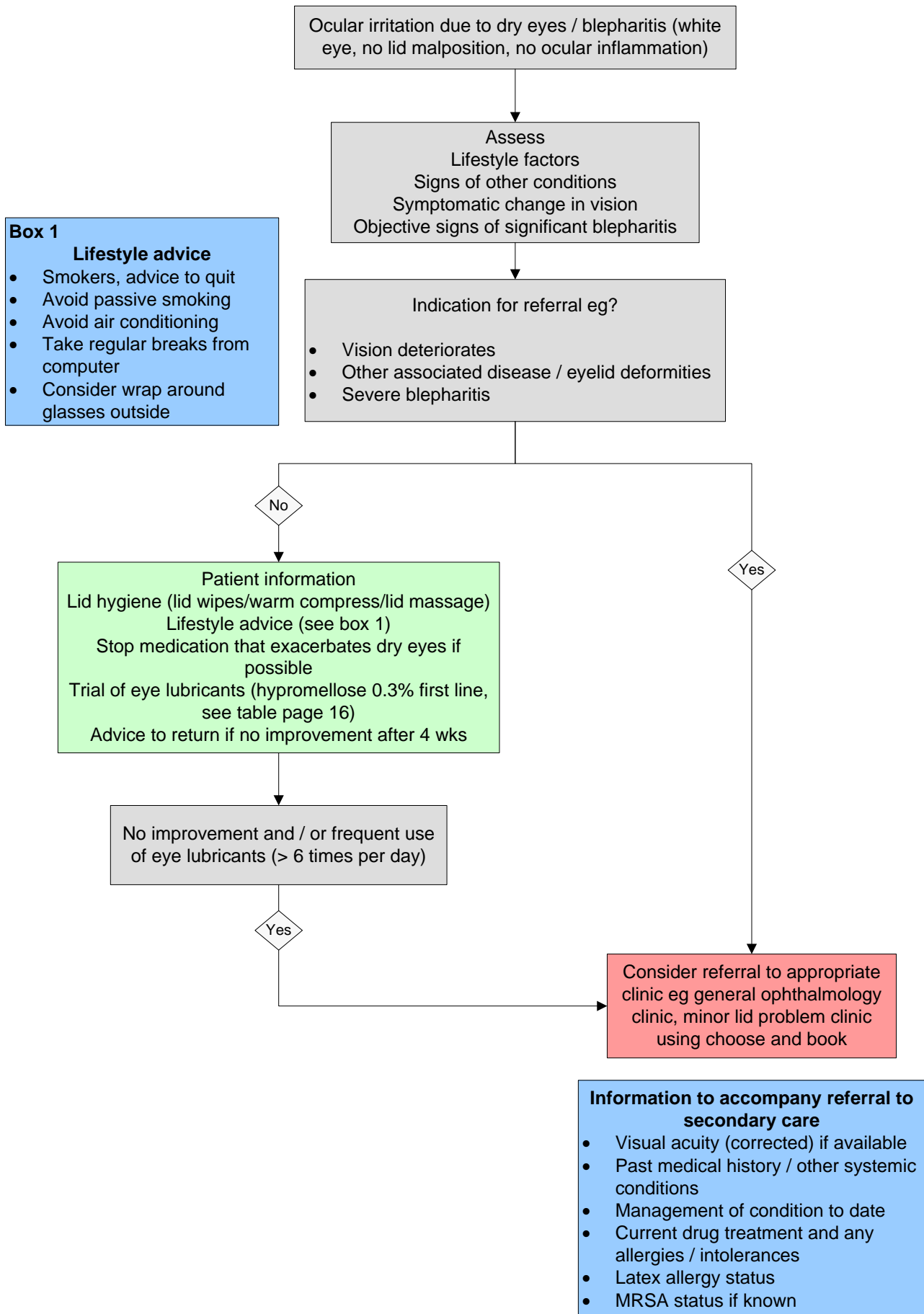
Conjunctivitis



Ophthalmic shingles



Dry eyes / blepharitis

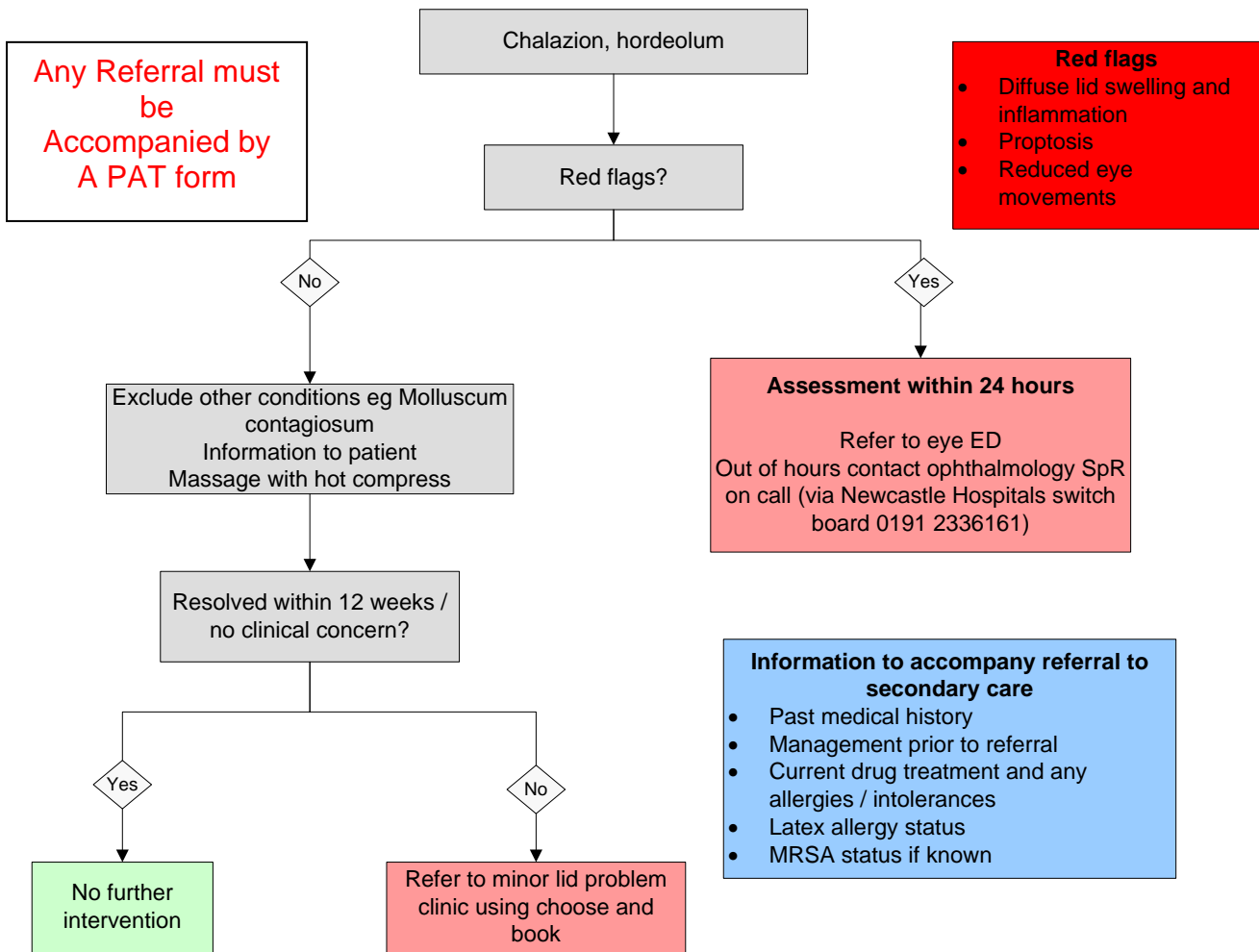


Topical Lubricants – North of Tyne Formulary¹

Please refer to the North of Tyne, Gateshead and North Cumbria formulary for choice of lubricant

<http://northoftyneandgatesheadformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=11&SubSectionRef=11.08.01&SubSectionID=A100>

Chalazion

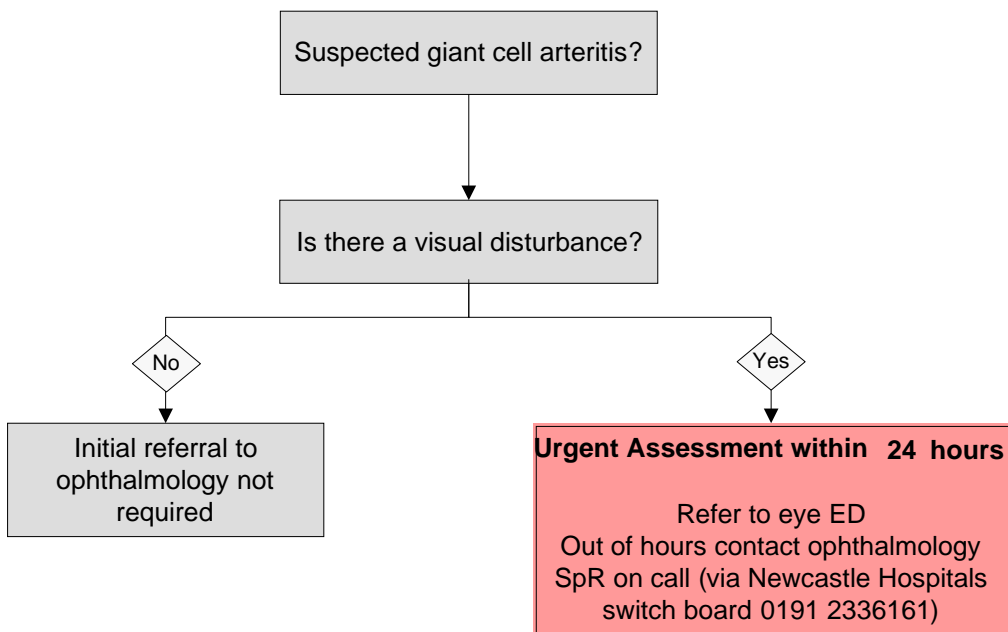


Other conditions

Amaurosis fugax

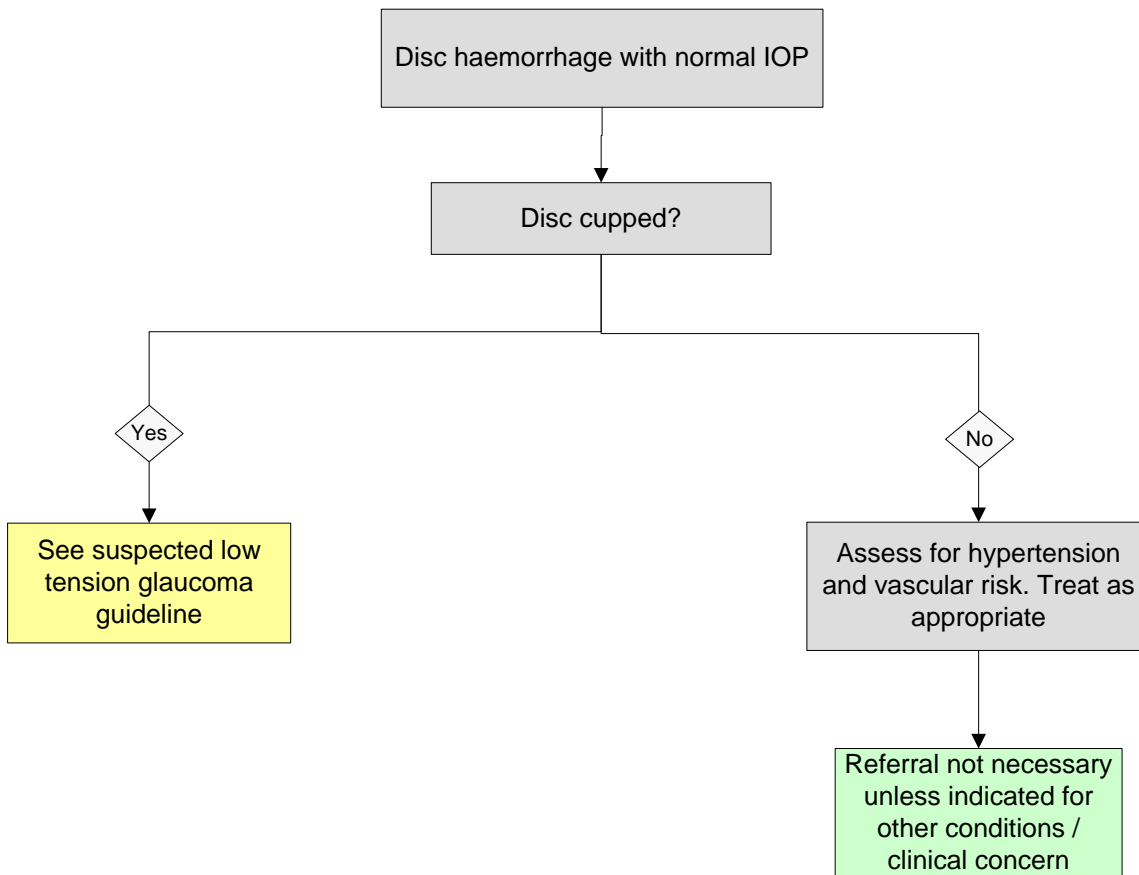


Giant cell arteritis (GCA)

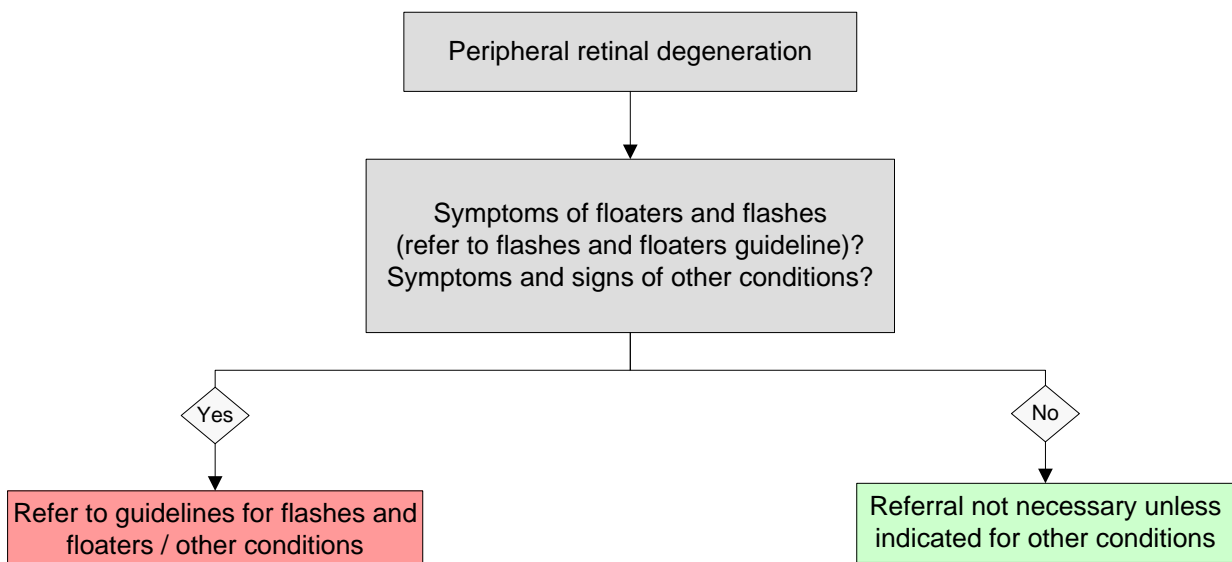


Asymptomatic fundal abnormalities

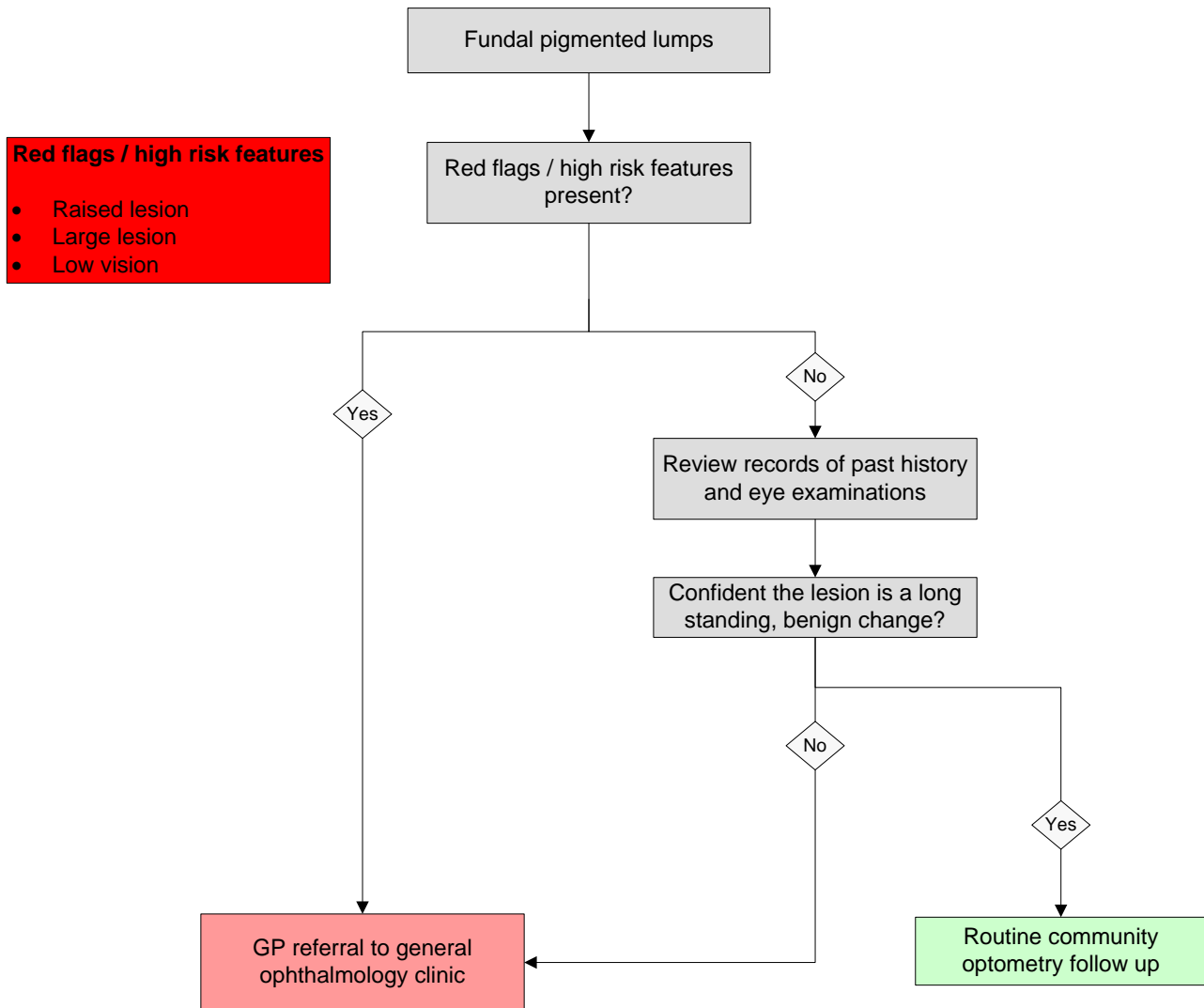
Disc haemorrhage with normal IOP



Peripheral retinal degeneration



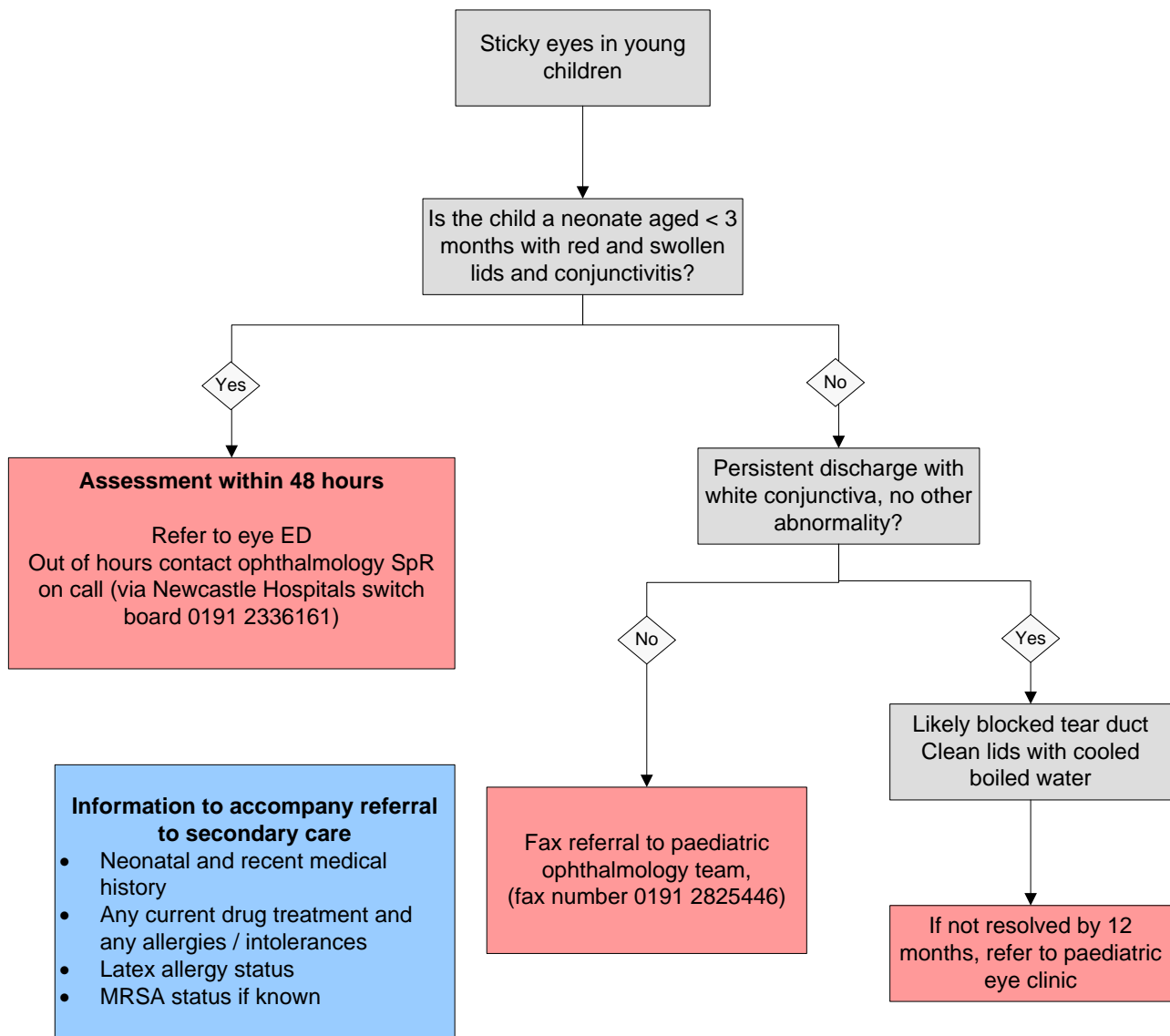
Pigmented lumps



- Red flags / high risk features**
- Raised lesion
 - Large lesion
 - Low vision

- Information to accompany referral to secondary care**
- Visual acuity (corrected) if available
 - Past medical history
 - Current drug treatment and any allergies / intolerances
 - Latex allergy status
 - MRSA status if known

Sticky eyes in young children



Squint in young children

