

# Ophthalmology

## Access Criteria for First Specialist Assessment (ACA) Bay of Plenty Version

Category	Criteria	Examples (not an exhaustive list)
<b>1. Immediate</b>		
The referring practitioner will need to phone the duty registrar or Ophthalmologist to discuss the case so that an appropriate appointment can be made	<ul style="list-style-type: none"> <li>Trauma not able to be treated conservatively</li> </ul>	<ul style="list-style-type: none"> <li>Surgical trauma to the lids, orbit, ocular structures</li> <li>Penetrating eye injuries</li> <li>Retained intraocular foreign bodies</li> <li>Hyphaema</li> <li>Chemical burns</li> </ul>
	<ul style="list-style-type: none"> <li>Painful red eye with significant loss of vision</li> </ul>	<ul style="list-style-type: none"> <li>Corneal ulcer</li> <li>Acute glaucoma</li> </ul>
	<ul style="list-style-type: none"> <li>Sudden severe vision loss</li> </ul>	<ul style="list-style-type: none"> <li>Ischaemic ocular conditions eg temporal arteritis</li> </ul>
	<ul style="list-style-type: none"> <li>Painful diplopia</li> </ul>	<ul style="list-style-type: none"> <li>Third nerve palsy</li> </ul>
<b>2. Urgent</b>		
The referring practitioner will need to discuss the case by phone before an appropriate appointment can be made	<ul style="list-style-type: none"> <li>Sudden visual loss</li> </ul>	<ul style="list-style-type: none"> <li>Retinal detachment / haemorrhage</li> <li>Vitreous Haemorrhage</li> </ul>
	<ul style="list-style-type: none"> <li>Neurological conditions threatening permanent damage if treatment delayed</li> </ul>	<ul style="list-style-type: none"> <li>Dis Oedema</li> <li>Other cranial nerve palsios</li> <li>Acute field defects</li> </ul>
	<ul style="list-style-type: none"> <li>Painful red eye with loss of vision</li> </ul>	<ul style="list-style-type: none"> <li>Iritis</li> <li>Herpes Zoster/simplex</li> </ul>
	<ul style="list-style-type: none"> <li>Traumatic conditions</li> </ul>	<ul style="list-style-type: none"> <li>Corneal foreign bodies</li> <li>Orbital blowout fracture</li> <li>Corneal abrasions</li> <li>Blunt trauma</li> </ul>
	<ul style="list-style-type: none"> <li>Infective conditions</li> </ul>	<ul style="list-style-type: none"> <li>Acute dacryocystitis</li> <li>Unresponsive conjunctivitis</li> </ul>
	<ul style="list-style-type: none"> <li>Paediatric conditions</li> </ul>	<ul style="list-style-type: none"> <li>Watering eye with cloudy cornea</li> <li>White pupil</li> </ul>
<b>3. Semi Urgent</b>		
	<ul style="list-style-type: none"> <li>Diabetic conditions with loss of vision</li> </ul>	<ul style="list-style-type: none"> <li>Retinopathy</li> </ul>
	<ul style="list-style-type: none"> <li>Neoplasms</li> </ul>	<ul style="list-style-type: none"> <li>Intraocular malignancy</li> </ul>
	<ul style="list-style-type: none"> <li>Chronic impairment of visual function</li> </ul>	<ul style="list-style-type: none"> <li>Bilateral "hand movement" cataracts</li> </ul>
	<ul style="list-style-type: none"> <li>Infective disease</li> </ul>	<ul style="list-style-type: none"> <li>Chronic dacryocystitis</li> </ul>

4. Routine		
4A	<ul style="list-style-type: none"> <li>Chronic impairment of visual function</li> </ul>	<ul style="list-style-type: none"> <li>Glaucoma suspects – high risk</li> </ul>
	<ul style="list-style-type: none"> <li>Amblyogenic conditions</li> </ul>	<ul style="list-style-type: none"> <li>Strabismus</li> <li>Refractive conditions in children</li> </ul>
	<ul style="list-style-type: none"> <li>Lid Tumours</li> </ul>	<ul style="list-style-type: none"> <li>BCC's and SCC's</li> </ul>
	<ul style="list-style-type: none"> <li>Moderately progressive diabetic conditions</li> </ul>	<ul style="list-style-type: none"> <li>Vision threatening retinopathy</li> <li>Retinopathy in pregnancy</li> </ul>
	<ul style="list-style-type: none"> <li>Misc conditions threatening permanent damage if treatment delayed</li> </ul>	<ul style="list-style-type: none"> <li>Entropion</li> </ul>
	<ul style="list-style-type: none"> <li>Infective disease</li> </ul>	<ul style="list-style-type: none"> <li>Chronic dacryocystitis</li> </ul>
	<ul style="list-style-type: none"> <li>Orbital disease</li> </ul>	<ul style="list-style-type: none"> <li>Proptosis – displacement of globe</li> <li>Thyroid eye disease</li> </ul>
4B	<ul style="list-style-type: none"> <li>Chronic impairment of vision</li> </ul>	<ul style="list-style-type: none"> <li>Cataracts and media opacities</li> <li>ARM</li> <li>Glaucoma suspects – low risk</li> </ul>
	<ul style="list-style-type: none"> <li>Refractive error with co-morbidity</li> </ul>	<ul style="list-style-type: none"> <li>Keratoconus</li> <li>High Myopia</li> </ul>
4C	<ul style="list-style-type: none"> <li>Chronic non sight threatening conditions</li> </ul>	<ul style="list-style-type: none"> <li>Congenital/adult epiphora</li> <li>Significant pterygia</li> <li>Significant Ptosis</li> <li>Cosmetic squint</li> <li>Ectronplan</li> <li>Epiphora</li> </ul>

Note: the following are excluded from waiting list consultations and secondary treatments:

1. Adult refractive conditions alone, without co-morbidity
2. Minor cosmetic abnormalities without any other pathology

After the patient is seen the referrer should normally receive a report from the ophthalmologist within 10 days