## COVID 19 Urgent Eye Care Service (CUES) Guidance for Primary Care Optometrists BE COVID-19 SAFE: Minimise need for F2F contact Only do the necessary tests Ask for advice if unsure

		Referral to EED Same Day	Positive in the necessary tests Ask for advice in the	
	Referral to EED Same	Referral to EED Sallie Day	Review in practice same day or within 24 hours	Advice over telephone +/- review routinely after
Trauma	• Chemical injury (Alkaline)	Lid laceration	Blunt trauma >1/52 <2/52 if mild	COVID-19
	Penetrating injury	<ul> <li>Blunt trauma – if severe or &lt;1/52</li> <li>Corneal foreign body (FB)</li> </ul>	Corneal abrasion     Subtarsal/conjunctival FB (if equipment to remove)	
Vision	Sudden complete loss of vision <6 hours	<ul> <li>Sudden loss of vision &lt;12 hours (resolved/unresolved)</li> <li>Flashing lights &amp; new floaters with previous history or risk factors (high myopia, previous tear or retinal detachment, family history, trauma)</li> <li>Recent onset of shadows or 'curtaining' in the field of vision</li> <li>Surgical or intravitreal post-op &lt;2/52+loss of VA</li> <li>New onset diplopia</li> </ul>	<ul> <li>Sudden loss of vision &gt; 12 hrs but &lt; 2/52 (resolved) or &lt; 4/52 (unresolved) + OCT/Optos</li> <li>Flashing lights &amp; new floaters (without definite features or risk factors for retinal detachment warranting direct referral to EED)</li> <li>Visual distortion &lt; 1/52 (If vascular occlusion refer to GP for cardiovascular work-up) &amp; imagesto HES</li> </ul>	<ul> <li>Mild blurring</li> <li>Watery</li> <li>Bilateral visual disturbance &lt; 2 hours +/- headache: advice regarding migraine type symptoms</li> </ul>
Eye Pain Scale	• 4-5 Score AND Analgesia gives	• 3-4 Score	Relief with oral analgesia	• FB sensation <2/52
1-5	no relief	Keeping patient awake at night  Part on (2/52)	Photophobia	• Gritty
	With nausea/vomiting	• Post-op<2/52	Known recurrent anterior uveitis	Irritation + discharge
Headache	• 4-5 Score AND ocular symptoms (loss of vision)	<ul><li>Painful scalp</li><li>Brow pain</li><li>Painful temples (all with ocular symptoms)</li></ul>		Migraine type symptoms refer to GP
Lids/Facial		<ul> <li>New droopy lid/ptosis</li> <li>Acute swollen lids (with pyrexia, +/-diplopia, distorted vision)</li> </ul>	Swollen lids (normal vision, apyrexial)	<ul> <li>Puffy lids &amp; red eye &lt;2/52</li> <li>Normal VA</li> <li>Watery &lt;2/52</li> <li>Chalazion: advise warmcompresses</li> <li>Allergic: cold compresses</li> </ul>
Cornea & Conjunctiva	<ul><li>Cloudy cornea/vision</li><li>Red +++ (with pain)</li></ul>	<ul> <li>Hazy cornea/reduced vision</li> <li>Red ++ (with pain)</li> </ul>	<ul> <li>Redness around limbus</li> <li>Known contact lens wearer with symptoms</li> <li>Known recurrent herpes simplex keratitis</li> </ul>	<ul> <li>Localised redness (not sub-conj haem)</li> <li>Red: mild</li> <li>Lost contact lens (advise to consult own CL practitioner, recommend irrigation and consider F2F if symptomatic)</li> <li>Conjunctivitis</li> <li>Subconjunctival haemorrhage</li> </ul>
IOP	<ul><li>Angle closure symptoms (haloes/pain/vomiting)</li><li>Nausea/vomiting</li></ul>			
Other	Acutely unwell adult WITH ocular symptoms, swollen lids, pyrexia			Any patient with symptoms >2/52
Paediatric	Pyrexial, WITHs wollen lids: referral to Paedia tric A&E	Swollen lids – not unwell, apyrexial		
Post-op	<ul><li>Pain ++</li><li>Loss of vision</li><li>Profuse bleeding</li></ul>	Any post-op < 4/52 should go to surgical team		

This list is not exhaustive. Practitioners should always apply their clinical judgement and refer to the College of Optometrists clinical guidance when deciding on the appropriate clinical pathway or telephone for advice and guidance. Updated 1st June 2020.