Common conditions that are not normally sight-threatening (and can therefore be managed in the community in consultation with optometrist) include:

- dry eye
- corneal abrasion
- melasma
- contact lens discomfort
- blepharitis
- myopic shift.

Refer to Table 2

**Patient presentation**

- Diagnosis

**Condition not sight-threatening***

**Diagnosis uncertain**

**Sight-threatening condition identified**

**GP/optometrist**

Management, advice and prescription

- If there is concern, refer to hospital eye service

**Hospital eye service**

Diagnosis and appropriate management

**Urgent referral**

Conditions that are normally sight-threatening (and should therefore be managed in secondary care) include:

- pre-eclampsia and eclampsia
- HELLP (haemolysis, elevated liver enzymes, low platelets) syndrome
- disseminated intravascular coagulopathy
- antiphospholipid antibody syndrome
- pituitary adenoma
- thrombocytopenic purpura
- Grave's disease
- central serous chorioretinopathy
- uveal melanoma
- idiopathic intracranial hypertension
- meningiomas.

**Pregnant patient with diabetes:**

Patient planning for pregnancy: comprehensive eye assessment with optometrist to exclude diabetic retinopathy. If retinopathy is present, routine referral to an ophthalmologist within four weeks.

If the patient is pregnant, a comprehensive eye assessment should be performed within the first trimester with referral to an ophthalmologist within four weeks.

**Follow-up and discharge**

**Standard ophthalmic history at general practice:**

- Presenting complaint – vision loss/visual field loss/diplopia/floaters/pain
- Past ocular history

**With the assistance of optometrist or ophthalmologist:**

- Ophthalmic exam – anterior eye exam (slit lamp)
- Diagnostic tools – pinhole visual acuity, intraocular pressure, dilation

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*Ocular conditions that are deemed ‘not sight-threatening’ may worsen and progress to more severe manifestations that require specialist opinion. Pregnant patients who do not have a sight-threatening condition but have a known previous diagnosis can benefit from timely referral to their previous ophthalmologist and/or other subspecialist service.

GP, general practitioner