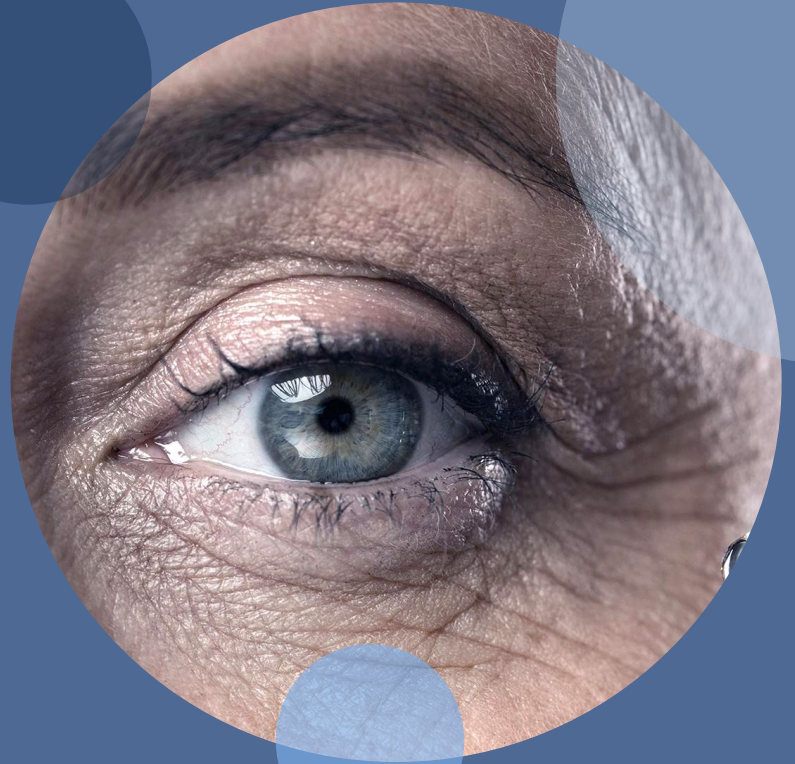


Referrals - Top Tips

C-103351



Standards for optometrists and dispensing opticians

7. Conduct appropriate assessments, examinations, treatments and referrals

1. Conduct an adequate assessment for the purposes of the optical consultation, including where necessary any relevant medical, family and social history of the patient. This may include current symptoms, personal beliefs or cultural factors.
2. Provide or arrange any further examinations, advice, investigations or treatment if required for your patient. This should be done in a timescale that does not compromise patient safety and care.
3. Only prescribe optical devices, drugs, or treatment when you have adequate knowledge of the patient's health.
4. Check that the care and treatment you provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) over-the-counter medications.
5. Provide effective patient care and treatments based on current good practice.
6. Only provide or recommend examinations, treatments, drugs or optical devices if these are clinically justified and in the best interests of the patient.
7. When in doubt, consult with professional colleagues appropriately for advice on assessment, examination, treatment and other aspects of patient care, bearing in mind the need for patient confidentiality.

Standards for optometrists and dispensing opticians

6. Recognise, and work within, your limits of competence

1. Recognise and work within the limits of your scope of practice, taking into account your knowledge, skills and experience.
2. Be able to identify when you need to refer a patient in the interests of the patient's health and safety, and make appropriate referrals.
3. Ensure that you have the required qualifications relevant to your practise.
4. Understand and comply with the requirements of registration with the General Optical Council and the legal obligations of undertaking any functions restricted by law, i.e. sight testing and the sale and supply of optical devices.

College Of Optometrists



01

When to refer

02

Whom to refer to

03

Telling the practitioner

What are the key things to consider for each of these categories?

04

Telling the patient

05

Sending the referral

06

Recording the referral

Referral Urgency: What are the urgency categories & time frames?



- **What influences your choice of urgency?**
- **Where would you find the correct referral pathway?**
- **What kind of unnecessary referrals are common?**



Case Studies

Male 8 years old

Symptoms:

Painful swelling around right eye lid

Conjunctival redness

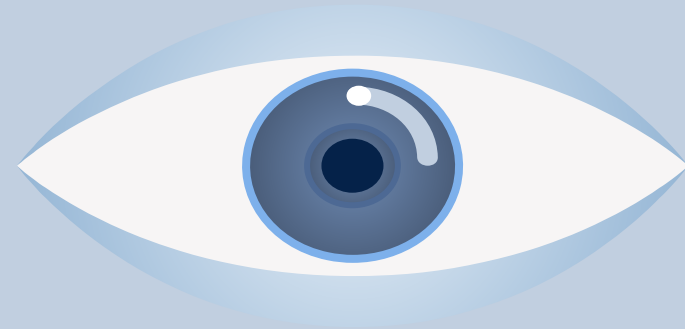
Nasal tenderness

High temperature

**Px has been feeling ill for several days,
tired and lethargic**

Discussion Points:

- **Diagnosis & possible differentials**
- **Management & referral options**
- **What key signs/symptoms influence your choice?**



Female 48 years old

Symptoms:

Flashes of light

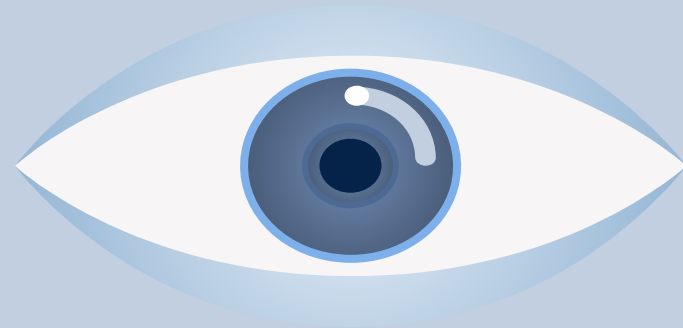
Curtain over vision

Blurred vision, sudden onset



Discussion Points:

- **Diagnosis & possible differentials**
- **Management & referral options**
- **What key signs/symptoms influence your choice?**

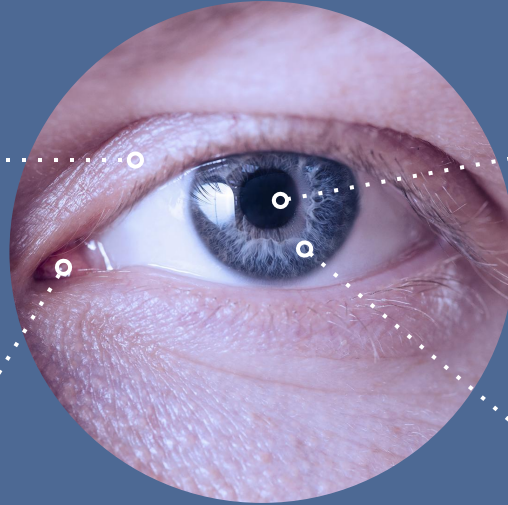


What are your key referral tips...

Make sure it is legible

Ensure patient details are spelt correctly and the date of birth is correct

Always give visual acuity – you may assume that it's not relevant, but it often helps with the urgency of the triage



Make sure the symptoms are clear, both what they are and how long they have been there

Give the patient a copy of the letter so they understand why you are referring them

Say exactly what you see

Be clear about why you are referring the patient

Only give ocular history when it's relevant