

**GUIDELINES FOR REFERRAL TO THE ACUTE REFERRAL CENTRE (ARC)**  
**AT MANCHESTER ROYAL EYE HOSPITAL TEL: 276 5583**

This facility is aimed at providing a service for patients who need to be seen within 48 hours. Precise ophthalmic diagnosis can be very difficult but there are certain signs and symptoms which indicate the possibility of serious eye disease which justify urgent referrals to ARC. All other patients should be referred to **out patients by referral letter to the Eye Hospital/Consultant** or if more urgent by fax 0161 272 6618. All outpatients letters are vetted and prioritised according to the information contained within.

In order to obtain an **appointment for ARC** simply phone (0161) 276 5583 (or 0161 276 5597 after 5.00pm and at weekends) to speak to our nurse practitioners with details of the problem.

**Symptoms requiring urgent referral**

- Any of the following *within the last week*:
  - Sudden loss/reduction of vision
  - Distortion of central vision (such that straight lines appear wavy or kinked)
  - Sudden onset of unilateral floaters or flashing lights or a shadow in the visual field  
NB: Longstanding floaters are common and do not require an urgent referral
  - Severe eye pain especially if associated with nausea or vomiting and a red eye
  - Injuries to the eye
- Diplopia which disappears on closing either eye (*within the last two weeks*)
- Recent postoperative patient complaining of pain/deterioration of vision

**Signs requiring urgent referral**

- Any of the following *within the last week*:
  - Corneal opacity in a red eye especially in a contact lens wearer.
  - Painful eye with redness around the corneal margin.
- Red eye associated with shingles (herpes zoster ophthalmicus)
- Intraocular pressure measured by the optician as 35mmHg or more

**Situations NOT requiring urgent referral**

Certain situations do NOT require urgent referral. These include, **for example**:

- A GOS 18 form from the optician with 'glaucoma' if intraocular pressure less than 35mmHg.
- Conjunctivitis when there is no corneal involvement and visual acuity is preserved.
- Blepharitis and dry eyes diagnosed on a typical history of burning, gritty irritable eye which may water.
- Asymptomatic conditions found on routine examination