

Speciality	High Risk Remain Face to Face	Medium Risk Video or Phone Consultation with F2F followup rebooked 3 months ahead	Low risk Rebooked 4-6 months ahead
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ACTION	Face to Face	as soon as possible carry out video consultation; until then phone call on day of scheduled clinic visit +/- 3 days; arrange face-to-face within 2 weeks if history or signs indicate undiagnosed developmental sight-limiting, or acute sight- or life-threatening condition	postpone by 6 months
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Paediatrics

New	High Risk	Medium Risk	Low Risk
Potentially sight- or life-threatening conditions:		children who have already started amblyopia treatment with patching or atropine	Patient by patient triage needed: referrals to be triaged by clinicians; postpone all referrals for conditions that do not threaten sight or life
cataract in infants under the age of 8 months		<i>Note: Change amblyopia treatment from atropine to patching if follow-up visit needs to be postponed.</i>	<i>Note: red itchy eyes - likely seasonal allergic conjunctivitis - recommend purchasing anti-histamine eye drops over the counter, or write to GP to prescribe olopatadine or ketotifen</i>
suspected glaucoma		Red itchy eyes - likely seasonal allergic conjunctivitis - recommend purchasing anti-histamine eye drops over the counter, or write to GP to prescribe olopatadine or ketotifen	
pre-septal and orbital infections and inflammations, inflamed dermoid		Most paediatric oculoplastic/adnexal cases except acute infections/inflammation of orbital tissues or acutely inflamed dermoid	
signs of neurological emergency: papilloedema (swollen discs plus symptoms of raised ICP), optic neuropathy, new-onset nystagmus		reduced vision in both eyes (0.2 logMAR or worse, or less than "normal for age")	
documented deterioration of vision		reduced vision in one eye in children under the age of 7 years	

	leukocoria/absence of red reflex	early-onset or acute strabismus with amblyogenic potential: infantile esotropia, acute onset squint with risk of losing binocularity	
Follow-up	<p>children with sight- or life-threatening conditions:</p> <p>cataract in infants</p> <p>suspected glaucoma</p> <p>pre-septal and orbital infections and inflammations, inflamed dermoid</p> <p>post-operative appointments after lensectomy, until the age of 12 months. After the age of 12 months, appointments could be delayed by 2 months.</p> <p>post-operative appointments within 2 months after glaucoma surgery</p> <p>children on medication (drops or systemic) or being actively monitored for glaucoma/high IOP</p> <p>children on medication (drops or systemic) or being actively monitored for uveitis</p>	<p>children who have already started amblyopia treatment with patching or atropine; phone/video consultation when technically feasible.</p> <p><i>Note: Change amblyopia treatment from atropine to patching if follow-up visit needs to be postponed.</i></p> <p>Red itchy eyes - likely seasonal allergic conjunctivitis - recommend purchasing anti-histamine eye drops over the counter, or write to GP to prescribe olopatadine or ketotifen</p> <p>Most paediatric oculoplastic/adnexal cases except acute infections/inflammation of orbital tissues or acutely inflamed dermoid</p> <p>post-op strabismus surgery (two weeks and three months)</p> <p>reduced vision (0.2 logMAR or worse) in both eyes at last visit</p> <p>reduced vision in one eye in children at last visit (age under 7 years)</p> <p>children on medication (drop or systemic) for corneal/external disease</p>	<p>Patient by patient triage needed; lists to be reviewed by clinicians; postpone all appointments for conditions that do not threaten sight/life</p>

	<p>children on medication (drops or systemic) or being actively monitored for glaucoma/high IOP</p> <p>children newly started on high-frequency/high-intensity topical steroids - risk of high IOP</p> <p>children not responding to amblyopia treatment referred by orthoptists to consultant clinic</p>		
Surgery	<p>high IOP</p> <p>cataract in children under 8 months of age or where causing amblyopia</p> <p>acute emergencies (f. ex. penetrating injury)</p> <p>acute onset squint with risk of amblyopia where prisms not practicable</p> <p>intravitreal injections for CNV in paediatric uveitis patients</p> <p>some EUAs (clinician discretion)</p>	<p>Patient by patient triage needed: lists to be reviewed by clinicians; postpone all interventions</p>	<p>Patient by patient triage needed: lists to be reviewed by clinicians; postpone all interventions</p>