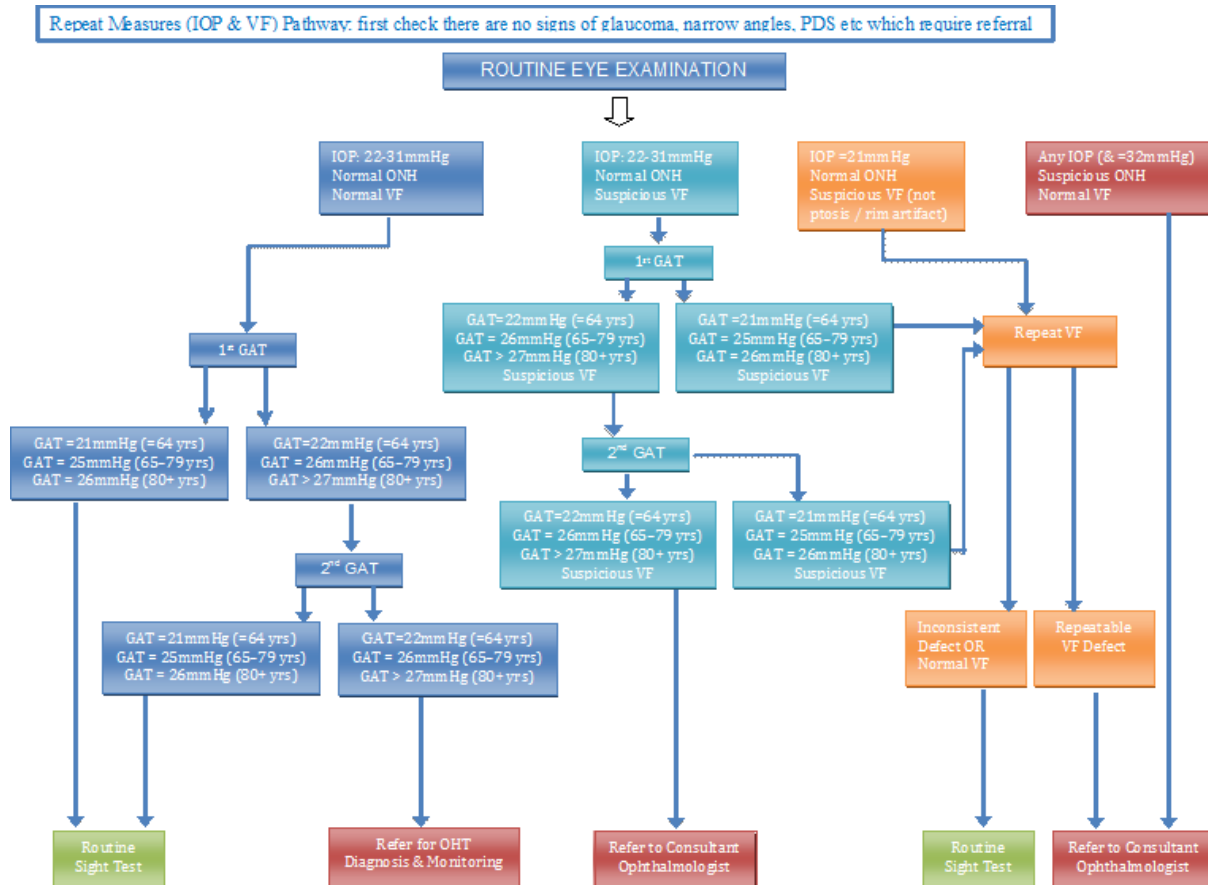


APPENDIX 1

IOP and Visual Field Repeat Measures Pathway

Patients from Participating Practices



Avon LOC March 2015

Practices not participating in IOP Repeat Measures Pathway. – Patient to be treated as per Current BNSSG pathway

APPENDIX 2: CLINICAL MANAGEMENT GUIDELINES

Appendix 4

Clinical Management Guideline for Glaucoma Repeat Readings (Level 1)

1. Intra-ocular pressure alone (*i.e. normal fields and disc appearance*)

IOP > 21 mmHg by non contact tonometry at GOS or private sight test and IOP refinement by Goldmann or Perkins tonometry is carried out by the optometrist.

Outcomes:

- All patients with IOP > 31mmHg should be referred for OHT diagnosis without further IOP refinement.
- Any patients with IOP ≤ 21mmHg should be discharged
- If IOP result is 22 - 31mmHg, or if there is a difference in IOP of ≥ 5 mmHg between the eyes then Goldmann (or Perkins) is repeated on a separate occasion.

Second repeat of Goldmann or Perkins tonometry (on a separate day)

Outcomes:

- Any patients with IOP ≤ 21mmHg should be discharged
- If there is a difference in IOP of ≥ 5 mmHg between the eyes then practitioners may wish to consider whether referral may be appropriate, or whether there is a reasonable explanation (e.g. surgery to one eye)
- The following patients are referred for OHT diagnosis:

Age Group	< 65 years	65 – 79 years	80 years +
Pressure	> 21 mmHg	> 24 mmHg	> 25 mmHg

- The following patients are referred to the OHT monitoring service if it exists or for OHT diagnosis otherwise:

Age Group	65 – 79 years	80 years +
Pressure	22 - 24 mmHg	22 - 25 mmHg

2. **Visual Field alone** (*i.e. normal IOP and optic disc appearance*)

Visual field defect which may be due to Glaucoma found at GOS or private sight test and visual field refinement is carried out by the optometrist on a separate occasion.

Outcomes:

- Field defect consistent on two occasions, patient is referred to consultant ophthalmologist for differential diagnosis or specialist optometrist as per local protocol.
- Field defect inconsistent or not repeatable patient should be discharged

3. **Optic Disc indications**

Suspicious optic nerve head found at GOS or private sight test. Patient is referred to a consultant ophthalmologist or specialist practitioner as per local protocol

4. **Narrow Angle**

Suspicious anterior chamber angle found at GOS or private sight test. If suspect narrow angle refer to consultant ophthalmologist if symptoms of sub acute attacks or IOP > 21 mmHg or greater (Van Herick grade 2 or less)