



Neuro-Ophthalmology

Pre-Referral Considerations: Due to the nature of this specialty and the limited number of providers in this area, a prolonged wait time for routine neuro-ophthalmic consultation is likely. If you feel that your patient's condition is of an urgent nature, please feel free to call and speak with us directly to arrange an urgent consultation. Ophthalmic conditions such as ocular surface disease, refractive error, and most monocular diplopia will be better served elsewhere; Cascade Ophthalmology or Grand Rapids Ophthalmology.

Additional Patient Information:

1. Onset of visual symptoms
2. Presence/absence of associated neurologic deficit
3. Whether optometry or ophthalmology examination has been completed
4. Relevant studies performed
5. Treatments attempted
6. Visual fields or diagnostic reports: Head MRI, CT, lab studies, CSF studies, VEP, electroretinography (ERG), retinal scan or ocular photography

Consult Indication:

1. Neuro-ophthalmic visual loss
2. Visual disturbance
3. Ocular motility disorder

Red Flags:

1. Consider imaging, alternate referral or emergent referral
2. Acute painless monocular vision loss (especially in patients > 65), subacute monocular vision loss with pain, optic disc edema +/- headache, cranial nerve III palsy with/without eye pain, or multiple cranial nerve palsies with vision component

Lab Studies: ESR and/or CRP if suspect temporal arteritis

Imaging Studies: None needed

Avoid Ordering:

1. No need to order any testing except ESR and CRP if any suspicion for temporal arteritis
2. Providers prefer to review any imaging tests themselves.

Comments:

Unnecessary testing should be avoided; however, if a primary care provider has a high index of suspicion of a specific diagnosis that merits further testing, appropriate pre-referral testing could be ordered.