

# Hospital Care for patients with Vision Impairment

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# CARING FOR PATIENTS WITH SIGHT LOSS

This booklet has been developed as a guide for all hospital staff caring for patients who are blind or have low vision. This includes those in the medical field as well as housekeeping staff and any casual staff that the patient may encounter.

There are many causes of vision impairment and peoples' experiences can vary greatly. However, with information and support, most people can lead full, independent and active lives.

This booklet provides:

- | strategies for recognising when someone may have a vision impairment.
- | an introduction to the major causes of blindness and vision impairment.
- | strategies on how to assist people who are blind or have low vision.

For further information on any of the details provided in this booklet, please contact NCBI  
National Council for the Blind of Ireland

[www.ncbi.ie](http://www.ncbi.ie)

**or**

**1800 911 250**

You can talk to a member of the services team for advice or, with the patients consent, you can make a referral to us.

# RECOGNISING SIGHT LOSS

Many people who are blind or have low vision can still see shapes and light. It is sometimes difficult to recognise that someone has lost their vision because:

- | A person may not realise what is happening to their sight.
- | They may not report their problems because they are grieving over loss of sight. The grief may include denial, anger, frustration, fear or depression.
- | Some people may think if they report their vision loss they will be treated differently or moved elsewhere.

**People who report a change in their vision should seek medical advice from a medical eye specialist.**

## Possible signs of vision loss

- | Walking close to a wall.
- | Poor posture.
- | Moving hesitantly or with short steps.
- | Squinting or tilting the head.
- | Spilling drinks or knocking over other items.
- | Difficulty identifying or locating food on the plate, position of utensils
- | Looking closely at items, such as print.
- | Bumping into objects.
- | Requesting changes in lighting.
- | Light sensitivity.
- | Getting lost.
- | Not being able to find items.
- | Not being able to take care of their appearance.
- | Not recognising people.

# CAUSES AND EFFECTS OF SIGHT LOSS

There are many causes of vision impairment and each individual is affected differently. Some people can have more than one eye condition, such as cataracts **and** age-related macular degeneration. Understanding the main eye conditions can help understand why some people may see some things and not others. No two people are impacted in the same way - even if they have the same eye condition, they may see differently. On the other hand, they may see the same things but use different strategies to cope. Do not assume you know what they can see, what they want, or what will help them. Ask them.

Hearing loss combined with vision loss may result in a person feeling increasingly isolated and frustrated. It may be difficult to communicate with, and determine the needs of, this person. This can be overcome through attention, information and support. It may be necessary to engage an individual from a specialist service who can help with communication with someone who is deaf-blind.

Below are general descriptions of some of the main eye conditions.

## Age-related macular degeneration (ARMD)

This is the most common cause of severe vision loss in people aged over 60 years. It results from damage to the macular (a small area on the retina), affecting central vision.

The pictures below illustrate a comparison between full vision and vision affected by macular degeneration.



Full vision



Vision affected by ARMD

## Effects

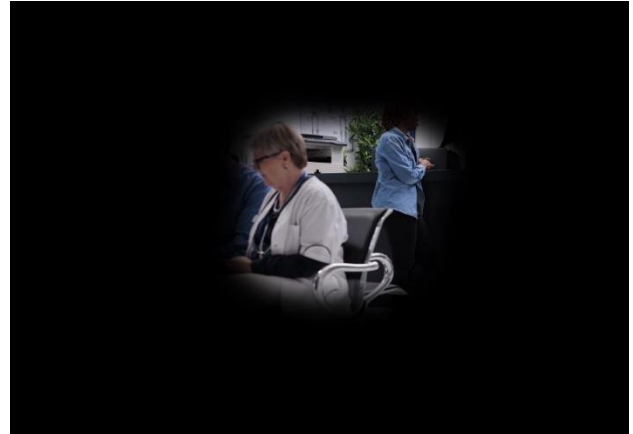
- | Increased sensitivity to glare.
- | Difficulty with judging distances and adapting to changing light conditions.
- | Difficulty with reading, watching television and recognising faces.
- | Decreased colour vision.
- | Some people may see straight lines as wavy or have visual hallucinations.

## Glaucoma

This is caused by a build-up of fluid, which increases pressure in the eye. Peripheral vision is often lost first. Early diagnosis and treatment by using prescribed drops may prevent further vision loss.



Full vision.



Vision affected by glaucoma.

## Effects

- | Increased sensitivity to glare.
- | Difficulty with night vision and adapting to fluctuations in light.
- | Difficulty moving around safely.
- | Bumping into things.
- | Difficulty moving in busy areas.

## Cataracts

A cataract is a cloudiness of the natural lens in the eye. It cannot be prevented, but an operation to replace the lens can restore vision.



Full vision.



Vision affected by cataracts.

## Effects

- | Increased sensitivity to glare.
- | Difficulty with lights at night.
- | Difficulty with distance and near vision.
- | Difficulty recognising people.
- | Very blurred vision.

## Diabetic retinopathy

Caused by diabetes, changes in the blood vessels in the retina cause sight loss. Blurred, distorted vision or even total blindness may occur. Regular eye checks and care should help prevent sight loss.



Full vision.



Vision affected by diabetic retinopathy.

## Effects

- | Increased sensitivity to glare.
- | Vision may fluctuate.
- | Difficulty with reading, watching television and recognising faces.
- | Difficulty seeing at night and in poor light.
- | Difficulty with outdoor travel.

# Hemianopia

Hemianopia is a loss of half of the visual field. It is caused by damage to the brain, for example by stroke, trauma or tumour. The extent, and location, of the field loss depends on the area of the brain that has been affected. It is estimated that up to 66% of stroke survivors will experience some change to their vision. Vision loss may not be ordinarily tested for post-stroke. Speech and motor problems often take priority and it may be difficult for a person to identify their own change in vision.



Full vision.



Vision affected by right sided hemianopia.

## Effects

- | Difficulty with reading – finding the beginning (left sided hemianopia) or the end (right sided hemianopia) of the line.
- | Not seeing items on a table or a plate on the side of the field loss.
- | Difficulty with safe travel due to lack of peripheral vision on side of hemianopia.
- | Difficulty moving in crowded areas due to people appearing suddenly from the side of the field loss.



# COMMUNICATION TIPS

Communication is key! It is an easy and vital way to ensure that the patient is cared for with dignity and respect, in a way that facilitates their needs. A small investment in conversation with the patient will lead to increased confidence in care for both staff and the individual.

- | Address people by their name and introduce yourself. Don't assume a person will recognise your voice. (e.g. "Hi Bill, it's Sally...")
- | In a group situation introduce the person to other people present.
- | Never channel conversation through a third person.
- | As much as possible, reduce any competing noise.
- | Let the person know when you and anyone else have entered or left the room/cubicle, or conversation.
- | Let the person know if you are going to touch or move them or items around them
- | It is essential to describe what is happening (e.g. "Bill I am going to give you a needle in your arm now")
- | Speak naturally and clearly in your normal speaking voice. Loss of eyesight does not mean loss of hearing.
- | Continue to use body language. This will affect the tone of your voice and give extra information to the person who is blind or have low vision.
- | Use everyday language. Don't avoid words like "see" or "look" or avoid talking about everyday activities such as watching TV or videos.
- | Use accurate and specific language when giving directions (e.g. "the door is on your left", rather than "the door is over there"). In a dangerous situation, say "stop" rather than "look out."
- | Always ask first to check if help is needed.
- | Relax and be yourself!

## Daily living tips

Common sense and creative thinking can vastly improve the ways that we care for patients who are blind or have low vision. If enquiries are made of the patient to determine the circumstances that are most accommodating to them, this will work to improve patient care and reduce any anxiety or frustrations that the patient may have.

- | Allow time to listen and to acknowledge.
- | Never assume if and **how** a person may need assistance.

The following adaptations and accommodations should be considered when caring for a patient with sight loss:

## Lighting and glare

Lighting needs can differ significantly. Some people see better with stronger light, while others do not. The most common concern is glare. Staff can assist patients with their lighting needs, following discussion with them to determine their individual requirements. There are some general tips to remember.

- | For overhead lighting, use florescent lights for even coverage.
- | Task lights are very useful and should come from behind or beside the person.
- | Check the electrical cord position for safety, it could present a trip hazard.
- | Encourage the person to experiment with lighting.
- | Use Venetian blinds or curtains, or tint the windows to control glare.
- | Avoid major changes in lighting (e.g. a bright room leading to a dim corridor and vice versa).
- | Maintain even lighting throughout buildings.

## Reading and writing

Most people with vision loss have difficulty reading and writing. The following may help:

- | Magnifiers can be useful. NCBI can assist a person find the most suitable magnifier for their needs.
- | Use a black text marker on white paper. Check print size and thickness.
- | A sighted person can assist with reading materials, being aware of any confidential information.
- | Use upper and lowercase letters for better visibility as this gives more shape to words. Do not use capital letters only.
- | Do not underline words.
- | For typed print use the strongest contrast possible (e.g. black type on white paper). Univers or Arial font style **above** 12pt is recommended.

## Colour contrast

High contrast colours, such as black on white, make objects easier to see. Tips:

- | Use dark liquid in light cups and vice versa.
- | Crockery and cutlery should contrast with tabletops or mats.
- | Use plain colours rather than patterns.

## Meal times

Dining and eating can be stressful and frustrating if people cannot see the food. Tips:

- | When setting the table use contrasting colours (e.g. contrasting napkins and tablecloths) and appropriate lighting.
- | Inform the person about what is on the table and where it is located (e.g. Your drink is on your right and the salt is straight in front.”)

- | Explain the location of the food on the dinner plate (e.g. “The meat is nearest to you at six o’clock, the potatoes are on the right at three o’clock, and the carrots are on the left at nine o’clock”). Meat should be placed near the person to assist with cutting.
- | When filling glasses or cups, leave approximately one centimetre to help prevent spills.

## **Recreation tips**

- | Make information accessible by producing newsletters, brochures and information in accessible formats (e.g. braille, large print, audio or electronic).
- | Include people who are blind or have low vision in socialising and group activities. Assistance may be needed to explain visual cues or to read written material.
- | Use the ‘bigger, bolder, brighter’ and ‘using other senses’ principles when designing activities.
- | Distinguish containers, appliance buttons and equipment by marking them with ‘bump-ons’ (supplied in pack, available from NCBI), coloured elastic bands, coloured tape, coloured stickers or Velcro.
- | Facilitate non-sight activities such as music, reminiscence, quizzes or discussions. Massage and aromatherapy are activities which can stimulate touch and smell.
- | Have a place for activity equipment and always return it there so the person can locate it. If you move things, tell them.
- | Modifying activities involves trial and error, don’t be afraid to ask the patient for advice and to try it out
- | Keep conflicting or background noise to a minimum during activities, as it can interfere with the use of hearing as a substitute for vision.
- | Keep a few chairs near windows for reading or doing handcraft in natural light.
- | Readers can access Braille, large print or talking books from the NCBI Library. Audio described videos, newspapers and magazines, and information in other languages is also available. Materials are posted free to borrowers.
- | Tactile and large print playing cards and board games are available
- | Mark on/off buttons on appliances using ‘bump-ons’, contrasting colours markers, stickers or textures (e.g. Velcro or Polymark paint) for easy identification. This is useful for remote controls and radios.
- | Braille, large print or talking watches and clocks can assist with daily routines.
- | Using the telephone can be made easier by using tactile markers, large print number stickers or large button phones.
- | For watching TV, ask the patient where they would like to be positioned.

## **Helpful products**

### **Technology**

- | Smartphones, tablets, laptops – all can be made accessible for use with low or no vision
- | Various 'apps' on a smartphone are designed assist with identification of products, reading, colour identification.
- | Digital labelling and identification of items
- | Talking medical devices (eg thermometers)

### **Magnifiers**

- | Hand-held and stand magnifiers, Illuminated magnifiers
- | Telescopic aids

### **Large print**

- | Diary and calendar
- | Pill dispensers
- | Clocks and Watches

### **Talking**

- | Clocks and watches
- | Bathroom and kitchen scales

### **General**

- | Bump-ons or 'puffy paint'
- | Liquid level indicator
- | Needle threader
- | Signature guides and writing frames
- | Writing pads with dark lines
- | Tactile watches and clocks
- | White identification canes

# MOVING AROUND SAFELY

People who are blind or have low vision may notice changes in their ability and confidence to move around safely in spaces. Going to unknown places or new locations may be challenging for some people.

Staff can increase confidence in new surroundings by a:

- | Safely guiding a person.
- | Familiarising a person with the area.
- | Adapting the environment.
- | Simple clear communication is essential in assisting a person to develop confidence in their environment.

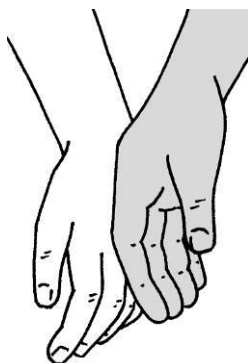
## Sighted guiding

Sometimes people who are blind or have low vision find it useful to be guided by a person with sight. One way to do this safely and efficiently is to use sighted guide techniques. Not all people with little or no sight will use these methods, so it is important to ask what (if any) specific assistance they require.

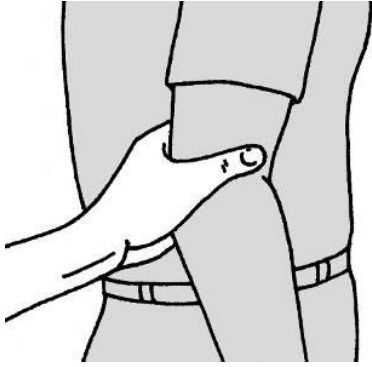


This QR code will link you to our video on Sighted Guide on YouTube

## Getting started

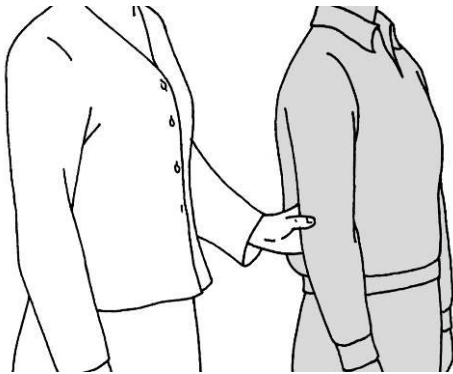


Ask the person if they need assistance. If they do need assistance, touch the back of their hand with the back of yours.



They can then hold your arm just above the elbow.

## Walking



When you start walking, make sure the person is half a step behind you and slightly to the side. Walk at a pace that is comfortable for both of you. Look ahead for obstacles at foot level, head height and to the side.

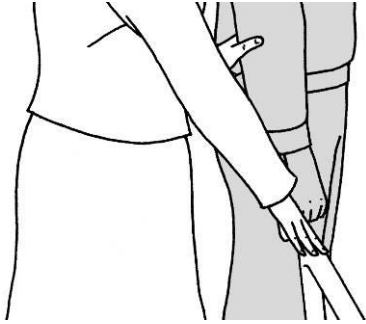
## Steps and staircases



Stop at the first step and tell the person you are guiding whether the steps go **up or down**. Change sides if necessary to ensure the person you are guiding can use the handrail.

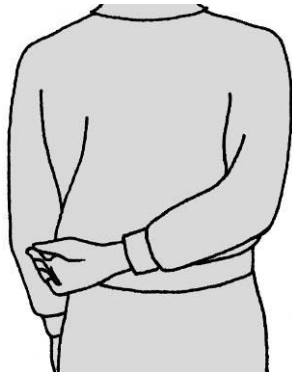
Start walking when the person is ready, remaining one step ahead of them. Let the person know when you reach the top or bottom of the stairs. Do not count the stairs.

## Seating



Explain which way the chair is facing and where it is placed in relation to the rest of the room. Then walk up and place your guiding arm on the chair and explain which part of the chair you are touching. The person you are guiding can then move their hand down your arm to locate the chair to seat themselves.

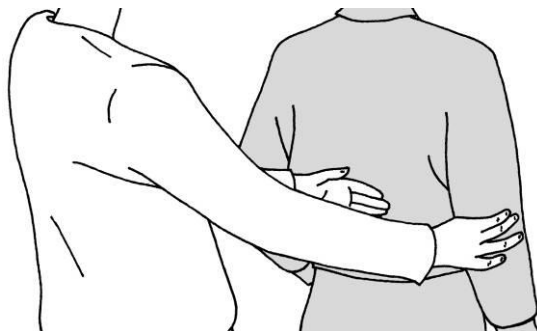
## Narrow spaces



Tell the person you are guiding that a narrow space is ahead. Move your guiding arm towards the centre of your back to indicate that they need to walk behind you.

The person should step in behind you while still holding your arm. When you have passed through the narrow space bring your arm back to its usual position by your side.

## Changing sides



If you need to change sides with the person you are guiding it is important they do not lose contact with you. This is easiest to achieve if you remain stationary.

Allow the person to hold your guiding arm with both of their hands. They can then move one hand to reach your other arm without losing contact.

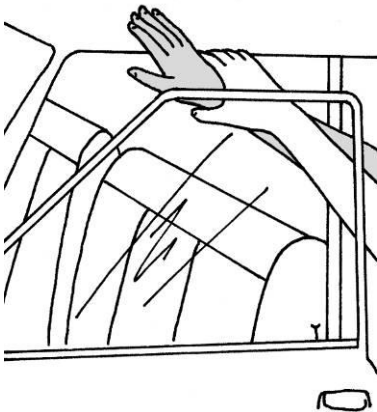
## Doorways



When passing through a doorway, ensure the person who is blind or have low vision is on the hinged side of the door. As you get close to the door, explain which way it opens.

Open the door and walk through, allowing the person you are guiding to close it behind you using their free hand.

## Getting into a car



Tell the person you are guiding which way the car is facing and which door they will be getting into. Place your guiding arm onto the door handle and ask the person to move their hand down your arm.

Allow them to open the door and seat themselves. If the car is unfamiliar to them, place your arm inside on the roof so they can follow it and avoid bumping their head. Once seated, allow the person to close the car door.

## Describing surroundings

When describing the person's surroundings, try to be specific. Rather than saying, 'there is a spare seat beside you', it might be more helpful to say 'the seat next to you, on your right, is occupied but the next seat along is vacant'.

These techniques are recommended as the safest method to guide a person who is blind or have low vision. However, some people may have personal preferences, are hearing impaired or have memory loss. In these cases guiding techniques may require adaptation or may not be appropriate.



## Orientation

In order to be safely independent in moving around, a patient with a vision impairment may require guidance and time to be able to learn the layout of their environment.

Start by orientating the person to their room or immediate environment to become familiar with the location of furniture and objects. The person may wish to decide where to place their own items as this will assist with memory.

You may need to repeat the familiarisation process a number of times, in small stages. Tips:

- | Allow the person the opportunity to touch and look closely at items.
- | Avoid moving personal items, objects and furniture, without consultation. If everything has its place, the person with low vision will know where to find things. When changes to the layout occur, show the person the completed area or request orientation and mobility assistance from the NCBI.
- | Show important areas such as the bathroom/ toilet and dining areas. Begin at their room or workstation and go to the area. Then retrace your steps.
- | As their confidence increases, the person can be shown other areas and they will become progressively more independent.

## Adapting the environment

Simple changes to the environment can make enormous differences. Tips:

- | Mark equipment or information with visual or tactile markers (e.g. brightly coloured or raised dots on the buttons of a radio or remote control). Electrical tape or Velcro can also be used.
- | Contrasting doorknobs, doors, windows, walls and floorboards will assist.
- | Large tactile room numbers and signs are helpful.
- | Fully open or close room doors and cupboard doors.
- | Provide strong lighting near, or in, closets and cupboards, but ensure no glare.
- | Contrast stair rails with the wall.
- | Use matt finish paints or surfaces to reduce glare.
- | Ensure items are well organised and stored in consistent locations.
- | Contrast the colour of the toilet seat with the colour of the wall and floor.
- | Reduce clutter (e.g. trolleys or wheelchairs in corridors and open spaces). Ensure chairs are pushed under tables.
- | Glass doors should be well marked with manifestations to highlight the glass.
- | If there are wet floors, tell the person who is blind or have low vision, as they may not be able to read any warning signs.
- | Mark the edges of all steps and ramps with high contrast paint or tape. Poles should also be marked and contrasting.