

Caring for Patients Who are Blind or Visually Impaired

This fact sheet is intended to assist inpatient providers in caring for patients with visual impairment. The items below suggest best practices for supporting blind and visually impaired patients in safely maintaining or regaining independence and quality of life during hospitalization.

Remember that people with vision impairment are capable of making independent decisions related to their healthcare. It is important to note that vision impairment, alone, does not affect decision-making capability.

- Always address the patient directly, even if family members are present. Do not worry about saying the words “look,” “see,” or “blind.”
- When entering a room, address the patient by name and identify yourself. Remember to tell the patient when you are leaving the room.
- Ask the patient if they would like assistance with activities of daily living while in the hospital and engage them in the plan of care. Include family members or significant others with permission from the patient.
- In a normal, natural tone of voice, face the patient directly and, if possible, make eye contact. Ask permission or notify the patient before you touch them. Explain what you are going to do in detail before proceeding (e.g., taking blood or vital signs).
- Describe the room layout including dimensions using the face of a clock for reference (e.g., “you are facing twelve o’clock,” “the door is at one o’clock”).
- You can also use clock face coordinates to describe the location of food on the plate and all items on the tray.
- Place the phone, call bell, and bedside table within the patient’s reach and let the patient know where they are. Place the patient’s hand on the item and, if needed, describe the functionality of controls.
- Once you have oriented the patient to the room, alert staff to leave things in position. Notify the patient before you move, take, or add any objects (e.g., furniture, trashcan).
- Refer to your hospital policy regarding service dogs
- If a service dog is present, do not feed or pet the dog without permission. Ask the patient about the dog’s care plan (e.g., food, water, relief, exercise). Obtain emergency contact information for the care of the service dog in the event the patient becomes incapacitated.



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- Encourage patients to bring and use their own assistive devices (e.g., magnifiers, personal digital assistants, smartphones, tablets, talking clocks/watches, electronic book players).
- Ensure that any educational materials are provided to the patient in an accessible format (e.g., large print at a minimum of 18 font, braille, audio, or digital).
- Verify that the patient understands the most important information before leaving the hospital. Include family members and caregivers with permission from the patient.
- Some patients may need assistance with mobility while in the hospital. Ask the patient if they would like help to navigate safely.
- The “Human Guide” technique described below can be used to provide mobility assistance for patients who are familiar with this technique:
 - Ask the patient from which side he or she would prefer to be approached and guided.
 - Extend your arm so that it touches the patient’s arm, allowing him or her to grasp and lightly hold your arm above the elbow.
 - Do not pull or push the patient, or hold onto his or her arm.
 - Walk at a relaxed, comfortable pace and let the patient set the pace.
- The patient will walk a step behind you while holding your arm. Indicate changes in terrain (e.g., stairs, flooring, transitions, and slopes) by pausing briefly and describing the changes.
- When traveling through a narrow space such as a doorway or an aisle, put your arm behind you; the patient will step behind you. The patient’s hand should slide from above your elbow to right above your wrist. Return your arm to your side after you pass through; the patient will step beside you again and their hand will slide back up to above your elbow.
- When approaching a door, let the patient know if it opens toward you or away, and if the door opens from the right or the left. Pass through the doorway first; the patient will follow.
- When seating a patient, place his or her hand on the back of the chair. The patient will then seat him or herself. Do not attempt to push the patient into a chair.

Do not forget to use the resources at your local hospital. If you would like more information from specialists in treating blind and visually impaired patients, please contact:

**Department of Veterans Affairs
Blind Rehabilitation Services (BRS)**
VHABRSWEBMaster@va.gov

**The Vision Center of
Excellence (VCE)**
dha.ncr.dod-va.mbx.vce@health.mil

References

1. ADA Checklist: Health Care Facilities and Service Providers: <http://www.afb.org/section.aspx?FolderID=3&SectionID=3&TopicID=32&DocumentID=529>
2. Blind Rehabilitation Services – Blind Rehabilitation Service: http://www.va.gov/BLINDREHAB/BRS_Coordinated_Care.asp
3. Caring for a Visually Impaired Patient: Proper etiquette when working with individuals who are blind or visually impaired – American Foundation for the Blind: <https://afb.org/blindness-and-low-vision/visionaware>