Sensory Impairment Care Plan

To be kept with Nursing Core Notes at the foot of patient’s bed if vision or hearing problems identified.

Assessment

To be completed by nurse in discussed with patient / carer

Note that patients commonly have BOTH sight and hearing loss, especially if they are older.

Visual impairment

Blindness or partial sight?
- Has no useful vision
- Has limited vision

Type of visual impairment
- Central vision impairment
  Poor facial recognition
- Peripheral (side) vision impairment
  Increased risk of falls
- Generalised visual impairment

Glasses
- Does not use glasses
  Some impairments not helped by glasses
- Requires glasses for reading
- Requires glasses for distance vision

Visual abilities
- Cannot read regular print (Consent forms etc)
- Cannot identify presence & role of staff at 3 m
- Cannot facially identify staff members at 3 m
- Cannot facially identify staff members at 1 m
- Is troubled by too much light
  Consider alternative bed location, e.g. away from windows

Eating and drinking
- Cannot eat independently
- Cannot take own medication
- Cannot pour own water / locate beaker

Level of independence
- Cannot locate and switch on / off own light
- Cannot locate and use assistance call button
- Cannot find way to toilet independently

Hearing impairment or deafness

Hearing abilities
- Moderate hearing impairment - requires clear speech
- Significant hearing impairment
  Requires hearing aid and clear speech
- Major hearing impairment
  Unable to hear speech
- Deaf and blind
  No useful vision and unable to hear speech.
  This will require specialist advice about communication and assessing needs:
  Contact Sense 0300 330 9256.

Hearing aids / communication methods
- Does not use hearing aids
- Uses hearing aid in left ear
- Uses hearing aid in right ear
- Uses hearing aids in both ears
- Uses BSL (British Sign Language)
- Uses other sign language
- Uses Deaf/ Blind Manual Alphabet
  i.e. communication spelt out on patient’s palm

For emergency deafness or deafblindness interpreters contact National Registers of Communication Professionals www.nrcpd.org.uk

Does patient consent to Vision Impairment or Hearing Impairment symbol placed above bed? ☐Yes ☐No

Now complete the first section overleaf “THIS PATIENT IS ASSESSED AS . . .” based on this assessment.
## Sensory Impairment Daily check

This patient is assessed as  
- [ ] Partially Sighted  
- [ ] Blind  
- [ ] Hearing Impaired  
- [ ] Deaf  

(see details overleaf)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Can the patient . . .</th>
<th>Visual impairment symbol visible above bed?</th>
<th>Comments</th>
<th>Sign</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Locate glasses?</td>
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<tr>
<td></td>
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<td>Insert hearing aids?</td>
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<td></td>
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<td>Locate call button?</td>
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<td>Understand clear speech?</td>
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<td></td>
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<td>Locate drinks?</td>
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<td></td>
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<td>Locate food?</td>
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<td></td>
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<td>Feed self?</td>
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<td></td>
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<td>Patient asked about any other sight or hearing needs?</td>
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</tr>
</tbody>
</table>

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Sensory Impairment - Care Plan.docx  Page 2 of 2  Revised 08 January 2018