

# Sensory Impairment Care Plan



Patient label here

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](http://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)

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