

BEST PRACTICES FOR HEALTHCARE PROFESSIONALS WITH PATIENTS WHO ARE VISUALLY IMPAIRED

Compiled by:

**Pennsylvania Council of the Blind's
Information Access Team***

Communicating with Ease

Introduce yourself and address the patient by name, so he knows you are talking to him and not someone else.

Introduce the patient to any roommates or accompanying staff.

Speak directly to the patient whenever possible. Do not ask a third party about the patient's likes, feelings, needs, etc.

Ask the patient what she can see. Few patients are totally blind.

Ask the patient what assistance is needed instead of assuming what he needs.

If the patient is a child, be sure to discuss any special needs with the parent. It may be less frightening and disorienting if a parent spends the first overnight with the child.

Ensure that the patient is included in discussions about procedures and medical plans. Being blind or visually impaired does not mean one cannot hear or understand what is being said.

Show respect by speaking at a normal volume and tone. Do not be afraid of using words like see or watch. People who are blind use these same terms. Conduct a conversation like you would with any other person.

Speak to the patient every time you enter the room and explain why you entered, e.g. dropping off some supplies, turning out your light, refilling your water, etc.

Always notify the patient before undertaking any procedure e.g. checking vitals, attaching IV tubing, setting up for an

EKG, etc. It can be very unnerving for the patient to be touched without warning. Explain the process as you go so the patient understands what is happening.

Discuss with the patient if he would like a “patient identifier” sign above the bed or door that indicates to all personnel that he is blind or visually impaired. Allow the patient to assist with the wording if he agrees to the sign.

Whenever possible, take care not to cover the patient’s sensory organs with bandaging. The patient relies on her ears, nose, mouth, and hands to gather information about the environment.

Do not speak to, pet, or feed a dog guide without first consulting the patient.

Say goodbye when you finish a conversation or to indicate when you are leaving the room.

Orienting the Patient

Show the patient how to find the nurse's call button and offer to attach it somewhere so it can be easily located when needed.

Orient the bed.

Be sure to familiarize the patient with the remote and its buttons for controlling the TV. Don't assume that because a patient is blind or has limited vision she won't want to use the TV.

Make sure the patient knows where the telephone is located and can reach it.

When showing the patient objects, allow her to hold or touch them to gain the tactile feedback necessary to create a concrete impression of them.

Allow the patient to examine the tray-table so he can learn how to adjust it.

Offer to provide extra adjustable lighting for the patient with some useful vision.

Ask the patient if he would like you to position the tray-table alongside the bed so he can easily access tissues, water, reading materials, etc.

The patient may prefer a corner bed to help make location easier, to avoid confusion with another patient's equipment and to help her arrange her belongings more easily.

Do not unnecessarily move the patient's belongings. If items are moved, let him know their new location.

Knowing the time can help provide structure to the patient's daily routine. Ensure the patient has access to a clock or watch she can independently use.

If a patient is restricted to bed, describe to him the features and layout of the room. When speaking of object location and room layout, use descriptive, directional phrases such as two feet to the left, three feet in front of you, at 10 o'clock from the bottom

of the bed, etc. Avoid vague phrases like over there, this way, etc.

For an ambulatory patient, orient her to the room by starting from a central point, such as the bed. Allow the patient to walk with you as you describe the layout and objects in the room. This will enable the patient to learn the distance to certain landmarks and gather sensory cues to aid future independence.

Ask the patient if she would prefer to use her white cane or to be guided. If being guided, the patient will hold your arm above the elbow and trail slightly at your side.

Keep pathways and corridors clear of obstacles where possible and inform the patient of any changes to the environment.

Providing Meal Time Assistance

Read menu items aloud and let the patient choose his own meal. Be sure this is done for all meals.

Tell the patient when the meal has arrived and where the tray is being placed.

Color contrast can be important for people who are visually impaired. Placing a dark tray or cloth under a light plate can define the plate's edges making it easier to locate the food.

Describe the full contents of the tray including the main plate, drinks, side-dishes, dessert, utensils, etc. Use either the clock-face method, e.g. the carrots are at 8 o'clock or give specific locations such as top, bottom, right or left side. Typically, meat would be placed at 6 o'clock for easiest cutting.

Ask the patient if she needs assistance with removing packaging from items or opening containers.

Do not cut the patient's meat or apply condiments without consulting the patient first.

Guiding Ambulatory Patients

Offer to assist the patient from one location to another by inviting them to take your arm. The patient will grasp above the elbow and walk slightly behind you.

When you get to a doorway, identify the door by saying "The door is opening away from us on the right." Or "The door is opening towards us on the left." Then pass through the door before the person you are guiding and let him catch the door as he passes it.

When guiding the patient to objects like chairs, the sink, an exam table, or the like, remember the patient sees with his hands. Place your hand on the object and have the patient trail his hand down your arm to locate the object. If it is a lounge chair,

touch the chair's arm. For a desk chair, place your hand on the back of the chair.

Once the patient has been put in physical contact with an object (a landmark in orientation terms), use that object as a point of reference and describe the location of other items of potential interest. For example, "When you are facing the sink, the toilet is to your left. When you are seated on the toilet, the paper is on your right."

When the patient first enters the exam or hospital room, allow him a few moments to become acquainted with the furnishings and features so that he can feel more at ease in the surroundings. He may choose to trail along the perimeter of the room, physically examining what he encounters to create a mental map of the room.

When guiding the patient to the scale, direct her hand to the rail if available and allow her to find the edge of the scale with her foot or cane. Once comfortable with its

location, the patient will step up to the platform.

Accessing Print Information

All print material traditionally provided to patients, such as patient rights, facility policies, descriptions of available services and amenities, etc. should be provided to the patient in an accessible format for his review. Such formats may include large print, braille, audio recording, or electronic text file. Ask the patient which he prefers if there is a choice of formats. If there is no alternate format available, arrangements should be made to read the material aloud in person.

Offer all print material specific to the patient's treatment, diagnosis, and after-care instructions in an accessible format as described above. Sometimes the patient will record these documents as they are read aloud so they can be reviewed in the future.

Forms requiring a signature should be provided in an accessible format or read aloud so the patient is fully informed.

Offer to assist the patient with signing the forms. Have a signature guide on hand or use the straight edge of a card to provide a tactile indicator where the patient should sign.

The patient will need assistance completing the array of forms used in the healthcare field. Find a quiet, private location where the patient's answers will not be overheard by other patients. If forms are provided to the patient far enough in advance of the appointment or admission, she may be able to have a close confidant complete the forms so they are ready in hand when she arrives.

The patient needs to be able to identify and differentiate her medications. Ask how she would like to have each pill bottle marked - large print, braille, talking label, or other tactile markings.

Allaying Your Concerns

When you implement these best practices, you are creating a mutually beneficial healthcare experience. The patient will be able to independently complete tasks allowing you more time for assisting other patients. The patient will feel safe, respected, and empowered. You will gain a better understanding of the abilities of people who are blind or visually impaired. Implementing these practices will create a positive, stress-free environment that promotes healing.

Consider that your concept of what a blind person can do may be far from the actual ability of a particular patient. Always ask for information instead of presuming. If you lost your sight tomorrow, you would still be the same person with capabilities and choices. Let this new acquaintance, who happens to be blind, maintain his or her independence during the stay in the hospital. Treat patients who are visually

impaired with the same dignity you would hope to receive if your roles were reversed.

***This comprehensive document contains information gathered from the personal experiences of members of the Pennsylvania Council of the Blind, www.PCB1.org. Excerpts and concepts have also been used from publications of Vision Australia, www.VisionAustralia.org and Dialogue Magazine, www.DialogueMagazine.org**

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