Royal College of Physicians

Falls and Fragility Fracture Audit Programme (FFFAP)

Look out!

Bedside vision check for falls prevention

In association with:

BIOS British and Irish Orthoptic Society

THE COLLEGE OF OPTOMETRISTS

The ROYAL COLLEGE of OPHTHALMOLOGISTS

Royal College of Nursing

NHS Improvement

Bedside vision check assessment guide

Assessments 1, 2 and 3 should be attempted for all patients at risk of falls.

Assessments 4 and 5 should be attempted for all patients at risk of falls whenever possible.

If the vision check has to be stopped, or is not attempted because the patient is too ill – or for any other reason – this should be documented on the falls care plan as 'vision not assessed' and the reason given.

Please review this on a daily/regular basis and complete the check if the patient's health changes, especially if they have a fall.

Undertaking this check should require minimal staff training and the results will only provide the most basic understanding of visual problems that may affect patient safety or other care concerns.

The results of this check will give an indication only of any visual problems, known or unknown, that the patient may have. This should not replace a definitive expert assessment if indicated.

Any concerns about patient vision should be discussed with the medical team for formal evaluation.

Bedside vision check

> Record your findings in the falls care plan.
> Make sure the room is well lit before you begin.

1 Ask the patient some questions	Actions
> **When did you last have a sight test? (should be every year)** > **Do you wear glasses?** > **Are your glasses up to date?** > **What do you wear your glasses for? eg reading / distance / everything [bifocals/varifocals]?** > **Have you got your glasses with you?**	**Document answers in the falls care plan.** **Note:** If the patient does not have their glasses, ask their carer to bring them in. If this is not possible, mark on the care plan that the patient usually wears glasses but does not have them in hospital (and that their eyesight will be affected while they are in hospital). Poor vision or inability to read the written words may have other implications for patient care other than falls prevention.
> **Do you have any eye conditions? If so, are you using any prescribed treatment? (eg eyedrops for glaucoma)**	**Make a note of the name of the eye condition.** If medications are used, check these are on the drug chart, or ask doctor to prescribe.

2 Check distance vision	Actions
> **Can you see the television clearly at home?**	**Document answers in the falls care plan.**
> **Can you read this? *or*** > **Tell me what the picture is? (if language difficulties)**	Ask the patient to wear distance glasses if they have them. Do without glasses if they do not wear them for distance. Show patient **Image 1** (page 7) from a bed length (2 metres) away – stand at the foot of the bed if they are sat up in it, or in a chair near the head of the bed. **Note if the patient can read/identify the picture.** 

3 Check near vision	Actions
> **Can you usually see to read newspaper print, shopping lists or medicine labels?**	**Document answers in the falls care plan.**
> **Can you read this? *or*** > **Tell me what the picture is? (if language difficulties)**	Ask the patient to wear their reading glasses if they have them. Do without if they do not wear them. Show the patient **Image 2** (page 7). Ask them to hold this card in a comfortable reading position (bent arm's length away). **Note if patient can read/identify.**

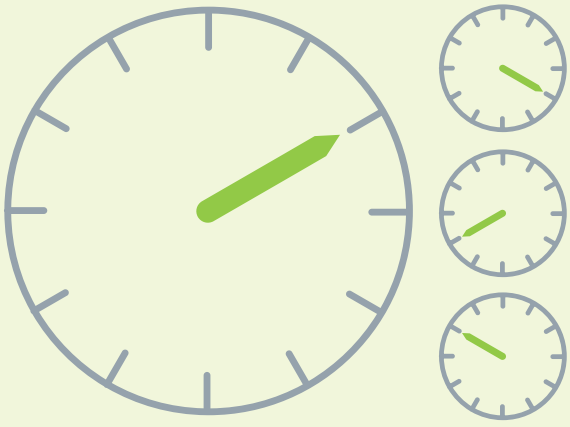
4 Check side vision

There is no need for the patient to wear their glasses. The object of this check is to **compare the patient's peripheral/side vision with yours.** The patient's vision should be roughly the same as yours. Ideally you should sit face to face with the patient, knees nearly touching, but you can also do this if they are in bed, as long as they can look directly at you.

> **Ask the patient to keep looking at your face throughout the test.**
> **Raise your right hand to the 2 o'clock position (towards the edge of your field of vision, ie a good bent arm's length, and halfway between you and the patient) and wiggle your fingers.**
> **Ask the patient: '*Can you see my fingers moving?*' (they must remain looking at your face and you look at their face).**
> **If you can see your fingers moving so should they.**

Note: If it's clear they cannot understand this instruction, stop and document this. If the patient is able to continue then:

> Repeat the above steps while holding your hand at the 4 o'clock position.
> Then **change to using your left hand** and repeat at the 8 o'clock and 10 o'clock positions.



5 Check eye movements

There is no need for the patient to wear their glasses. The object of this check is **to see if the patient has double vision or difficulty looking to the side**. Again, ideally you should sit face to face with the patient, knees nearly touching, but you can do this if they are in bed as long as they can look directly at you.

- **Ask: '*Do you ever get double vision/see two of things?*'**
- **Look at the patient. Are their eyes not pointing straight or do their eyes jiggle about and not keep still?**
- **While still sitting, hold your pen in front of you midway between you and them. Ask the patient to: '*Watch my pen moving around*' then move it up and down and left and right smoothly and steadily.**

Note: If their eyes are moving together and following your pen all the way across and up and down. Note if the patient complains of double vision at any point.

Next steps

Discuss with the patient and put in place immediate actions to prevent falls, such as wearing glasses appropriately and/or moving the call bell, walking aid etc so that the patient can see and reach it. Think about the patient's position in the ward: can they see staff if they need help? Think about lighting levels and bed/chair orientation: are they helpful? Update the falls care plan.

Document your concerns and immediate actions in the falls care plan. For example:

'Side vision seems limited on the left. Place chair, call bell, frame etc to the right of the patient … let the Dr know.'

'Mrs Smith can't see distance test with specs on, patient unclear how old prescription is … try leaving frame in arms reach … speak to family to arrange eye test when discharged.'

'Eyesight generally seems poor and can't see hazards on the floor in front of her. Make sure bed area is uncluttered and clear pathway to the toilet.'

Speak to the ward doctor if you are concerned about any of the vision checks.

Distance vision check image 1

HELLO AND WELCOME

Near vision check image 2

I can read this sentence

Disclaimer

These checks are designed to be printed on A4 size paper. Image 1 should be able to be seen at a bed length (2 metres) and image 2 at usual reading distance for a book (bent arm's length), both with glasses on if usually worn. These checks are not intended to be diagnostic, but are a guide to near or distance vision.

Notes for the assessor

Vision impairment is associated with increased risk of falls and hip fractures. Certain common conditions in older people have particular risks.

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- Cataract (**picture A**). Patient may have blurred and/or double vision, be affected by glare and find it difficult to see in dim or very bright lights.
- Glaucoma (**picture B**). Due to loss of peripheral vision the patient may be unable to see objects around them and bump into things. They may not be able to see steps or thresholds, leading to trips and falls.
- Diabetic Retinopathy (**picture C**). Patchy vision, blurry vision or 'floaters', the patient may have a particular difficulty in avoiding obstacles or navigating stairs and steps.
- Hemianopia (**picture D**). Loss of one side of the field of vision in both eyes often caused by stroke – the patient may bump into things or miss things on the side without vision.
- Age-related macular degeneration. Loss of central vision. Makes it difficult to read and recognise people.
- Dementia – distorted vision, visual confusion, and poor depth perception.
- Spectacles – even use of bifocals or varifocals or an old, out-of-date or recently changed prescription can increase falls.

Be aware:

Does the patient seem to struggle to see things? Do they miss seeing their drink or their meal? Do they struggle to find their belongings? Are they having difficulty finding their way around the ward? Do they bump into things or knock things over?

Helpful resources

- **Royal National Institute of Blind People: https://rnib.org.uk/search/site/falls**
- **Thomas Pocklington Trust: www.pocklington-trust.org.uk**
- **College of Optometrists: www.college-optometrists.org/en/utilities/knowledge-centre.cfm?search_type=doc&keyword=falls**
- **Preventing Falls in Hospital elearning module: www.e-lfh.org.uk/programmes/preventing-falls/**

Answer sheet

Patient name: _____

NHS no: _____

1 Ask the patient some questions	Actions
When did you last have a sight test? (Should be every year)	Date of last sight test:
Do you wear glasses?	Yes No
Are your glasses up to date?	Yes No Date of last pair:
What do you wear your glasses for?	Circle one: reading/distance/everything [bifocals/varifocals]
Have you got your glasses with you?	Yes No
Do you have any eye conditions? If so, are you using any prescribed treatment? (eg eyedrops for glaucoma)	Eye condition: Prescribed treatment names:

2 Check distance vision	Actions
Can you see the television clearly at home?	Yes No
Can you read this? *or* Tell me what the picture is?	Yes No

3 Check near vision	Actions
Can you usually see to read newspaper print, shopping lists or medicine labels?	Yes No
Can you read this *or* tell me what the picture is?	Yes No

Date and time: _____

Signature: _____

Print name: _____

Designation: _____

Answer sheet

Patient name: _____

NHS no: _____

4 Check side vision	Actions

There is no need for the patient to wear their glasses. The object of this check is to **compare the patient's peripheral/side vision with yours**. The patient's vision should be roughly the same as yours.

Can see your hand at the **2 o'clock position?**

Yes No

Can see your hand at the **4 o'clock position?**

Yes No

Can see your hand at the **8 o'clock position?**

Yes No

Can see your hand at the **10 o'clock position?**

Yes No

Date and time: _____

Signature: _____

Print name: _____

Designation: _____

Answer sheet

Patient name: _____

NHS no: _____

5 Check eye movements	Actions
There is no need for the patient to wear their glasses. The object of this check is to **see if the patient has double vision or difficulty looking to the side**.	
Do you ever get double vision/see two of things?	Yes No
Do the patient's eyes look straight?	Yes No
Do the patient's eyes jiggle about/not keep still?	Yes No
Do the patient's eyes move together to follow pen?	Yes No
Does the patient complain of double vision during the test?	Yes No

Next steps

> **Document your concerns and immediate actions in the falls care plan.**

> **Inform the medical team.**

Date and time: _____

Signature: _____

Print name: _____

Designation: _____

Part of the Falls and Fragility Fracture Audit Programme (FFFAP)

A suite of linked national clinical audits, driving improvements in care; managed by the Royal College of Physicians.

- National Hip Fracture Database (NHFD)
- Fracture Liaison Service Database (FLS-DB)
- Falls Pathway Workstream

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