PURPOSE:
To assess the vision function of the older adult in the home environment.

CONSIDERATIONS:
1. Glaucoma is one of the leading causes of blindness.
2. Diabetic retinopathy: Diabetes is the leading cause of new blindness among adults and people with diabetes.
3. Age-related macular degeneration (AMD) is a leading cause of vision loss in people 65 years or older in the United States.
4. By age 65 years, 1 in 3 Americans has some form of vision-impairing eye disease.
5. The Snellen chart tests distance. Other screening tools include Rosenbaum or Jaeger cards which test near sightedness.
6. If no screening tools are available have patient read a few lines from a newspaper. If a patient can read both the headline and a sentence of the smallest print, there is normal visual acuity. If only the headline is read there is moderate impairment and there is severe impairment if neither can be read.
7. Older persons with visual impairment are twice as likely to have difficulties performing ADL’s and IADL’s.
8. Changes in vision affect quality of life, mental health, life satisfaction and involvement in home and community activities.
9. Persons with visual impairments will have difficulty reading prescription labels and handling personal finances.
10. Aging is associated with an increased prevalence of visual impairment.
11. Seniors age 65 years and older should have complete eye exams by their eye doctor every 1 to 2 years to check for cataracts, glaucoma, age-related macular degeneration, diabetic retinopathy and other eye conditions.
12. Referral to a physician should be made if the patient exhibits the following:
   a. Takes certain medications.
   b. Has had a serious eye injury in the past.
   c. Is African American (because of the increased risk of glaucoma).
   d. Has a personal or family history of eye disease.
   e. Squinting or blinking more than usual.
   f. Sensitive to light or glare.
   g. Eyelids or eyes have changed in appearance.
   h. Eye twitches.
   i. Bumping into or tripping over things, moving hesitantly, or walking close to the walls.
   j. Holds things close to his/her eyes to see them.
   k. Has trouble distinguishing faces or reading signs.
   l. Wears clothes that are mismatched or stained.

EQUIPMENT:
Snellen chart
Scissors
Tape
Pencil
Yardstick
Flashlight
10-foot long space
Well-lit room
Paper cup or 4x4

PROCEDURE:
1. Explain the procedure to the patient.
2. Measure 10 feet from a wall with no windows and place a chair at this point.
3. Tape the chart on the bare wall, level with the patient's eyes.
4. Have the patient stand or sit, depending where the chart is positioned.
5. Cover right eye with the paper cup or 4x4. (If patient wears glasses, they should be worn during the test.)
6. Shine the flashlight on each line of the chart while the patient reads the letters out loud.
7. Continue to the bottom row or until the patient is unable to read the letters.
8. Record the number of the smallest line seen with the majority of the letters correctly identified.
9. Repeat the test with the left eye covered and record the results.
10. Adult should be reading the 20/20 line. If there are abnormal results, a medical eye examination should occur for results by an ophthalmologist.

AFTER CARE:
1. Record results of the screening exam.
2. Notify physician as needed.
3. Refer patient to ophthalmologist as needed.

REFERENCES: