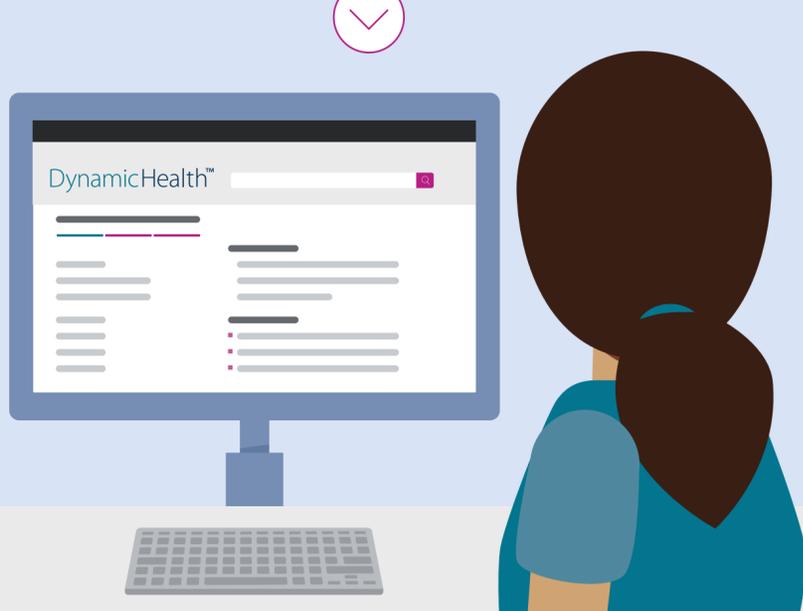


Visual Acuity Testing in Adults

Are Your Nurses Checking All the Boxes?

Did you know that patients 65 years of age and older are at an increased risk for multifactorial causes of diminished visual acuity? Visual acuity testing is performed because untreated visual impairment can lead to academic, job performance, and psychosocial problems as well as increased risk for falls, accidents and injury. Additionally, untreated visual impairments can negatively impact the quality of life of the patient and caregiver(s).

Check out the *Dynamic Health*™ competency checklist below to see if your nurses are checking all the boxes when it comes to their visual acuity testing skills as they relate to adult patients.



PRE-PROCEDURE STEPS

- 1. Review the facility/unit-specific protocol for visual acuity testing, if one is available
- 2. Review the treating clinician's order for visual acuity testing, if one exists
- 3. Note that visual acuity testing is a component of a well-patient examination, and a specific order is not required
- 4. Review the patient's medical history/medical record
- 5. Follow standard pre-procedure steps



PROCEDURE STEPS

- 1. Ask the patient to remove glasses or contact lenses, if applicable, to test uncorrected visual acuity
- 2. Verify that the room is well-lit
- 3. Instruct the patient to stand or sit 20 feet from the Snellen or tumbling E eye chart, to test far vision
- 4. Assist the patient to gently cover the left eye with a plastic paddle or similar item, while keeping both eyes open
- 5. Do not allow the patient to place pressure on the eye as this can temporarily alter the visual acuity
- 6. Instruct the patient to state out loud each individual letter/item on the smallest-sized line of items visible
- 7. Take note of the results of this line
- 8. Have the patient use one hand with the fingers extended to indicate the direction that the "fingers" of the E are pointing, if using the tumbling E chart
- 9. Remind the patient that, if unsure of a letter/item, it is acceptable to guess
- 10. Determine the score for the right eye based on the number written next to the smallest-sized row of letters/items the patient was able to identify (for example, if the number is 40, the patient is said to have 20/40 vision)
- 11. Repeat the test with the left eye, keeping the right eye occluded
- 12. Repeat the above steps using a Jaeger or similar chart held 14 inches (36 cm) from the patient's face, to test near vision
- 13. Determine scores for near vision based on the number written next to the smallest-sized line of letters/items the patient was able to identify (for example, J1+ is equivalent to 20/20 and J2 is equivalent to 20/30)
- 14. Repeat the tests for near and far vision with corrective lenses in place to assess the adequacy of the lens prescription, if applicable
- 15. Discuss the results and implications with the patient/family
- 16. Reassure the patient and family that this is a screening test only, and referral to an appropriate ophthalmologist/optometrist can be made to address any abnormalities or concerns



POST-PROCEDURE STEPS

- 1. Follow standard post-procedure steps
- 2. Arrange for follow-up evaluation by an ophthalmologist/optometrist if abnormalities are identified

Like what you saw?

There's lots more where this came from. *Dynamic Health*, an innovative new evidence-based tool, offers thousands of actionable clinical skills and accompanying competency checklists to help nurses and allied health professionals master critical skills. Users will find current, relevant, evidence-based information on core nursing competencies, transcultural care, patient training, occupational therapy, speech therapy, nutrition and dietetics, social work and so much more.

[See it in Action](#)