

VISUAL FUNCTION

CAA Module

Resident _____

Date _____

Triggers:		Check if applicable
B1000	Vision impaired	
16500	Cataracts, Glaucoma, or Macular Degeneration	
Evaluate:		
B1200	Visual appliance	
D	Mood problem	
G, GG	Assistance required with ADLs, Balance problem	
I2900	Diabetes	
I4200-I5500	Neurological diagnosis, Traumatic Brain Injury	
J1700-J1900	Falls, risk for falls	
O0500	Restorative Nursing program	
Eye medications		
Ophthalmologist exam done		
Need for eye exam/new glasses		
Environmental modifications needed		
Side vision problems, double vision		
Eye pain or blurry vision		
Eye swelling / drainage, itching/burning		
Environmental alterations needed		
Medication review		
Proceed with care-planning		
Do not proceed with care-planning		
Underlying Causes / Complicating factors / Risks / Referrals		
Comments:		