

RESIDENT _____

| DATE | PROBLEM | GOAL | TO DATE | INTERVENTIONS | RESP DISC |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| | <p>Requires specific activities program due to limitations</p> <p>Potential for decreased or unsatisfactory activities related to</p> <p>Visual Impairment</p> <p>As evidenced by:</p> <p>Impaired: Sees large print, but not regular print in newspapers / books</p> <p>Moderately Impaired: Not able to see newspaper headlines, but can identify objects</p> <p>Highly Impaired: Object identification in question, but eyes appear to follow objects</p> <p>Severely Impaired: No vision or sees only light, colors, or shapes; eyes do not appear to follow objects</p> <p>Decreased peripheral vision</p> | <p>Resident will participate fully in chosen activities</p> <p>Resident will verbalize satisfaction with activities</p> <p>Resident will complete activities of choice</p> | | <p>Make sure resident’s glasses are in place before activities</p> <p>Seat resident for easier viewing</p> <p>Place objects within resident’s viewing range</p> <p>Place objects in same place each time</p> <p>Assist resident to orient to space and locations, and assist as needed</p> <p>Monitor activity setting for safety</p> <p>Monitor resident’s safety during activity, and anticipate needs – describe adequately</p> <p>Use “clock method” to describe where items are located</p> <p>Large print items including playing cards, newsprint, books; audio books</p> <p>Higher levels of lighting without glare</p> <p>Magnifying glasses, light-filtering lenses, telescopic glasses</p> <p>See Nursing care plan</p> | |