In the Hospital Room

Unless the next bed is empty, close the curtains to maintain privacy when discussing personal matters or providing personal care.

Identify yourself and address the client so she knows that you are speaking to her: “Hi Linda. It’s Sara, your nurse.” Explain the procedure you are performing: “I am here to hang your new IV.”

Ask the client if she would like any specific accommodations to be made. She might want a sign posted over her bed reminding people to introduce themselves or one stating that she is photosensitive and prefers to keep the window curtains closed. For security reasons, a sign stating that she is blind or partially sighted may not be a good idea.

Provide adaptive aids that will benefit the client: large-print keypad on the telephone, magnifying mirror, talking watch, talking glucometer, talking blood pressure cuff, talking oral thermometer and audio books. Many medical devices (e.g., insulin pumps) can be adapted for clients.

Let the client decide how things should be labelled, organized or adapted in her room. Simple adaptations optimize independence: apply raised or brightly coloured markings (using Velcro or stickers) to the call button and TV and bed controls.

Warn the client if you are going to touch her. It can be very startling to be touched when you’re not expecting it.

Be sure to notify the client when food is delivered, and identify each item — especially important if the client has diabetes. A client who has been sleeping may not be aware that the meal tray has arrived.

Aid the client who has reduced vision by maximizing visual contrast. Place white dishes on a black tray and dark dishes on a light-coloured tray. Use the clock-face method to describe the location of food on the plate: “The fish is at 12 o’clock, peas at 3 o’clock and mashed potatoes at 9 o’clock.” Keep place settings consistent so she gains independence. Some individuals may require assistance cutting food items or making menu selections.

Describe where items are located in the room according to the clock-face method: “When you are lying in bed, the door is at 2 o’clock.” Do not point or say “It’s over there.”

medications you are administering. This allows clients to be directly involved in their care and may also prevent medication errors.

Balance can be affected by vision loss. Be cautious when mobilizing your clients. You should never grab, push or pull them. It is very unsettling to be pushed backwards into a wheelchair, and you could be putting clients at risk of serious injury. When you take clients to another location, describe where you are going, to help them orient themselves: “We are going to turn left and enter the radiology department.” If you must walk away for a moment, be sure to leave clients next to a stationary object. Being left in an open space can be uncomfortable.

When helping clients into a seat or wheelchair, bring them close to it and describe its position. You could also place your hand on the back or arm of the chair and allow them to slide a hand down your arm to locate the seat. Describe where your hand is