

A Smooth Transition to Peritoneal Dialysis for the Visually Impaired Patient

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INTRODUCTION

Objective: To provide the peritoneal dialysis (PD) nurse with a strategy for acquiring resources to enhance the chance of success for the visually impaired patient beginning PD.

Background: Often visually impaired patients are not considered candidates for PD. Training the visually impaired patient on PD can present challenges. Based on our dialysis facility's recent experience with 2 visually impaired patients and with advice from an Association for the Blind social worker, we realized that establishing a core set of basic resources and early identification of visual impairment are critical steps to enhance the establishment of visually impaired patients on PD.

Step One: Early Intervention

- Arrange for patient eye exam within the year of PD training.
- Establish contact with a private or state Association of the Blind to be evaluated for services available to him/her and to recommend specific visual aides that would benefit the patient based on functional aspects of visual difficulties.
- Arrange a home visit by a social worker from the Association of the Blind to assess:
 - basic home safety,
 - level of visual function,
 - what activities the patient can no longer perform and that they miss,
 - Determine what his/her motivation to live independently.

Step Two: Supplies and Equipment

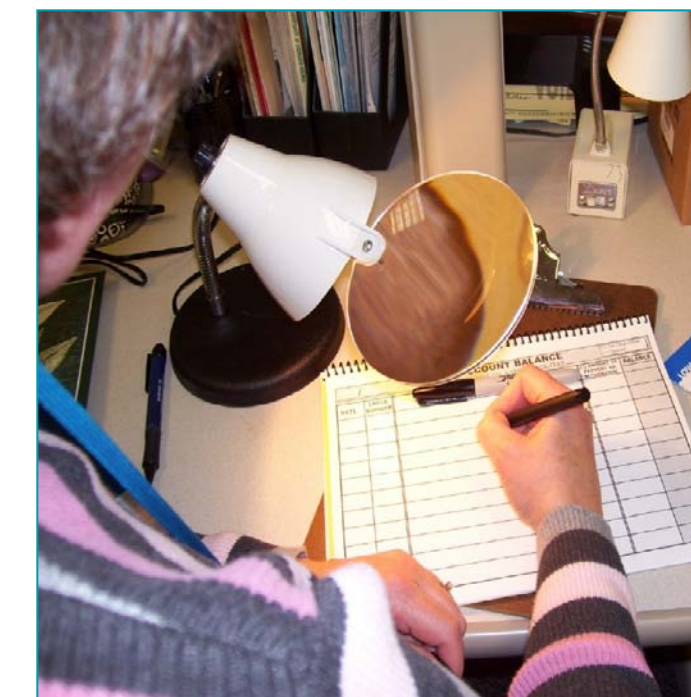
- Assess supply and equipment needs.
 - Not every piece of equipment will be beneficial to each patient situation (see examples).
 - Equipment includes talking BP cuffs, floor scales, glucose meters, and magnifiers such as magnifying watches, syringe magnifiers, and hands-free magnifiers.
- Enlist possible reimbursement resources: church organizations, grants, Lions club, rotary organizations and state agencies (eligibility based on income).
 - Medicare approves the Association of the Blind low vision evaluation, however, some of the equipment may not be reimbursed via insurance and/or Medicare.



Tips & Tools



Different type of lighting available to meet all needs.



Magnification over 2x should be prescribed by a physician.



Lighting and magnification together improve vision.



Connecting at an angle requires less depth perception.

This simple aid for guiding signatures provides space definition.



Step Three: Training

- Increase practice time and extend training time for visually impaired patients.
- Provide handouts in black and white with enlarged type to enhance visibility.
- Be aware of the lighting in the training room. Open or close curtains or blinds to provide more light and decrease glare.
- Change the work surface to a matte or dull top, such as a tablecloth, as glare can further reduce vision and cause eye fatigue.
- Enhance contrast between the object and its surroundings and add contrasting tape on the cyclor handle to make it more visible.
- Keep your voice at a normal level unless the visually impaired patient also has a hearing impairment.
- Include family and friend involvement to increase success of performing PD at home.

KEY LEARNINGS

- ✓ By creating awareness of the many resources available, the PD nurse can train and improve the possibility of maintaining the visually impaired patient on PD.
- ✓ Early identification of patients with visual difficulties, ideally at catheter placement, maximizes the time available to implement the tools described.

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