



## Quick Reference Guide

for

### SUPPORTING VISION LOSS AT HOME



#### At a Glance

Vision loss does not mean loss of independence. A safe, familiar environment, good lighting, regular eye care, and consistent daily routines can help older adults remain confident and active. Small adjustments made early often prevent falls, injuries, and unnecessary frustration.

#### Daily Priorities

- Ensure glasses are clean and worn.
- Keep walkways clear and well lit.
- Return everyday items to the same place.
- Encourage hydration, good nutrition, and medications.
- Support independence whenever it is safe.

#### Watch For

- New vision changes.
- More trips, stumbles, or falls.
- Difficulty with everyday tasks.
- Eye pain, redness, or discomfort.

#### Avoid

- Moving furniture unexpectedly.
- Poor lighting and glare.
- Clutter, loose rugs, and trailing cords.

#### Call the Doctor If

- Vision changes suddenly.
- Flashes, floaters, or a dark shadow appear.
- Eye pain or redness develops.
- Vision loss affects safety or daily activities.





## Daily Caregiver Checklist

for

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- ☐ Glasses are clean and in good condition.
- ☐ Hallways and walkways are free of clutter.
- ☐ Night lights are functioning.
- ☐ Frequently used items remain in their usual locations.
- ☐ Medications have been taken as prescribed.
- ☐ Eye drops have been administered, if applicable.
- ☐ Floors are clean and dry.
- ☐ Mobility aids are within easy reach.
- ☐ Any changes in vision or eye discomfort have been noted.
- ☐ Adequate hydration and nutrition have been maintained.

#### Notes





## Emergency Warning Signs

for

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#### Alert Level Warning Sign

|                 |                                                                          |
|-----------------|--------------------------------------------------------------------------|
| <b>URGENT</b>   | Sudden loss of vision in one or both eyes.                               |
| <b>URGENT</b>   | A dark curtain or shadow moving across the vision.                       |
| <b>URGENT</b>   | New flashes of light with a sudden increase in floaters.                 |
| <b>URGENT</b>   | Severe eye pain with vision changes.                                     |
| <b>HIGH</b>     | Double vision or sudden difficulty judging distances.                    |
| <b>HIGH</b>     | Frequent falls or near falls related to poor vision.                     |
| <b>HIGH</b>     | Rapid worsening of blurred vision over hours or days.                    |
| <b>MODERATE</b> | New difficulty reading, recognising faces or everyday objects.           |
| <b>MODERATE</b> | Increasing sensitivity to light or persistent glare problems.            |
| <b>MODERATE</b> | Increasing dependence with daily activities because of declining vision. |

#### Alert Level Definitions

|                 |                                                                                  |
|-----------------|----------------------------------------------------------------------------------|
| <b>URGENT</b>   | Requires IMMEDIATE attention. Call 911 or emergency services.                    |
| <b>HIGH</b>     | Not critical but requires attention quickly, preferably within a day.            |
| <b>MODERATE</b> | Monitor closely and arrange a routine appointment if symptoms persist or worsen. |



## Home Safety Assessment

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| Functional Area          | Assessment Considerations                                                    | Action Required                                                                    |
|--------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Lighting                 | General lighting. Motion detector night lights. Glare                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Walkways                 | Tripping hazards. Clear pathways. Consistent furniture placement             | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Bathroom                 | Grab bars. Non-slip mats                                                     | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Stairs                   | Stair edge contrast. Secure handrails                                        | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Daily Living             | Consistent frequent-use item placement. Object contrast                      | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| Medication/<br>Emergency | Medicine labels and organization. Emergency contacts. Easy - to-reach phone. | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

Review this assessment every six months, or sooner if vision changes significantly.

#### Notes





## Questions for Your Doctor

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|                 |                                                                           |
|-----------------|---------------------------------------------------------------------------|
| <b>Question</b> | Has my vision changed since the last eye examination?                     |
| <b>Notes</b>    |                                                                           |
|                 |                                                                           |
| <b>Question</b> | What are my treatment options?                                            |
| <b>Notes</b>    |                                                                           |
|                 |                                                                           |
| <b>Question</b> | Could any medications be affecting my eyesight?                           |
| <b>Notes</b>    |                                                                           |
|                 |                                                                           |
| <b>Question</b> | Would low-vision aids or occupational therapy make any difference?        |
| <b>Notes</b>    |                                                                           |
|                 |                                                                           |
| <b>Question</b> | Are there any specific lifestyle, activity or diet changes that may help? |
| <b>Notes</b>    |                                                                           |
|                 |                                                                           |
| <b>Question</b> | What symptoms would require an urgent appointment or emergency care?      |
| <b>Notes</b>    |                                                                           |
|                 |                                                                           |
| <b>Question</b> | How frequently should I schedule follow up examinations?                  |
| <b>Notes</b>    |                                                                           |
|                 |                                                                           |
| <b>Question</b> | Is there anything else I can do to help preserve my independence?         |
| <b>Notes</b>    |                                                                           |
|                 |                                                                           |