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Summary of a Best Practice Statement for screening, assessment and management of vision problems in the first 30 days after an acute stroke.

Stroke is a life changing experience. In 2012, around 12,500 new cases of stroke were reported in Scotland. The resulting brain damage can affect the visual system causing problems with visual perception, eye movement disorders, low vision and visual field loss. Current guidelines recommend that everyone who has a stroke should be screened for vision problems. This Quick Reference Guide summarises the main points of a Best Practice Statement which provides advice on screening, assessing and managing vision problems after an acute stroke.

Initial Screening of Vision Problems After Stroke

1. Early detection of vision problems following a stroke is essential for rehabilitation.
2. Awareness of pre-existing vision problems is important in identifying the cause of visual loss. Patients who wear glasses should be encouraged to wear them in hospital.
3. All members of the multidisciplinary team have responsibility for identifying visual deficits.
4. All staff should have adequate training in order to recognise vision problems.

Visual Field Deficit

1. All staff should be aware of the risks to patient safety caused by a visual field deficit.
2. Early detection, assessment and intervention requires specialist knowledge.
3. Interventions to reduce risks associated with visual field deficit should be implemented.
4. A combined rehabilitation approach including visual aids, scanning training and visual field restitution is likely to produce the best outcome.

Eye Movement Disorders

1. All staff working with stroke patients must be aware of the potential for eye movement disorders.
2. All patients should be screened for an eye movement disorder by suitably trained staff; this may be experienced medical staff, nursing staff or allied healthcare professions staff.
3. Patients with eye movement disorders should be referred to orthoptic services.

Visual Neglect/Inattention

1. All stroke patients should be assessed for visual neglect/inattention using the Star Cancellation Test.
2. A test battery, such as the Behavioural Inattention Test should be used for full assessment of patients identified as having visual neglect/inattention.
3. Patients should be observed whilst completing tasks, as visual neglect might not be apparent during formal assessment.

General guidance

1. Clear pathways for assessment and management of vision problems should be available in the ward.
2. Patients and family members/carers should be given clear information about identified vision problems.
3. Patients should be provided with a follow up appointment and directed to voluntary services before discharge.
4. Patients should be asked if they intend to drive following a stroke and, if so, assessed for driving competencies before they do.

An electronic version of this guide and further information about the BPS can be obtained from www.glasgow.ac.uk/bpsvision

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