**VISUAL ACUITY AND TEST FOR COLOR DISCRIMINATION**

**Baseline visual acuity and a test for color discrimination are required for patients on ethambutol (EMB).**

Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 Last Name First Name DOB

**Color Discrimination**

Conduct color discrimination screening using “Good-Lite Pseudo-Isochromatic 16 Plate Edition”. Use plates 1-7 for adult testing. If the patient is unable to read numbers, the pediatric section may be used.

Test one eye at a time. Hold plate 24-30 inches from patient at right angle. The patient has approximately 3 seconds to identify each plate. Record result below as “number correct”/7. If patient correctly identifies all 7 plates they pass. If not, they are deficient. If change is noted from baseline during monthly monitoring EMB should be stopped and referral given to ophthalmologist.

BASELINE RESULT COLOR DISCRIMINATION

|  |  |  |
| --- | --- | --- |
| DATE | RIGHT EYE | LEFT EYE |
|  | \_\_\_\_\_\_\_\_/ 7number correct | ­­­­­­\_\_\_\_\_\_\_\_/ 7number correct |

MONTHLY MONITORING COLOR DISCRIMINATION

|  |  |  |
| --- | --- | --- |
| DATE | RIGHT EYE | LEFT EYE |
|  | \_\_\_\_\_\_\_\_/ 7number correct | ­­­­­­\_\_\_\_\_\_\_\_/ 7number correct |
|  | \_\_\_\_\_\_\_\_/ 7number correct | ­­­­­­\_\_\_\_\_\_\_\_/ 7number correct |
|  | \_\_\_\_\_\_\_\_/ 7number correct | ­­­­­­\_\_\_\_\_\_\_\_/ 7number correct |
|  | \_\_\_\_\_\_\_\_/ 7number correct | ­­­­­­\_\_\_\_\_\_\_\_/ 7number correct |

**Visual Acuity**

Select either 10 foot or 20 foot chart for baseline visual acuity screening. Document which will be used and use same one for monthly monitoring. Place eye chart on wall at eye level for patient. Measure distance from chart to where patient will sit or stand and mark the place. Ensure patient understands how to read the figures on the chart before starting by pointing to a letter and testing with both eyes at once.

If glasses or contacts are worn, test with them on. Have patient cover eye with occluder, paper cup or card. Have patient read letters from chart top to bottom moving across left to right. If line is read correctly, proceed to next smaller line. Continue through the 20/20 line. To pass a line, patient must correctly identify one more than half the letters on the line. If patient fails a line, repeat the line in reverse order. If the line is failed twice, record visual acuity as the next higher line read correctly. Example: if 20/30 foot line is failed, record visual acuity as 20/40 noting eye tested. Vision is recorded as a fraction. Top number (numerator) refers to number of feet from eye chart (20 or 10). The lower number (denominator) refers to the line of the chart the patient is able to read. Look for changes from baseline during monthly screening. If changes noted stop EMB and refer to ophthalmologist.

Chart used (type and if 10 or 20 foot) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BASELINE RESULT VISUAL ACUITY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | RIGHT EYE | LEFT EYE | Nurse Signature | Comment or action |
|  | \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read | ­­­­­­\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read |  |  |

MONTHLY MONITORING

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE | RIGHT EYE | LEFT EYE | Nurse Signature | Comment or action |
|  | \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read | ­­­­­­\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read |  |  |
|  | \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read | ­­­­­­\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read |  |  |
|  | \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read | ­­­­­­\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read |  |  |
|  | \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read | ­­­­­­\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_ 10 or 20 last line read |  |  |