

discussion focuses on clinical manifestations of various types of visual problems (see [Box 18-5](#)). Vision testing is discussed in [Chapter 4](#).

## Infancy

At birth, the nurse should observe the neonate's response to visual stimuli, such as following a light or object and cessation of body movement. The infant may vary in the intensity of the response, depending on the state of alertness.

Of special importance in detecting visual impairment during infancy are the parents' concerns regarding visual responsiveness in their child. Their concerns, such as lack of eye contact from the infant, must be taken seriously. During infancy, the child should be tested for strabismus. Lack of binocularity after 2 to 4 months of age is considered abnormal and must be treated to prevent amblyopia ([Rogers and Jordan, 2013](#)).

### Nursing Alert

Suspect visual impairment in an infant who does not react to light and in a child of any age if the parents express concern.

## Childhood

Because the most common visual impairment during childhood is refractive error, testing for visual acuity is essential. The school nurse usually assumes major responsibility for vision testing in schoolchildren. In addition to assessing for refractive errors, the nurse should be aware of signs and symptoms that indicate other ocular problems. If the family is given a referral requesting further eye testing, the nurse is responsible for follow-up concerning the recommendation.

Learning that their child is visually impaired precipitates an immense crisis for families. Encourage the family to investigate appropriate early intervention and educational programs for their child as soon as possible. Sources of information include state commissions for the visually impaired, local schools for children with visual impairments, the American Foundation for the Blind,<sup>\*</sup> the National Federation of the Blind,<sup>†</sup> the National Association for Parents of Children with Visual Impairments,<sup>‡</sup> the National