Because visual sensory input is not present, the child needs input from all other senses to compensate and provide adequate sensory stimulation.

The child may be at risk for injury related both to developmental stage and inability to visualize hazards.

The visually impaired child benefits developmentally from contact with other children.

Sensory input is needed for normal development to occur.

Regular examinations aid in early identification of growth problems or developmental delays, so that appropriate interventions can be planned.

<table>
<thead>
<tr>
<th>GOAL</th>
<th>INTERVENTION</th>
<th>RATIONALE</th>
<th>EXPECTED OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sensory/Perceptual Alteration related to altered reception, transmission, and integration resulting from retinopathy of prematurity</td>
<td>NIC Priority Intervention: <strong>Visual Deficit Enhancement:</strong> Assistance in accepting and learning alternate methods for living with diminished vision.</td>
<td><strong>NOC Suggested Outcome:</strong> <strong>Developmental Progression:</strong> Compensate for sensory deficits by maximizing use of impaired senses.</td>
<td>The child demonstrates minimal signs of sensory deprivation.</td>
</tr>
</tbody>
</table>

- Provide kinesthetic, tactile, and auditory stimulation during play and in daily care (e.g., talking and playing). Provide music while bathing an infant using bells and other noises on each side of infant. Verbally describe to a child all actions being carried out by adult.

2. Risk for Injury related to impaired vision

- NIC Priority Intervention: **Fall Prevention:** Instituting special precautions with patients at risk for injury.

- The child will be protected from safety hazards that can lead to injury.

- Evaluate environment for potential safety hazards based on age of child and degree of impairment. Be particularly alert to objects that give visual cues to their dangers (e.g., stoves, fireplaces, candles). Eliminate safety hazards and protect the child from exposure. Take the child on a tour of new rooms, explaining safety hazards (e.g., schools, hotel room, hospital room).

- The child may be at risk for injury related both to developmental stage and inability to visualize hazards.

- The child will experience no injuries.

3. Risk for Altered Growth and Development related to impaired vision

- NIC Priority Intervention: **Developmental Enhancement:** Facilitating or teaching parents caregivers to facilitate optional growth & development of children.

- The child has experiences necessary to foster normal growth and development.

- Help parents plan early, regular social activities with other children.

- Provide opportunities and encourage self-feeding activities.

- Provide an environment rich in sensory input.

- Assess growth and development during regular examinations to identify the child’s strengths and needs.

- The visually impaired child benefits developmentally from contact with other children.

- To obtain adequate nutrients, the child needs to feel comfortable feeding self.

- Sensory input is needed for normal development to occur.

- Regular examinations aid in early identification of growth problems or developmental delays, so that appropriate interventions can be planned.

- The child demonstrates normal growth and development milestones.
ventilation equipment is properly set to deliver the correct amount of oxygen. Note the cumulative risks in a particular case and suggest the need for a referral to an ophthalmologist, as necessary.

The accompanying nursing care plan outlines several nursing diagnoses for a child such as Raeanne with a visual impairment secondary to retinopathy of prematurity. Following are other nursing diagnoses that may be appropriate for an infant with the potential to develop ROP or a child with resulting visual impairment:

- **Sensory/perceptual alteration (visual),** related to altered transmission of impulses
- **Impaired gas exchange,** related to ventilation-perfusion imbalance
- **Alteration in growth and development,** related to effects of visual impairment
- **Altered family processes,** related to a child with a visual impairment

### Planning and Implementation

The nurse plays an important role in preventing retinopathy of prematurity. Encourage early and regular prenatal care to prevent unnecessary premature births. Administer oxygen only to newborns who need it, and in the amount specified by the physician. Ensure that the proper ventilatory settings are used. Be alert for infants with multiple risk factors and refer them, when appropriate, for ophthalmologic examination. Parents of infants at risk for ROP require information about the disorder, as well as support, as the long-term effects on the child’s vision are often identified only after subsequent examinations as the child grows.

The accompanying nursing care plan summarizes care for the child with a visual impairment resulting from retinopathy of prematurity. The nurse is instrumental in case management for such children. Reinforce to parents the importance of follow-up eye examinations. Teach methods of stimulating development for the visually impaired child (refer to the next section).