**Timing of vision screening and assessment in an acute population**

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Aim: We report the timing at which specialist vision screening is feasible in an acute stroke population.

Methods: Prospective, epidemiology study 1.6.14 to 30.6.15 across 3 stroke units. All stroke admissions were identified by the stroke research nurses. The orthoptic research team assessed all stroke survivors with assessment of visual acuity, visual fields, ocular alignment, ocular motility, visual inattention and visual perception alongside documentation of past ocular history and current visual symptoms.

Results: 1295 patients were recruited: 51.5% males, 48.5% females, mean age 73.3 years (SD 14.2) and 87.3% ischaemic strokes. 90 died before vision assessment; 172 could never be assessed. 1033 underwent visual screening at a mean of 6.45 days (SD 24; median 3). 668 were assessed at baseline; 365 could not be assessed so were re-reviewed - 70% were assessed by the second visit. The time-point at which most stroke survivors could achieve a full visual assessment was at a median of 4 days (mean 13.4) post stroke onset.

Conclusions: For most, visual screening was achieved within 3 days of stroke onset and full visual assessment by 4 days. Reasons for not being able to undergo vision screening or assessment were mostly related to severity of stroke where stroke survivors were unable to participate in with vision testing. Our results demonstrate that early visual assessment is feasible when undertaken by Orthoptists and important as a core stroke assessment in that information can be provided on visual status and its functional significance to the stroke team, patients and carers.