

## Age Specific Care

### Summary of Physical Development Principles

- Newborns (0-1 month) display reflex movements and respond to stimulation. One example of a reflex is the newborn grasping a finger when it touches the palm of his/her hand.
- Infants (1-12 months) experience pronounced physical changes and growth. During this time they triple their birth weight, develop gross motor skills that enable them to walk (with or without help), and begin to develop fine motor skills such as picking up things using their forefinger and thumb (pincer grasp).
- Toddlers' gross motor skills develop as they become more balanced on their feet. Children at this age (1-3 years) can walk, jump, catch, and roll a ball. Their fine motor skills increase as they attempt to balance blocks and draw circles.
- The changes in gross and fine motor development experienced by preschoolers (3-6 years) improve their ability to walk, run, jump, and hop. Their control of a pencil or crayon improves.
- In school-age children (6-12 years) athletic abilities and eye-hand coordination are well developed. They can participate in and enjoy team sports.
- The adolescent (12-20 years) experiences greater physical growth than at any other time apart from infancy. Muscle development increases in both sexes, and puberty begins with the development of hormones.
- Young adults (20-45 years) are generally as fit and healthy as they will ever be. During the middle adulthood (45-65 years), many people become aware of the gradual changes occurring in their bodies - signs of the aging process.
- Seniors (65 years and older) experience a continuation and acceleration of the body changes that began during the middle adulthood stage. Thinning and graying of hair, appearance of wrinkles, and a general decline in the efficiency of some body systems are more pronounced in seniors.
- All of the development stages described in this module refer to typical individuals of each group. There may be substantial variation between individuals within the "normal" range.

### Summary of Intellectual Development Principles

- Intellectual development of the newborn depends a great deal on stimulation such as exposure to patterns (especially black and white), voices, and facial expressions such as smiling.
- Infants progress from being able to follow objects with their eyes to looking for objects. By 12 months, many infants speak their first understandable words.
- Toddlers begin to think about what they do before they do it, and they show the ability to think by imitating a model. As language develops, toddlers increase their vocabulary, improve articulation, sentence structure, and listening skills.
- Preschool children are busy developing skills, using language, and gaining control. They can express their needs because they have greater command of language.
- School-age children develop an increased ability to remember and pay attention. They enjoy activities such as games with rules and collecting things.
- Adolescents are in a transition period from concrete to abstract thinking and become increasingly more independent.
- The capacity to hold and use knowledge is at a peak in adults. Their experience, opinions, potential for problem-solving and creative thinking are important in developing a sense of identity and purpose, both of which are critical throughout adulthood.
- There is a general slowing down of mental processes in seniors, but general knowledge, long-term memories, and verbal comprehension are sustained.

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- All of the development stages described in this module refer to typical individuals of each group. There may be substantial variation between individuals within the "normal" range.

### Summary of Psychosocial Development Principles

Each stage of psychosocial development in the human development life cycle is characterized by a different psychological need or goal, which must be resolved by the individual. The psychosocial development stages are as follows:

- The psychosocial goal of the newborn and infant (0-1 year) is to attain TRUST as opposed to mistrust.
- The psychosocial goal of the toddler (1-3 years) is to attain AUTONOMY or INDEPENDENCE as opposed to doubt or shame.
- The psychosocial goal of the preschooler (3-6 years) is to attain INITIATIVE as opposed to guilt.
- The psychosocial goal of the school-age child (6-12 years) is to attain COMPETENCE as opposed to inferiority.
- The psychosocial goal of the adolescent (12-20 years) is to attain ROLE IDENTITY as opposed to role confusion.
- The psychosocial goal of the young adult (20-45 years) is to attain INTIMACY as opposed to isolation.
- The psychosocial goal of the middle adult (45-65 years) is to attain GENERATIVITY as opposed to stagnation.
- The psychosocial goal of the senior (65+ years) is to attain INTEGRITY as opposed to despair.
- All of the development stages described in this module refer to typical individuals of each group. There may be substantial variation between individuals within the "normal" range.

### Safety Concerns

#### **Safety concerns for newborns, infants, and toddlers**

Safety needs are based on physical abilities, judgment and intellectual skills. Parents, or other adults, are responsible for the safety of newborns, infants, and toddlers.

Safety concerns for newborns, infants, and toddlers fall into the four main areas:

1. Falls
2. Car safety
3. Choking or suffocation
4. Burns and scalds

#### The newborn (0-1 month)

Falls:

- Hold newborn babies firmly and support their heads.
- Keep one hand on the baby when on a table, scale, or bed.
- Ensure crib rails are up and secured whenever baby is left in crib.

Car safety:

- Use a rear-facing car seat designed for newborn babies.
- Place the car seat in the middle of the back seat, when possible.

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- Never place a baby's car seat in a seat fitted with an airbag.

### Burns and scalds:

- Do NOT use a microwave to heat formula.
- Always test bottle temperature on the inside of your wrist.
- Always test bath temperature with the inside of your wrist.
- Protect babies from sunburn by using shade, suitable hats and clothing, and approved sun protection.

### Choking or suffocating:

- Lie babies on their backs or sides to sleep (not stomachs) to reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Hold the bottle when feeding a baby; do not "prop" a bottle.
- Keep plastic bags away from babies.
- Never tie anything around a baby's neck (pacifiers, etc.).
- Avoid clothing with strings or other objects that may get into the mouth.
- Do not allow baby to lie on a beanbag seat or cushion.
- Do not place stuffed animals or other toys in the baby's crib.

### The infant (1-12 months)

#### Falls:

- Hold an infant firmly and support the head until head control is established.
- Be prepared for an infant to lunge backwards.
- Keep one hand on the infant when on a table, scale or bed.
- Ensure crib rails are up and secured, especially when an infant is able to stand.
- Use gates to block stairs at top AND bottom.

#### Car safety:

- Use a rear-facing car seat.
- Place the car seat in the middle of the back seat, when possible.
- Never place a baby's car seat in a seat fitted with an airbag.

### Burns and scalds:

- Do NOT use a microwave to heat bottles or formula.
- Always test bottle temperature on the inside of your wrist.
- Always test bath temperature with the inside of your wrist.
- Protect infants from sunburn by using shade, suitable hats and clothing, and approved sun protection.
- Use sunscreen (after six months of age) if babies will be exposed to sunlight.

### Choking or suffocating:

- Lie infants on their backs or sides to sleep (not stomachs) to reduce the risk of Sudden Infant Death Syndrome (SIDS).
- Hold the bottle when feeding an infant; do not prop the bottle.
- Stay with an infant in the bath; **never** leave an infant unsupervised in the bath.
- Keep all small objects out of reach.
- Keep plastic bags away from infants.

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- Never tie anything around an infant's neck (pacifiers, etc.).
- Avoid clothing with strings or other objects that may be put in the mouth.
- Do not allow infant to lie on a beanbag seat or cushion.
- Do not place stuffed animals or other toys in the crib.
- Keep mini-blind cords and other cords out of reach.

### The toddler (1-3 years)

#### Falls:

- Remove objects that can be climbed.
- Prevent the toddler from running too fast, especially on slippery floors or if wearing slippers or in bare feet.
- Ensure crib rails are up and secured, or transfer the toddler to a low bed.
- Use gates to block stairs at top AND bottom.
- Secure outside doors with locks that are out of reach.
- Ensure playground supervision.

#### Car safety:

- Use a forward-facing child's car seat.
- Place the car seat in the middle of the back seat, when possible.
- Never place a toddler seat in a seat fitted with an airbag.

#### Burns, scalds, and electrical hazards:

- Keep matches, lighters, candles and oil lamps out of reach.
- Always test bath temperature with the inside of your wrist.
- Keep electrical cords and appliances out of reach.
- Install covers on electrical outlets.
- Use sunscreen if toddlers will be exposed to sunlight.

#### Choking, suffocating, and poisoning:

- Stay with a toddler in the bath; **never** leave a toddler unsupervised in the bath.
- Keep all small objects out of reach.
- Keep plastic bags away from toddlers.
- Avoid foods that could cause choking, such as hard candy, nuts and grapes, whole wieners or hot dogs (cut wieners into small pieces **lengthwise**), lollipops, etc.
- Keep all medicines in a locked cupboard.
- Keep all cleaning supplies and other poisonous materials locked up or well out of reach.

Remember, adults are responsible for the safety of newborns, infants and toddlers.

### **Safety concerns for preschoolers, school-age children, and adolescents**

Parents or other responsible adults must still supervise all activities of preschoolers. However, preschoolers (and older children) are old enough to understand simple instructions, so children must be taught about safety concerns.

### The preschool child (3-6 years)

The preschooler should learn about the following safety concerns:

- Road and car safety (crossing the road, using a child car seat and seat belts)

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- Bicycle safety (wearing a helmet, etc.)
- Fire safety (lessons such as "Stop, Drop, and Roll")
- Safety with hazardous materials (poisons and medicines)
- Safe handling of scissors or other sharp implements
- Prevention of sexual abuse
- Stranger awareness

### The school-age child (6-12 years)

The school-age child should:

- Learn to apply road safety rules at all times
- Wear a helmet whenever riding a bicycle and walk a bicycle across an intersection
- Continue to wear a seatbelt in a motor vehicle
- Learn how to swim and how to apply rules of water safety
- Practice safety in all projects or activities
- Learn about stranger awareness and the dangers of sexual abuse
- Learn about the dangers of drugs, alcohol, and cigarettes.

### The Adolescent (12-20 years)

Safety concerns for adolescents include:

- Motor vehicle safety
- Drug and alcohol abuse
- Sexually transmitted diseases
- Unplanned pregnancy
- Risks of violence (gangs, abuse, accidents, etc.)
- Suicide (the third most common cause of death among teenagers).

Remember, adults are responsible for the safety of preschoolers, schoolchildren and adolescents.

### **Safety concerns for adults and seniors**

Adults are responsible not only for their own safety, but also for the safety of people in all other age groups. Declining abilities, and the increase of elder abuse, may affect the safety of seniors.

### The Adult (20-65 years)

Safety concerns for adults include:

- Environmental safety at home and at work
- Electrical safety at home and at work
- Fire safety at home and at work
- Motor vehicle safety
- Personal safety in the community
- Proper use and disposal of hazardous materials.

### The Senior (65+ years)

Safety concerns for seniors include those listed above for adults and:

- Performing home safety assessments
- Reducing the risk of falls (good lighting, hand rails on stairs, placement of furniture, electrical appliances, loose rugs, etc.)

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- Avoiding adverse drug reactions (common when a person has more than one physician and/or uses over-the-counter medications)
- Preventing elder abuse (reporting suspicious situations and providing relief when caregivers become overwhelmed or frustrated).

Remember, adults are responsible not only for their own safety, but also for the safety of seniors.

### Patient Care Concerns

#### **Patient care concerns for newborns, infants, and toddlers**

##### The newborn (0-1 month)

Patient care concerns with newborns include:

- Encouraging bonding between parents and the newborn
- Encouraging the mother (or primary caregiver) to stay with the newborn as much as possible
- Encouraging physical contact between the mother (or caregiver) and baby
- Involving parents or other primary caregivers in health care decisions
- Reminding parents about hygiene when handling newborns or preparing their food.

##### The infant (1-12 months)

Patient care concerns with infants include:

- Encouraging the mother (or primary caregiver) to stay with the infant as much as possible
- Encouraging physical contact by allowing the infant to sit on mother's lap, etc.
- Involving parents or other primary caregivers in health care decisions
- Trying to meet the infant's needs promptly to develop trust
- Reminding parents about hygiene when handling or preparing food for the infant
- Educating parents about maintaining immunization records
- Allowing infants to change positions frequently and using a high chair some of the time
- Placing infants on their backs or sides to sleep
- Holding infants for bottle feedings and not propping their bottles
- Recognizing signs of separation anxiety in older infants and being supportive of parents
- Nurturing development in a sick infant by providing stimulating toys and games - young infants like bright colors, musical toys, mobiles, and rattles; as they grow, they need space to explore and objects to grasp, such as stacking blocks; and at later stages they enjoy looking at pictures, playing peek-a-boo, being read to, and naming and pointing to body parts.

##### The toddler (1-3 years)

Patient care concerns with toddlers include:

- Arranging for the same staff to care for the toddler whenever possible (consistency is important)
- Approaching the toddler slowly and calmly
- Allowing parents or primary caregivers to remain with the toddler as much as possible (separation anxiety may continue)
- Learning the toddler's words for describing pain, illness, eating, toileting, etc. and use these same words
- Being aware of any rituals and food likes and dislikes

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- Beginning care by performing tasks the toddler will object to the least (for example, examine fingers or toes before the chest or head)
- Allowing the toddler to handle the equipment (such as a stethoscope) whenever possible
- Being honest with both the toddler and parents when explaining what is about to happen
- Providing the toddler with very simple explanations about what is going to happen, just before the event
- Providing the toddler with choices when possible (for example, showing two pairs of pajamas and asking which pair the child wants to wear)
- Educating the parents that it is normal for a sick child to suffer some developmental regressions, but that he or she will catch up
- Providing stimulating toys and games, such as dolls, musical toys, hide and seek, stacking toys, balls, push toys and being read to for up to 15 months old; rocking horse, shape sorting, crayons and paper, running and chasing games for up to 18 months old; modeling clay, finger and brush paints, tapes and follow along story books, songs and puppets for up to 24 months old; and, play with other children, building toys, drawing, painting, nurse and doctor kits and imitation household objects for up to 36 months old.

### **Patient care concerns for preschoolers, school-age children, and adolescents**

As children get older, patient care concerns change.

#### The preschool child (3-6 years)

Patient care concerns with preschoolers include:

- Arranging for the same staff to care for the preschooler whenever possible (consistency is important)
- Encouraging parents or caregivers to stay with preschoolers and participate in their health care
- Ensuring that immunizations are up-to-date
- Encouraging pretend play by using a doll and/or medical supplies to help the preschooler overcome fear
- Allowing the preschooler to play with real equipment, when possible
- Getting the preschooler to point to where it hurts (descriptions from this age group are not reliable)
- Setting limits, but allowing the preschooler to have some control by offering choices
- Relating clinical procedures to things the preschooler is familiar with, such as comparing an injection to a pinch or an ant bite
- Reassuring the preschooler that being sick is not punishment for something he or she did and that nobody can be blamed for it
- Providing stimulating toys and games, such as toy trucks, cars, dolls, story and song tapes, playing simple games, imitating adult roles such as playing house or dress-up, reading books, drawing, coloring, painting, working with modeling clay, and simple puzzles.

#### The school-age child (6-12 years)

Patient care concerns with schoolchildren include:

- Allowing schoolchildren to express their fears
- Being aware schoolchildren may deny pain they are having
- Explaining procedures so they are able to understand what will be happening
- Giving honest information about discomfort and other issues that may be involved in procedures
- Assuring schoolchildren that neither they nor their parents are to blame for the illness

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- Involving a schoolchild in his or her care and allowing choices when possible (for example, about whether to take a bath in the morning or evening)
- Providing privacy whenever possible
- Being aware schoolchildren may be concerned about the loss of newly mastered skills
- Being aware they may be concerned about separation from school, schoolmates and school activities
- Coordinating patient care and visits from a home tutor, if provided
- Allowing friends or classmates from school to visit, if possible
- Providing books, art supplies, puzzles, board games, card games, music and other stimulating activities.

### The Adolescent (12-20 years)

Patient care concerns with adolescents include:

- Respecting the adolescent's need for privacy and concerns about modesty
- Understanding adolescents may fear their loss of independence
- Involving the adolescent in healthcare decisions as much as possible
- Explaining procedures, routines, and restrictions imposed by the illness
- Answering all questions honestly
- Recognizing both positive and negative coping behaviors as attempts to adjust to a threatening situation
- Attempting to deal not only with behavior, but also with the feelings that cause the behavior
- Accepting levels of performance and allowing for temporary regression
- Being a good listener
- Maintaining a sense of humor
- Encouraging breast self-examination with females and testicular self-examination with males
- Interpreting adolescents' reactions to hospital stays to parents, and emphasizing their need to be respected as individuals who are separate from their parents
- Encouraging adolescents to wear their own clothes and use personal items (as long as it does not interfere with their care or hospital regulations)
- Allowing the adolescent access to a telephone for keeping in contact with friends and encouraging parents to allow the same contact at home.

### **Patient care concerns for adults and seniors**

Patient care concerns with adults include:

- Being sensitive to concerns about the implications of hospitalization on their jobs and families
- Allowing adults to verbalize their fears and worries
- Being aware of emerging vision or hearing deficits
- Involving adults in their care as much as possible
- Providing adults with choices whenever possible
- Remembering that competent adults have the right to choose or refuse treatment
- Involving family members as much as possible
- Including adult patients and their families in instruction and teaching activities
- Providing information about healthy nutrition and the importance of regular exercise
- Recognizing that physical impairment may be due to various factors including age, illness, or inappropriate medication
- Providing information about risk factors related to chronic diseases, such as preventing complications of chronic diseases and reducing the risks
- Providing information on advance directives.



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### The Senior (65+ years)

Patient care concerns with seniors include:

- Setting realistic goals for seniors' care
- Assessing for risk of falls
- Assessing and adjusting the environment to suit the needs of the senior
- Determining current medications, including dosage and frequency, and being alert to adverse reactions
- Encouraging good nutrition (in spite of decline in sense of taste)
- Encouraging senior's participation in care
- Remembering that competent adults, including seniors, have the right to choose or refuse treatment
- Helping seniors to remain oriented to their surroundings
- Allowing seniors to talk about their lives and accomplishments
- Making sure seniors understand advance directives and how to make their wishes for end-of-life decisions known.

## Communication Techniques

### **Communication techniques with newborns, infants, and toddlers**

#### The newborn (0-1 month) and infant (1-12 months)

Communication with newborns and infants must take place through the parent or primary caregiver. Caregivers must feel comfortable enough to ask questions and should have their questions answered at a level they can understand. Procedures should be demonstrated, and repeated if necessary, so they are able to do what is required.

Although he or she will not be speaking, it is still important to speak to the newborn or infant while caring for him or her. Babies will turn to the sound of a voice and, as they grow, they will begin to imitate the sounds they hear.

Newborns and infants communicate by crying. A cry means the baby is not comfortable and needs something, such as food, changing, company, relief from pain, etc. They do NOT cry because they are spoiled. No cry should be ignored.

#### The toddler (1-3 years)

Toddlers are able to communicate on their own. However, communication will often have to be at the toddler's level using his or her particular terms.

Communication techniques for toddlers:

- Avoid baby talk and speak in short, but complete, sentences using simple words (one or two syllables).
- Get down to the child's level when speaking to him or her.
- Learn words the toddler uses for eating, toileting, etc. and use them.
- Ask closed questions (yes or no answers), questions that require simple responses, or questions that enable indicating through selection (for example, ask whether the toddler wants to wear blue or yellow pajamas while showing both pairs of pajamas).
- Provide simple explanations to the toddler just before any procedure is performed.
- Try to avoid using the word NO, and distract the toddler by providing an alternate activity. (The word NO, very common to this age group, is also very powerful.)
- Reinforce the behavior you want by using positive expressions rather than negative ones (for example, Saying WALK instead of DON'T RUN).

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- Discourage tantrums by ignoring the inappropriate behavior (as long as the toddler is safe) and not encouraging the behavior by providing attention to it.
- Parents are still the primary communicators for toddlers.

### **Communication techniques with preschoolers, school-age children, and adolescents**

#### The preschool child (3-6 years)

Communication techniques for preschoolers:

- Be honest about what the preschooler will experience, including discomfort.
- Relate all procedures to things that are familiar to the preschooler, such as relating an injection to an insect bite or a pinch.
- Avoid medical terms and explain in terms the preschooler will understand.
- Speak in full simple sentences and avoid baby talk..
- Get down to the preschooler's level when speaking to him or her.
- Provide simple explanations of procedures just before the procedure is performed.
- Reassure the preschooler that he or she is not being punished for something.
- Assure the preschooler that the illness is not anyone's fault.
- Allow the preschooler to participate in care, when possible.
- Provide choices when possible .
- Allow the preschooler to ask questions and answer them honestly (this age group may have a lot of "WHY?" questions).

#### The school-age child (6-12 years)

Communication techniques for schoolchildren:

- Include the schoolchild in conversations.
- Include the schoolchild in instructions and teaching activities with the parents.
- Prepare the schoolchild for procedures in advance.
- Make sure medical terms are not misunderstood.
- Provide appropriate written material that will help explain procedures.
- Continue to offer the schoolchild choices.
- Explain procedures and being honest about discomfort associated with them.
- Allow the schoolchild to express fears and anxieties.
- Use words the schoolchild understands.
- Encourage schoolchildren to participate in care.
- Never shame the schoolchild (for example, do not say things such as "A big boy like you shouldn't cry").

#### The Adolescent (12-20 years)

Communication techniques for adolescents:

- Include both the adolescent and parents in patient teaching activities.
- Be aware the adolescent can understand more advanced concepts.
- Explain procedures, routines, expectations, and restrictions imposed by the illness.
- Explain the use of medical terms.
- Answer all questions honestly.
- Provide reading material to help explain procedures.
- Allow the adolescent to express fears, anxieties, or other emotions.
- Allow the adolescent access to a telephone.
- Treat adolescents with respect and do not talk down to them or make critical remarks.
- Be non-judgmental, and do not express disapproval or shock at anything the adolescent shares with you.

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### **Communication techniques with adults and seniors**

#### The Adult (20-65 years)

Communication techniques for adults:

- Explain all procedures.
- Provide instructions or teaching.
- Explain medical terms.
- Be honest.
- Avoid talking down to adults.
- Allow adults to express fears and concerns.
- Determine how adults prefer to be addressed (DO NOT assume you can use their first names).

#### The Senior (65+ years)

Communication techniques for seniors:

- Explain all procedures and make sure the senior clearly understands.
- Include family members in explanations, especially if senior does not appear to understand.
- Allow the senior to talk about his or her life and accomplishments.
- Treat seniors as adults (DO NOT talk down to them).
- Determine how seniors prefer to be addressed (DO NOT assume you can use their first names)
- Be patient during teaching activities, and take all the time necessary to instruct or explain.

End of Age Specific Care Lesson