

Age Specific Care

“Caring for patients at every stage of life”



AMUT 2019



Annual Mandatory Update Training – Panorama City/Antelope Valley

Age Appropriate Care

The following are the developmental groups, their behaviors, and the best approaches for care:

Infant (Birth through 12 months)

- Clings to parents and cries when they leave
- Handle infant gently and speak in a soft, friendly tone of voice

Toddler (1 to 2 years):

- Experiences separation anxiety
- Give the child simple, direct, and honest explanations just before treatment or surgery

Pre-School (3 to 5 years):

- Experiences separation anxiety; may panic or throw tantrums, especially when parents leave
- Use simple, neutral words to describe procedures to the child

School Age (6 to 12 years):

- Alternately converts to adult standards and rebels against them
- Explain logically why a procedure is necessary

Adolescence (12 to 18 years):

- Shows concern of how procedure may affect appearance
- Give scientific explanations using body diagrams, models, or videotapes

Young Adult (19 to 39 years):

- Directs and participates in his / her own care
- Use problem-centered teaching

Middle Adult (40 to 64 years):

- Directs and participates in care
- Involve in decision-making

Older Adults / Geriatric (Over 65):

- Demonstrates anxiety over new procedures or a change in routine
- Use simple sentences, concrete examples, and reminders such as pillboxes

NURSING CONSIDERATIONS

- 1. It is important to involve parents and speak to an infant before and during a procedure.**

Infants are curious about noises, but none more so than the spoken voice. Even though the baby doesn't understand what you're saying, a calm and reassuring voice conveys safety.

Infants tend to cling to parents and cry when they leave. Involving parents before and during a procedure, can help reduce an infant's fear and anxiety.



- 2. The immunization record is one of the most important parts of an infant's history.**

Most of a child's vaccinations are completed between birth and six years. Many vaccines are given more than once, at different ages, and in combinations. This means that a careful record must be kept for the health and safety of the child.

IMMUNIZATION RECORD	
<i>Comprobante de Inmunización</i>	
Name <i>nombre</i>	_____
Birthdate <i>fecha de nacimiento</i>	_____
Allergies <i>alergias</i>	_____
Vaccine Reactions <i>reacciones a cualquier vacuna</i>	_____

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3. School-aged children have a need to fit in with their peers.

In school-age children, factors such as physical attractiveness/attributes, cultural traits, and disabilities greatly affect the level of peer acceptance. Children who are peer-accepted during the school age period have fewer emotional and social adjustment problems as adults. Peer-accepted children may be shy or assertive, but they often have well-developed communication skills.

By contrast, rejected children can be aggressive, anti-social/withdrawn, or develop depressive behavior.

The need to be “one of the gang” is stronger as children approach the teen years than at any other age.

Children of all ages need to feel that they fit in – that they belong.



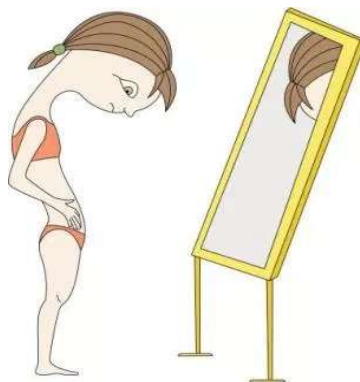
4. It is normal for adolescents to be concerned with their body image.

An adolescent can be very self-conscious about their appearance (body image). They often compare their bodies to that of others.

Body image is how, and what, one thinks and feels about their own body. It includes the picture they have in their mind, which might or might not match their body’s actual shape or size.

They may feel confused and/or concerned about the physical changes that come with puberty. A healthy body image can lay the foundation for good physical and mental health later in life. An unhealthy body image can have long-lasting consequences.

You can help by listening to how the adolescent is feeling about their body and its’ changes. Active listening skills can build openness and show the adolescent that you are really taking notice of what they are saying.



5. Young adults do not like when others make decisions for them and/or try to control their lives.

Young adults develop a sense of “self”. They see themselves as an individual.

Young adults develop a more complex understanding of moral behavior and underlying principles of justice. They question and assess beliefs from childhood and restructure these beliefs into a personal ideology.

Decisions and values are less influenced by peers. They are able to see multiple viewpoints. In this part of their development, they secure their autonomy and build/test their own decision-making skills.



6. Older Adult/Geriatric patients may have difficulty hearing/seeing and may need more time processing new information.

Aging inevitably means physical decline, some of which may be due to lifestyle choices such as poor diet and lack of exercise, rather than illness or the aging process. Overall, regardless of people’s best hopes and efforts, aging translates into decline.

In older adulthood, people experience both gains and losses. For instance, while energy is lost, the ability to conserve energy is gained. Age also brings understanding, patience, experience, and wisdom – qualities that improve life regardless of the physical changes that may occur.

During late adulthood, the senses begin to dull. With age, the lenses of the eye discolor and become rigid, interfering with the perception of color and distance and the ability to read. Hearing also diminishes, especially the ability to detect high-pitched sounds.



7. When talking to an older adult/geriatric patient, it is important to speak clearly and make eye contact.

Older adult/Geriatric patients may have trouble hearing, so it is important to direct your speech at the individual's face, not to their side.

Adjust the tone of your voice appropriately. There is a difference between enunciating and talking loudly. Learn to adapt your voice to the needs of the individual. Evaluate the environment and how it relates to the person's hearing abilities. Don't shout simply because the listener is old. Treat the individual with respect by speaking at a comfortable volume that is suitable for both of you.



8. When giving education to an older adult/geriatric patient, take into consideration that they may have changes in cognitive function.

Take it slow, be patient, and smile. A sincere smile shows that you are understanding. It also creates a friendly environment in which to communicate.

Adult /Geriatric patients may have changes in cognitive function. This includes:

- *Short-term memory impairment*
- *More time needed to process information*
- *Shortened attention span*

Remember to pause between sentences and questions. Give the individual an opportunity to understand and process information and questions. This is a valuable technique when working with a person who has memory loss.



QUESTIONS??? Contact your Panorama City KFH Staff Education Team
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