

Individual care for all ages

AGE SPECIFIC COMPETENCY

Objectives

- ◎ 1. Explain age-specific competency.
- ◎ 2. Identify age-specific differences in physiologic norms
- ◎ 3. Identify nursing actions that differ among age groups
- ◎ 4. Identify nursing actions that differ among age groups based upon cognitive differences.
- ◎ 5. Identify nursing actions that differ among age groups based upon psychosocial and developmental differences.
- ◎ 6. Name nursing actions that reduce risks to which specific age groups of patient are vulnerable.

Age-Specific Competencies

- Experts generally believe that people grow and develop in stages that are related to their age and they share certain qualities at each one of those stages.
- Understanding these stages of life is the key to Age-Specific Competencies.



“Today, is the oldest you’ve ever been and the youngest you’ll ever be”



What are Age-Specific Competencies?

"Age-specific competencies" means the ability to communicate with each patient, in a way that is appropriate to his or her particular age, capabilities or disabilities, temporary impairments, emotions, stresses, culture, and individual station. While we do not communicate with everybody in the same way, everybody receives the same respectful treatment.

All Pediatric Patients

- ⊙ Medication errors are three times more common among pediatric patients as compared with adult patients and have ten times the potential for harm.
- ⊙ Preparing pediatric dosages often involves mathematical calculations, which also increases risk of error.

Pediatrics Med Errors

- In fact, one study found that calculation errors account for 60% of medication errors involving pediatric patients.
- The same study identified that nearly 70% of medication errors reported involved pediatric patients.

(Research of Lesar cited by American Academy of Pediatrics, 2003).

Term New Born



© Norms

- Heart Rate - 90 -170 bpm
- Respiratory Rate - 40 - 60/minute
- SBP - 52 - 92 mmHg
- Weight 3kg

Term New Born to 1year (Are trusting)

◎ **Healthy Growth and Development**

- Physical – grows at a rapid rate, especially brain size. Birth weight doubles @ 6 mos., triples @ 1 yr.
- Begins to roll, sit unassisted, crawl, stand, and walk. Begins to grasp – fine motor skills enhanced.
- Mental – learns through senses, exploring, playing; Learning develops along with rapid physical development.
- Communicates by crying, babbling. Begins to vocalize – say one or two words
- Social/emotional – seeks to build trust in others; dependent; begins to develop a sense of self.
- Communications – provide security, physical closeness; promote healthy parent-child bonds

Health & Safety-Care Issues

Term Newborn to 1 year

- ⊙ Health – keep immunizations/checkups on schedule; provide proper nutrition, sleep, skin care, oral health, routine screenings.
- ⊙ Safety – ensure a safe environment for exploring, playing, sleeping.
- ⊙ Supervision of infants – Do not leave unattended.
- ⊙ Fall precautions – keep side rails up; use safety belts in high chairs & infant seats
- ⊙ **Common Fears**
 - Needs not being met
 - Stranger anxiety (starts around 6 months)

Age-Specific Care for Infants to Minimize Effects of Hospitalization

Term Newborn to 1 year

- ⊙ Involve child and parent(s) in care during feeding, diapering, bathing.
- ⊙ Be aware of stranger anxiety in older (>6 mos.) infants: Have family members with infant as much as possible
- ⊙ Provide safe toys and opportunities for play.
- ⊙ Encourage child to communicate – smile, talk softly to him or her
- ⊙ Help parent(s) learn about proper childcare.

Toddlers 1-3 Years Old (Are Curious)

◎ Norms

- Heart Rate – 80-160 bpm
- Respiratory Rate – 20-30/minute
- Systolic BP – 70-118 mmHg



Healthy Growth and Development

1-3 year old

- ⊙ Physical - growth slows. Usually begins to run by about 2yrs.
- ⊙ Likes to explore the environment
- ⊙ Mental –learning occurs by use of senses.
- ⊙ Imitates behaviors of others; plays pretend games.
- ⊙ Short attention span, relates cause and effect, but has no concept of danger.
- ⊙ Social/emotional - egocentric- unable to distinguish between own perspective and that of someone else
- ⊙ Very possessive of toys. Enjoys toys which are musical or ring.

Health & Safety-Care Issues

1-3 year old

- ⊙ Health – keeps immunizations/checkups on schedule; promote healthy habits
- ⊙ Begins potty training
- ⊙ Safety - Fall precautions, climbing
- ⊙ Keep all objects that the toddler may put in his mouth, out of reach.
- ⊙ Ingestion of foreign and toxic substances is very common at this age.
- ⊙ **Common Fears**
 - Separation
 - Loss of Control
 - Altered rituals
 - Pain

Age-Specific Care for Toddlers to Minimize Effects of Hospitalization

1-3 year old

- ⊙ Minimize separation from parents, involve parents in care
- ⊙ Keep security objects close (favorite blanket, toy, pacifier)
- ⊙ Provide continuity in familiar routines of eating, toileting, and sleeping
- ⊙ Provide safe toys and opportunities for play
- ⊙ Let child handle medical equipment before procedures when possible
- ⊙ Recognize that intrusive procedures (rectal temp) may provoke an intense reaction which is most likely a reaction due to **fear**, not pain.
- ⊙ Keep explanations simple, choose words carefully.

YOUNG CHILDREN (AGES 4 TO 6 YEARS)

Are Active

© Norms

- Heart Rate – 75-120 bpm
- Respiratory Rate –
 - 4 year old 20-30/minute
 - 6 year old 18-24/minute
- Systolic Blood Pressure 76-119 mmHg



Healthy Growth and Development

4-6 year old

- ⊙ Physical – grows at a slower rate; improving motor skills; dresses self; toilet-trained.
- ⊙ Mental – begins to use symbols; improving memory; vivid imagination
- ⊙ Has difficulty distinguishing between reality and fantasy.
- ⊙ Social/Emotional- Develops social behaviors, begins to share
- ⊙ Communication – give praise, rewards, clear rules.
- ⊙ Identifies with parents, becomes more independent, sensitive to others feelings

Key Health-Care Issues

4-6 year old

- ⊙ Health – keeps immunizations/checkups on schedule; promote healthy habits
- ⊙ Promote safety habits (use of bike helmets, safety belts, water safety, etc).
- ⊙ Supervise while out of bed
- ⊙ **Common Fears**
 - **Bodily injury**
 - **Loss of control**
 - **Dark**
 - **Being left alone**
 - **The unknown**



Age-Specific Care for Young Children to Minimize Effects of Hospitalization

4-6 year old

- ⊙ Use play as a teaching technique as much as possible.
- ⊙ Involve parents and child in care. Explain how she/he can cooperate in care.
- ⊙ Allow child to make simple choices, when possible, in care eg: food.
- ⊙ Encourage playtime. Books, coloring books, simple board games
- ⊙ Encourage to ask questions, express feelings, talk about fears. Give reassurance.
- ⊙ Reinforce that the child has not done wrong to cause illness.
- ⊙ Prepare several hours in advance for major events.

OLDER CHILDREN 7-12 Years Old

Are Doers

◎ Norms

- Heart Rate 70-110 bpm
- Respiratory Rate 16-20/minute
- Systolic B/P 82-122 mmHg



Healthy Growth and Development

7-12 year old

- ⊙ Physical – grows slowly until puberty starts.
- ⊙ Is active physically, activities serve to refine motor skills
- ⊙ Mental – active, eager learner; understands cause and effect.
- ⊙ Tendency to nod with understanding when in reality no understanding has occurred, reluctant to ask questions
- ⊙ Communication – help child to feel competent, useful.
- ⊙ Easily influenced by peer activities
- ⊙ Needs parental support in times of crisis but also requires privacy

Key Health-Care Issues

7-12 year old

- ⊙ Health – keeps immunizations/checkups on schedule; give information on alcohol, tobacco, other drugs etc.
- ⊙ Safety – promote safety habits (playground safety, resolving conflicts peacefully, etc.)
 - **Major Fears**
 - Loss of control
 - Bodily injury
 - Death
 - Not being able to live up to the expectations of important others

Age-Specific Care for Older Children to Minimize Effects of Hospitalization

7-12 year old

- ⊙ Use games to teach whenever appropriate.
- ⊙ Involve child in planning of care as much as possible.
- ⊙ Involve parents in education along with child.
- ⊙ Allow child to make some care decisions for an increased sense of control.
- ⊙ Give a choice of whether or not to have parents present during exams and procedures.
- ⊙ Build self-esteem – ask child to help you do a task

ADOLESCENTS (AGE 13 TO 20 YEARS)

Are in Transition

◎ Norms

- Heart rate – 60-100 bpm
- Respiratory Rate - 16-20/minute
- Systolic BP – 85- 136



Healthy Growth and Development

13-20 year old

- ⊙ Physical – grows in spurts; rapid growth changes in height, weight, body proportions
- ⊙ Matures physically; able to reproduce.
- ⊙ Little understanding of the structure and workings of their bodies.
- ⊙ Mental – becomes an abstract thinker, chooses own values.
- ⊙ Social/emotional – develops own identity; builds close relationships
- ⊙ Communication – provide acceptance, privacy; build teamwork, respect.

Key Health-Care Issues

13-20 year old

- ◎ Health – encourages regular checkups; promote sexual responsibility; advise against substance abuse.
- ◎ Safety – discourage risk taking
- ◎ Still needs to be reminded of dangerous situations, risk behaviors and consequences
- ◎ Major fears- Loss of control, altered body image, separation from peer group

Age-Specific Care for Adolescents to Minimize Effects of Hospitalization

13-20 year old

- ⊙ Treat more as an adult than a child. May physically look like adults but they are not.
- ⊙ Explain treatments and procedures carefully.
- ⊙ Avoid authoritarian approaches.
- ⊙ Encourage participation in self-care activities.
- ⊙ Allow choices about care whenever possible.
- ⊙ Guide teen in making positive lifestyle choices – for example, correct misinformation from teen's peers.

YOUNG ADULTS (AGES 21 TO 39 YEARS)

Build Connections

◎ Healthy Growth and Development

- Physical – reaches physical and sexual maturity
- Muscular efficiency is at its peak between 20-30
- Growth of skeletal systems continues until age 30.
- Social/emotional – seeks closeness with others, sets career goals
- Communication – be supportive and honest; respect personal values.
- Watch body language as a cue for feelings.



Key Health-Care Issues

21-39 year old

- ◎ Health – encourage regular checkups; promote healthy lifestyle (proper nutrition, exercise, weight control, etc); inform about health risks (heart disease, cancer, etc); update immunizations.



“What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?”

Age-Specific Care for Young Adults to Minimize Effects of Hospitalization

21-39 year old

- ◎ Assess barriers to learning and readiness to learn
- ◎ Ask the individual, based on their past experiences, how they learn best (visual aids, written material, demonstration, hands-on, etc.) then use the method(s) identified by the patient.
- ◎ Involve individual and significant other in plan of care.
- ◎ Support the person in making health-care decisions.
- ◎ Encourage health and safe habits at work and home.
- ◎ Explore impact of hospitalization/illness to work/job and family.

Seek personal Growth

MIDDLE ADULTS (AGES 40 TO 64 YEARS)

◎ Healthy Growth and Development

- Physical – beginning to age; experiences menopause (women); may develop chronic health problems.
- Slowing of reflexes and prolonged response to stress.
- Visual changes, especially farsightedness, noticeable loss of hearing and taste.
- Muscles and joints respond more slowly. Decreased balance and coordination. Fall risk.

MIDDLE ADULTS (AGES 40 TO 64 YEARS)

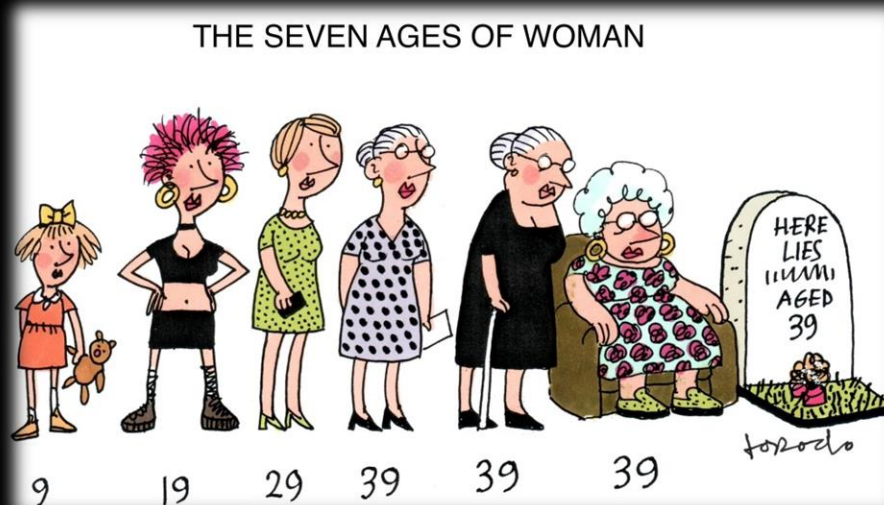
◎ Healthy Growth and Development (continued)

- Bone mass begins to decrease. Loss of skeletal height; calcium loss, especially after menopause.
- Decreased muscle strength and mass; without regular exercise, endurance declines.
- Mental – uses life experiences to learn, create, and solve problems.
- Decreased short-term memory or recall
- Communications – keep a positive attitude; focus on strengths, not limitations.

Key Health-Care Issues

(AGES 40 TO 64 YEARS)

- ◎ Health – encourage regular checkups and preventative exams; address age-related changes; monitor health risks; update immunizations.
- ◎ Decreased renal function and metabolic rate, heat and cold intolerance.
- ◎ More prone to infections
- ◎ Safety – address age-related changes (effects on senses, reflexes, etc).



Middle Aged Adults and Age Specific Interventions to Minimize Effects. (AGES 40 TO 64 YEARS)

- ◎ Assess barriers to learning and readiness to learn.
- ◎ Provide teaching in the form the adult patient learns best
- ◎ Address worries about future – encourage talking about feelings, plans, etc.
- ◎ Progress at the individual's desired speed and ability to assimilate information.
- ◎ Allow choices and decision-making concerning schedule and plan of care

Middle Aged Adults and Age Specific Interventions to Minimize Effects. (AGES 40 TO 64 YEARS) (Continued)

- ◎ Encourage as much self-care as possible.
- ◎ Recognize the person's physical, mental and social abilities, and contributions
- ◎ Provide information and instruction regarding pain, disease, treatments, interventions and expectations.
- ◎ Help with plans for a healthy, active retirement

OLDER ADULTS ENJOY NEW OPPORTUNITIES (AGES 65 YO 79 YEARS)

◎ **Healthy Growth and Development**

- Physical - ages gradually natural decline in some physical abilities, senses.
- Mental – continues to be an active learner, thinker; memory skills may start to decline.
- Social/emotional – takes on new roles, balances independence, dependence, reviews life.
- Changes in role or status, changes in financial situation

OLDER ADULTS (Continued) **(AGES 65 YO 79 YEARS)**

◎ **Healthy Growth and Development**

- Loss of significant others, depression and/or isolation
- Loss of health, reduced autonomy and self-determination
- Communications – give respect; prevent isolation; encourage acceptance of aging.
- Introduce yourself to the patient, ask how they wish to be addressed (Mr., Ms., Mrs., first names, etc.)

Key Health-Care Issues (AGES 65 YO 79 YEARS)

- ◎ Health – monitor health closely; promote physical, mental, social activity; guard against depression, apathy; update immunizations.
- ◎ Teach stress reduction strategies
- ◎ Safety – promote home safety, especially preventing falls.

Common Fears

- Loneliness
- Becoming a burden for loved ones
- Pain

Older Adult Age Specific Interventions to Minimize Effects for Hospitalization

(AGES 65 YO 79 YEARS)

- ⊙ Encourage the person to talk about feelings of loss, grief, and achievements.
- ⊙ Assess learning barriers and readiness to learn. Doesn't adapt to technology well.
- ⊙ Allow extra time to absorb verbal or written material.
- ⊙ Present information that is factual and straightforward.
- ⊙ Provide information, materials, etc., to make medication use and home safer.

Older Adult Age Specific Interventions to Minimize Effects for Hospitalization (cont.)

(AGES 65 YO 79 YEARS)

- ◎ Use large print for written materials.
- ◎ Encourage the use of organizing aids.
- ◎ Provide support for coping with any impairment.
- ◎ Make arrangements for support of religious practices.
- ◎ Encourage social activity with others, peers, as a volunteer, etc.

ADULTS AGES 80 AND OLDER

MOVE TO ACCEPTANCE

◎ **Healthy Growth and Development**

- Physical – continues to decline in physical abilities; at increasing risk for chronic illness, major health problems.
- Arteries lose their elasticity, accumulate calcium deposits, resulting in narrowed arteries and higher blood pressure.
- Increased incidence of chest pain if preexisting cardiovascular disease is present.
- Calcification of rib cage, and loss of elasticity of alveoli often results in less effective gas exchange, hypoxia and an increased risk for developing respiratory infection.

ADULTS AGES 80 AND OLDER

MOVE TO ACCEPTANCE

◎ **Healthy Growth and Development (cont.)**

- Bladder muscles weaken and capacity decreases. Voiding becomes more difficult and an increase in bladder infections may result.
- Fractures are a serious risk to the older adult. The deterioration of cartilage surface of joints limit activity and motion.
- Mental – continues to learn; memory skills and/or speed of learning may decline; confusion often signals illness or a medication problem.
- Social/emotional – accepts end-of-life and personal losses; lives as independently as possible.

ADULTS AGES 80 AND OLDER

MOVE TO ACCEPTANCE

◎ **Healthy Growth and Development (cont.)**

- Reduced autonomy and self-determination, loss of health and significant others.
- Loneliness and becoming a burden for loved ones are common fears and concerns.
- Communication – encourage the person to express feelings, thoughts, avoid despair; use humor, stay positive.
- Introduce yourself to the patient, ask how they wish to be addressed (Mr., Ms., Mrs., first names, etc.)

Key Health-Care Issues (80 and older)

- ◎ Health – monitor health closely; promote self-care; ensure proper nutrition, activity level, rest; reduce stress; update immunizations.
- ◎ Poor dental care can contribute to GI problems by poor mastication of food.
- ◎ Each of the five senses becomes less efficient, interfering in varying degrees with safety, normal activities of daily living and general well being.
- ◎ Safety – prevent injury; ensure safe living environment.
- ◎ Clearly visible markings on stove and other appliances.

Key Health-Care Issues (80 and older)

- ⊙ Adequate, non glaring lighting, access to light before getting out of bed
- ⊙ Remove throw rugs or highly polished floors, cords, clutter or other obstacles in pathways
- ⊙ Grab bars in bathroom, toilet, tub/shower
- ⊙ Sturdy, non-skid shoes. Encourage and make sure individuals use aids (eyeglasses, hearing aids, canes).
- ⊙ Daily/Weekly medication trays if needed for individuals with visual impairments
- ⊙ Ensure individual has adequate clothing and blankets, when cold.

Age Specific Care for Adults Ages 80 and Older

- Assess learning barriers and readiness to learn.
- Use learning methods that are meaningful to the individual.
- Don't try to teach too much new information at one time
- Speak slowly, deliberately and distinctly while facing person(s) with hearing impairment.
- Encourage independence – provide physical, mental, social activities.

Age Specific Care for Adults Ages 80 and Older

- Support end-of-life decisions, advanced directives—provide information, resources, etc.
- Make arrangements for support of religious practices.
- Assist the person in self-care – promote medication safety; provide safety grips, ramps, etc.
- Provide comfort, physical contact and frequent interventions.

Age-Specific Competencies

“A population that does not care for its elderly, and of the children and the young has no future, because it abuses both its memory and its promise”...Pope Francis

