

AGE SPECIFIC STUDY GUIDE

Adapted from The Viewer's Guide: Age-Specific Competencies:
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AGE GROUP: NEWBORN - 1 MONTH

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
Temperature: axillary = 97.9-98.0 F	Responds to light, sound and temperature	Prefers human face to all other patterns	Needs to be held close and cuddled to feel secure	Involve parents/caregivers in procedures and in all aspects of care
Heart rate: apical = 120-140 beats/minute	Newborn reflexes change to voluntary behavior	Recognizes some sounds and turns towards familiar sounds and voices	Develops a sense of trust and security when needs are met	Touch and cuddle as much as possible
Respirations: 30-60 breaths/minute	Makes jerky, quivering arm thrusts	Recognizes the scent of own mother's breast milk	Fears unfamiliar people and situations	Encourage parents to speak softly and use eye contact
Blood pressure Wt. Sys. Dias. 3kg. 60-80 35-55 2-3kg. 50-70 27-45 1-2kg. 40-60 20-35	Focuses 8-12 inches away and eyes may occasionally cross or wander	Dislikes rough and abrupt handling	Touch is the most important sense	Limit the number of strangers caring for the infant
	Brings hands within range of eyes and mouth	Manipulates his environment and expresses self through crying, smiling and cooing		Provide stimulation through use of sound, mobiles, mirrors and familiar objects using contrasting patterns
	Head flops backward if unsupported	Demonstrates many unique personality traits		Have bulb syringe available in case of choking
	Keeps hands in tight fists			Provide opportunities for parents/caregivers to return teaching demonstrations
	Strong reflex movements			Allow time for parents/caregivers to ask questions
				Provide pamphlets and literature on all aspects of infant care

AGE GROUP: 1 MONTH - 1 YEAR

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
Gains weight/height rapidly (increases weight/length by 50% by 6 months)	Responds to light and sound	Manipulates objects in the environment	Significant persons are the parents or primary caregivers	Involve parents/caregivers in all procedures and care
Starts as a nose breather (2-4 months)	Towards the middle of the year progressing to raising head, turning, rolling over, and bringing hand to mouth	Recognizes bright objects and progresses to recognizing familiar objects and persons	Develops a sense of trust and security if needs are met consistently and with a degree of predictability	Keep parent/caregiver in infant's line of vision
Towards the end of the first year: primitive reflexes diminish fontanel closes; anterior 12-18 months; posterior 2 months teething starts: 1 year; 8 teeth regular bladder and bowel patterns develop	Repeats actions to fine tune and learn	Towards the end of the year, speaks 2 words, mimics sounds	Fears unfamiliar situations	Limit the number of strangers caring for the infant
Temperature: axillary = 97.4-98.0 F	Begins to develop a sense of permanence	Obeys simple commands and understands meaning of several words	Smiles, repeats actions that elicit response from others, ie. waves goodbye, plays pat-a-cake	Give familiar objects to the infant
Heart rate: apical = 120-140 beats/minute	Reactions move from reflexive to intentional	Seeks novel experiences	7-8 months: fear of strangers	Cuddle and hug the infant
Blood pressure: Wt. Sys. Dias. 3kg. 60-80 35-55 2-3kg. 50-70 27-45 1-2kg. 40-60 20-35		Learns by imitation	9-10 months: separation anxiety	Keep the siderails up at all times
				Make sure toys do not have removable parts and check for safety approval
				Have bulb syringe available in case there is a need for suctioning
				Ask parents about the immunization history
				When teaching procedures, provide opportunities for parents/caregivers to return demonstrate
				Allow time for parents/caregivers to ask questions

AGE GROUP: TODDLER, AGE 1 - 3 YEARS

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
Gains approximately 5 pounds/year	New motor skills of walking and climbing	Explorative, adventurous, curious about environment and how things work	"The Terrible Twos"	Allow parents/caregivers to provide security in unfamiliar environment
Grows approximately 3 inches/year	Inspect and play with equipment and objects in surroundings	Begins decision making for themselves	Develops more independence and control over environment	Allow toddlers to hold and touch safe objects ie. stethoscope
Arms and legs grow faster than head and trunk	Can hold a cup with 1 hand	Beginning of language development. "No" favorite word	Developmental task - Autonomy vs. Shame and Doubt	Explain tasks to be done in simple terms if toddler is cooperative
Teeth erupt: first molars second molars cuspids	Self feed with spoon without spilling	By 3 years - constantly asking questions. Talks, has about 900 word vocabulary	Tolerates short separation from parents/caregivers	If toddler is uncooperative, perform procedures quickly to decrease their fear and anxiety
			In unfamiliar environment, needs parent/caregiver to provide security	Praise toddler to encourage cooperation in the future
			Favorite object may need to be present, ie. security blanket, teddy bear	

AGE GROUP: PRESCHOOL CHILD, 4 - 6 YEARS

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
Gains 3-6 pounds /year mean weight 40 pounds	By 4 years of age, can hop on 1 foot, climb and jump	Curious and inventive	Tolerates separation from parent/caregiver for short periods of time	Allow parent/caregiver to be with child for procedures
Grows 2-2.5 inches/year	By 6 years, can run skillfully, hop, skip and ride a 2 wheel bicycle	Have increased speech, attention span and memory	Adapts to changes in environment easier than toddler	Allow preschool child to help
Starts to loose temporary teeth	Fine motor development improves, can cut with scissors. Simple pictures at 4 years	Better able to understand what is happening to them	Social with others but still absorbed with self	Teach new skills to assist in the development of accomplishment
	5-6 years can tie shoelaces, use fork with ease	Asks questions. What is happening? How things work?	May still need parent/caregiver present for security	Let play equipment "help" healthcare worker get the job done
	Gets in and out of bed	Learning new skills, imitate parents and other adults	Needs to feel sense of accomplishment otherwise feels guilty, anxious or fearful	Praise preschool child for his/her assistance and doing a "good" job
		Story telling helps them understand	Possessive	Safety is of the utmost concern, ie. lock wheels of bed and keep in low position
		May have imaginary playmate - helps provide security for child and sense of not being alone	Tends to wander out of own area/room	ID preschool children with name bands
				Observing the preschool child play may help identify his fears and needs

AGE GROUP: SCHOOL AGE CHILD, 6 - 12 YEARS

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
Very active	Active	Active	Active	Developmental charts are for reference only
Growth variations are normal	By 8-10 years, increase rhythm, smoothness and gracefulness of muscular movement	Works hard to accomplish things	Develops friendships outside of family	Needs explanations about what is happening
Girls develop: secondary sex changes begin menstruation	Has high energy level (10-12 years) with increased direction and control of physical abilities	More competitive and wants to achieve	Works hard to gain approval of peer group, otherwise feels inferior	Knock before coming into child's room
Gain 4-7 pounds/year	Exhibit fine motor skills equal to the adult	Likes to joke around, may not respond to own name	Wants control over life emotionally	Keep covered for tests and procedures
8 years - arms longer than the body	Improved balance and eye-hand coordination	Separated from school and friends in hospital	Develops need for privacy, ie. may or may not want parents present	Give child choices especially whether they want parent present
9 years - height increases	Wants control over life physically		Worries about losing control, crying, losing respect and approval of others	Reassure child it is okay to cry
Baby teeth begin to be lost				Allow children to socialize, name bands important since they do not stay in their rooms
By 8 years, have 10-11 permanent teeth				
By 12 years, have 26 permanent teeth				

AGE GROUP: ADOLESCENT, 13 - 18 YEARS

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
Rapid growth of skeletal size, muscle mass, adipose tissue and skin	Awkward in gross motor activity	Increased ability to use abstract thought and logic	Interested and confused by own development	Supplement explanations with rationale
Maturation of reproductive system, development of primary and secondary sexual characteristics	Easily fatigued	Able to handle hypothetical situations or thought	Often critical of own features and concerned with physical appearance	Encourage questions regarding fears
Onset of menarche in girls	Fine motor skills are improving	Ability to use introspection	Belonging to peer groups are important and valued, may criticize parents	Provide privacy
Vital signs approximately those of an adult	Early adolescence may need more rest and sleep	Develops more internal growth of self esteem	Interested in the opposite sex	Involve in planning and decision making
		Beginning development of occupational identity (what I want to be)	Accepts criticism and/or advise reluctantly	Allow adolescent to maintain control
			Longs for independence but also desires dependence	Provide essential teaching based on how the individual learns best
			Achieves new and more mature relations	Provide information on: pain control methods assessment scale schedule for pain management need to ask for pain medication as soon as it begins degrees of pain relief, types of pain medications and methods for pain reduction
			Develops physical activities that are socially determined	Do not talk about the individual in front of the individual
			Identity is threatened by hospitalization as adolescents are concerned about bodily changes and appearances	Present explanations in a logical manner, use visual aids, provide material for review

AGE GROUP: YOUNG ADULTHOOD, 18 - 30 YEARS

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
Growth of skeletal system continues until age 30	Visual changes in accommodation and convergence	Mental abilities reach their peak during the twenties (ie. reasoning, creative imagination, information recall and verbal skills)	Searching for and finding a place for self in society, developing own identity	Promote health through education of the normal aging changes
Skin begins to lose moisture	Some loss of hearing, especially in high tones		Stage of development is Intimacy vs. Isolation	Involve individual and significant other in plan of care
Muscular efficiency is at its peak between 20-30 years			Initiating a career, finding a mate, developing loving relationships, marriage, establishing a family, parenting	Explore impact of illness and hospitalization on job, family, children and religious/cultural beliefs
			Begins to express concerns for health and the impact of illness on others	Incorporate person's life situations, home environment, responsibilities and available resources into plan of care
			Reaction to illness may include fear, guilt, denial and/or defensiveness	Watch for body language as a clue for feelings
			Achievement oriented/goal directed, working up the career ladder	Allow for as much decision making as possible, respect patient's right to make informed choices
			Moves from dependency to responsibility	Assess for potential stresses related to multiple roles of the young adult and assist in coping and problem solving
			Wants to be in control of their life	Provide essential teaching based on how the individual learns best, don't assume the person knows everything
			Responsible for children and aging parent	
			Needs privacy	

AGE GROUP: MIDDLE ADULTHOOD, 30 - 65 YEARS

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
Bone mass begins to decrease	Slowing of reflexes	Mood swings	Future oriented or self-absorbed, specific goals	Promote health through education of the normal aging changes
Loss of skeletal height, calcium loss especially after menopause	Muscle activity may increase or decrease	Decreased short term memory or recall	Stage of development is Generativity vs. Stagnation	Incorporate person's life situations, home environment, responsibilities and available resources into plan of care
Muscle strength and mass decrease if not used, endurance declines	Visual changes especially farsightedness	Re-evaluation of current life style and value system	Empty nest syndrome	Assist person to plan for anticipated change in life style or situation
Loss of skin elasticity, dry skin, increased appearance of wrinkles	Noticeable loss of hearing and taste	Synthesis of new information decreased	Working way up the career ladder	Assist person to recognize the risk factors related to health, and to focus on strengths, not weaknesses
Decreases renal functioning, metabolic rate, heat/cold tolerance, prone to infection	Muscles and joints respond more slowly	Decrease in mental performance speed	Focused on raising a family and contributing to the community	Allow choices if possible, provide decision making opportunities related to care
	Balance and coordination decrease		Adjustment to changes in body image	Encourage as much self care as possible
	More prolonged response to stress		Increased concern about own health	Provide essential teaching based on how the individual learns best
			Mid-life crisis	Present a professional, caring, competent attitude
			Recognizes limitations	Treat with respect, explaining why certain interventions are being done
			Adjustment to possibility of retirement and life style modifications	

AGE GROUP: LATE ADULTHOOD OVER 65 YEARS

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
Some cerebral atrophy occurs, psychomotor speed decreases by 30%	Reaction time takes longer	Decreased short term memory	Late adulthood requires the person to adjust to many changes including deaths of friends or family, retirement, reduction in income, and declining health	Assess the elderly person's mental status including memory
Sleep is disturbed, particularly in deeper levels of sleep. Sleep disturbances often manifest as changes in the person's emotional status, apathy or confusion	Decreased ability to see in low light conditions, especially at night or in shadows	Attention span shortens	The elderly attempt to find meaning to their lives. To help with this they often talk about the past	Allow adequate time for patient teaching without rushing the older adult
Poor tolerance to warm or cold temperatures	Difficulty differentiating an object from its background. May not see steps or curbs	More time is needed to process new information	Most elderly are not depressed	Be prepared to repeat patient teaching information and to provide written backup or involve family as appropriate
Cardiac output decreases by 50% by age 80	Glare will interfere with the person's ability to read a document	Most elderly do not suffer from dementia		Provide adequate lighting and focus the light directly on teaching materials
The elderly person has diminished cardiac reserves	Structural changes in the ear produce multiple hearing changes			Minimize background noises and visual distractions when talking with the patient
The elderly are prone to abnormal heart beats (ectopy) and rhythms (dysrhythmias)	Hearing loss especially for high pitched sounds			Speak to the patient in a clear slow voice. Stand or sit in front of the patient when talking
65% of the people over 60 have hypertension	Difficulty masking background noises			Instruct the patient in safety issues such as testing bath water temperature and foot inspection
The elderly patient is at high risk for developing a deep vein thrombosis (DVT)	Poor tolerance to loud noises			Monitor the elderly for signs of a MI or congestive heart failure during times of physiological stress
The elderly are prone to orthostatic hypotension	Decreased sensitivity to pain and temperature			Obtain information about what the elderly patient's typical blood pressure runs. Variations of more than 20 points on the systolic BP should be considered significant
The elderly have lower oxygen levels				Ambulate elderly patients as soon as possible
Blunting of cough and laryngeal reflexes places the elderly at an increased risk of aspiration				Teach the elderly person to arise from lying to sitting and then to standing slowly

AGE GROUP: LATE ADULTHOOD, OVER 65 YEARS (continued)

PHYSICAL MOTOR/SENSORY	ADAPTATION	COGNITIVE	PSYCHOSOCIAL	INTERVENTIONS
The elderly are prone to gastric reflux, hiatal hernias and constipation				Restlessness and mental status changes are early signs of hypoxia in the elderly
The liver loses some of its ability to detoxify drugs				Assess the elderly person's ability to swallow without aspirating and to cough hard enough to clear his airways
The elderly are high risk for urinary tract infections				Elevate the head of the bed to diminish gastric reflux and pain from hiatal hernias
The kidneys lose some of their ability to filter correctly and excrete drugs				Teach the elderly to decrease dietary fat intake
Incontinence may occur, especially in elderly women				Offer smaller meals more frequently
The elderly have an increased incidence of diabetes mellitus				Assess for dehydration, an early sign is confusion
The immune system of the elderly is impaired				Since the elderly show less fever with infection, watch for other signs including falls, confusion and incontinence
The elderly typically show less fever with an infection				Provide patient teaching on environmental safety and fall prevention
The elderly have an increased incidence of osteoarthritis and osteoporosis				Assess skin for tears or reddened areas frequently
The elderly are prone to falls and to fractures from stress or with falls				