

What is age-specific care?

Different age groups have different physical, psychological and social needs. For example:

- Both infants and adolescents undergo rapid growth spurts and have special nutritional needs.
- Very young children are vulnerable to fluid loss, since fluids make up 60% of their body weight.
- Preschoolers often believe their own bad behavior caused their sickness or injury. They need to be told that's not the case.
- Infants and elders are susceptible to heat loss from exposure and must be kept warm.

You must have the knowledge and skills to meet these age-specific needs. In some cases you do this instinctively, while in others you will need to analyze the situation or think critically.



This type of care, called "age-specific," is required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). To practice age-specific care, you must think critically, perform appropriate tasks, and use communication skills relevant to patients in your care.

- **Critical thinking.** You may need to consider the importance of or potential outcome of certain situations. For example, the appropriate course of action when a frightened child has an elevated heart rate is to retake the heart rate after the child calms down. Heart rates of infants and children fluctuate easily with emotion and excitement.

- **Task performance.** The way you perform physical tasks may vary with age. This is true with certain procedures, sizes and types of instruments, intravenous sites and set-ups and drug preparation and administration. For example, when drawing blood, you use microtechniques on infants and less tourniquet pressure on elders. Afterward, a fun bandage makes kids feel better, while elders need skin-protective tape.



- **Knowledge.** You need to know how people develop and what that means for their care. For instance, the presence of a parent can soothe a crying infant, as can a familiar object. In addition, infants calm themselves by sucking. But, in order to start sucking, they need to relax somewhat. Gentle tones and cuddling can help put an infant at ease.



■ **Communication skill.** Good communication skills show that you have the ability to work well with others. You interact most effectively with patients by relating to them at their developmental level. Always introduce yourself to patients, even young ones. Explain what you plan to do in words they can understand, watch for signs of anxiety and provide comfort.



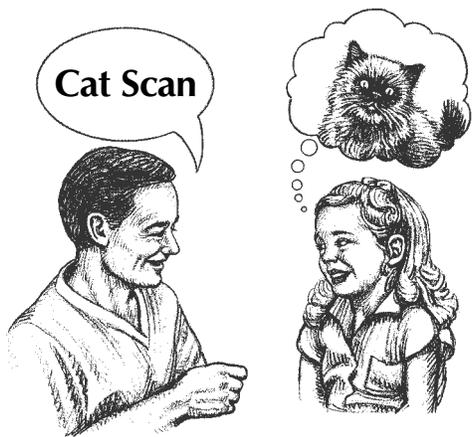
Why is age-specific care important?

Every stage of development brings different phases of physical and psychosocial growth. As babies, we depend on someone else to meet all our needs. During the next decades, we learn to take care of ourselves physically, emotionally and socially. When finally on our own, we deal with the stresses of being independent. Later in life, we learn to accept our increasing limitations and our need to depend on others.

At various life stages, each of us has unique needs. Think about yourself for a minute. As an adult, you focus on your family, your friends, your career and making your life meaningful. You may face responsibilities of raising children, caring for aging parents, paying bills, and working at a job. Now let's look at other life stages.

- The very young are especially vulnerable in healthcare settings. Infants, toddlers and preschoolers don't fully understand why they are receiving treatment, and they fear separation from their parents. Often, they cannot tell you how they feel, so they express themselves in non-verbal ways.
- Infants need to feel safe. They feel more secure when you meet their needs consistently, such as changing their wet diapers, feeding them when they are hungry, and holding and cuddling them.
- Toddlers need to explore their environment and do for themselves with potty-chairs, sippy cups and finger foods. Toddlers understand much more than they can verbalize. They can follow simple commands when given one at a time. Toddlers interact through play and need hugs to feel secure.

- Preschoolers need to know the "whys and whats" of the world. For instance, will the stretcher stretch me? If that shot is good for me, why does it hurt? Their imaginations are vivid. When you talk about a CAT scan they may picture a cat. Preschoolers are afraid of being hurt and they find it difficult to wait. Procedures should be explained to them right before they happen. Explanations should be brief and simple, since they have short attention spans. Restrict their movement only when necessary, because they are frightened when they cannot move.
- School-aged children fear being hurt. They worry about embarrassing themselves or their parents by acting like a baby. School-aged children want to achieve. They also need rules. Once they know what is expected, they strive for praise. Their attention spans are longer than those of younger children, so they can learn through books or games. These children are curious about body functions and may want privacy. Both family and friends are important.
- Adolescents are defining themselves. A peer group is very important. They need approval and appreciation. Teens don't take criticism or advice well. Loss of control, especially loss of consciousness, is a source of fear. They worry about looking stupid or appearing scared. Teens have trouble adjusting to their bodies' rapid sexual changes. Body changes are viewed with interest and confusion. They also worry about dealing appropriately with the opposite sex. Privacy is very important.



■ Elders are adapting to social and physical changes brought on by aging. These include the death of spouses and friends, decreased physical strength and increased susceptibility to infection. They fear loneliness and dependence on others. As they get older they grow less tolerant of heat, cold and pain. Their skin becomes fragile and dry. Movement is slower, joints are stiffer, memory decreases. Major organs function less effectively. Medications may not clear their systems well, making side effects more problematic. Vision and hearing decrease. It takes longer to process information.

Even so, research shows that most elders lead active and satisfying lives. It's important you see them as individuals, not as a group of feeble or helpless people.



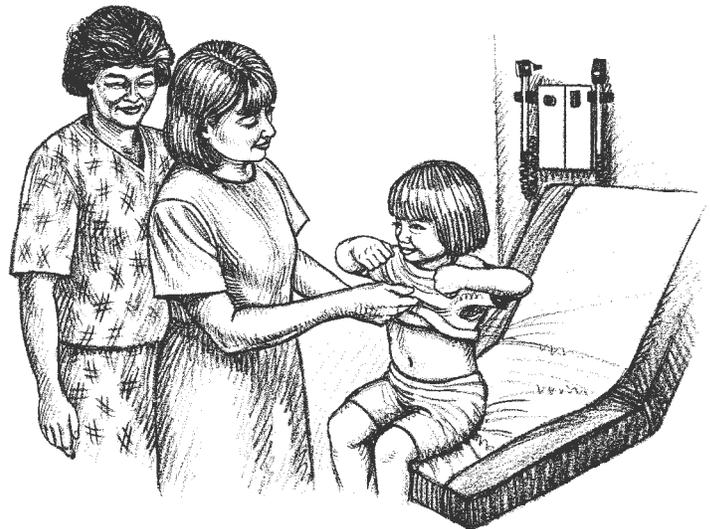
Applying age-specific care to patient care

Your patients are at different points in the developmental spectrum. They respond to similar situations their way. Some examples follow.

■ Undressing for an exam. An infant needs help. A toddler wants help from the parent, a teen doesn't want the parent around and needs privacy, and a frail elder may need your help.

■ Serving lunch. Infants need food their systems can handle. A child may need to be reminded to eat and may require snacks. An adolescent needs food choices popular with teenagers and larger portions. An elder may need bite-sized pieces and help opening cartons and packets.

■ Gaining cooperation. Young children need their parents in sight. They like familiar, comforting objects. Distract infants and toddlers through play. Reassure preschoolers that the procedure is not punishment, praise desired behavior and explain the procedure with dolls and models. Adolescents need to know what you are doing and why. Give them some control of the situation and treat them as individuals. Elders need time to process what you tell them and time to respond or ask you questions. Keep to their pace.



Remember, you must provide age-appropriate care. Patients need to understand what's happening to them and, when appropriate, their treatment options. Explain procedures to children first, in a way they can understand, then talk to their parents. Always tell children the truth. If it will hurt, say so. Fully describe activities to adolescents using correct terminology. Accommodate any hearing or vision problem elders may have. Encourage all your patients to take part in their care when possible and always provide for their safety.



The consequences when care is NOT age-specific

Lack of age-specific care can prolong treatment, cause serious medical errors and result in dissatisfied patients. For example:

- A 75-year-old woman fell in her room at night. There was no night-light and she couldn't see to make her way through the clutter of chairs, bedside table and shoes. Due to poor night vision and unsteady balance, elders are at risk from falls at night in darkened, unfamiliar surroundings.
- An early ear infection was missed when a novice healthcare worker wasn't able to calm the toddler enough to examine her ear thoroughly. The child returned several days later with a severe ear infection.
- An elderly gentleman developed a sore and bruised arm after receiving an injection with a standard adult-sized needle. Because elders have less subcutaneous tissue and less muscle mass, they need shorter needles and possibly different injection sites.

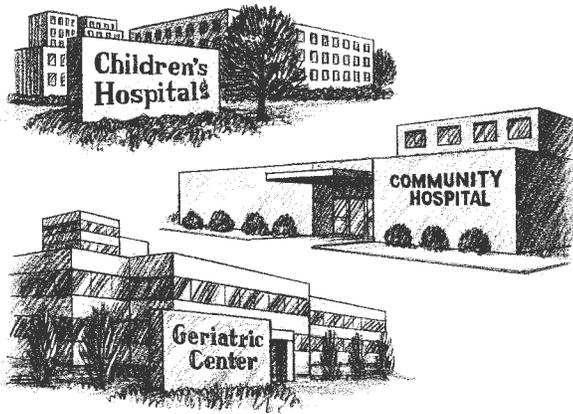
Not only is age-specific care more effective, but it is also more respectful. Take the time to address your patients' age-specific needs.

How will age division be determined?

The Joint Commission identifies four populations that need age-specific care: infant, child, adolescent and elder. Your facility can establish age groups that make the most sense where you work. Children's hospitals may decide on groupings such as premature, neonate, infant, toddler, preschool, school-age and adolescent. A geriatric center may need only a few, such as late adults from sixty-five to seventy-five years old, and late-late adults including everyone over seventy-five.

Your facility may group patients based on chronological, functional or life stage categories.

- Chronological groupings include patients in the same age ranges.
- Functional groupings are for patients with similar levels of function. For instance, a geriatric unit may group patients as late adults or late-late adults who either can or cannot walk.
- Life stage groups patients according to the physical, psychological and social development expected of them in a certain age range. These groupings may be called neonatal, infant, toddler, preschool, school-aged, adolescent, young adult, middle-aged adult, late adult and late-late adult.



How will my age-specific competence be evaluated?

Written proof of your competency is required by JCAHO. You may be asked to answer a training quiz or to take part in patient care simulations. Your job performance may be directly observed and evaluated by your peers and manager. The absence of problems with your patients also demonstrates your competency. Such observations may be included in your performance evaluations.

Make sure you understand your facility's age groupings and skill requirements. They have been defined carefully to ensure the best patient care possible.

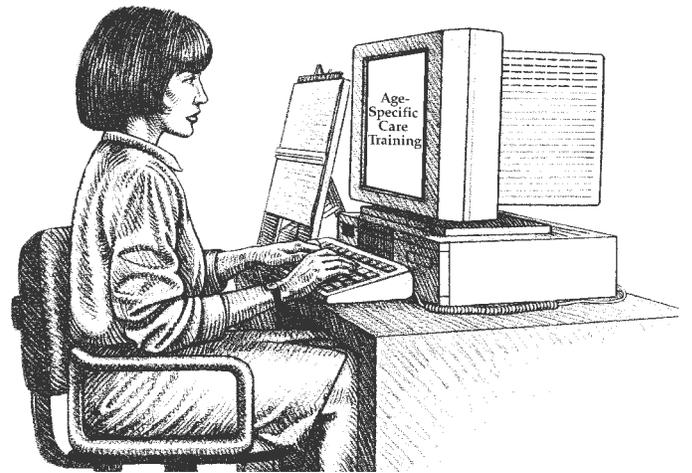
Who must be competent in age-specific care?

Competence is required of anyone who assesses, treats, manages or works in areas that have a direct impact on patients. This includes nursing personnel, social workers and behavioral therapists, dietitians and dietary hostesses. It also includes lab technicians, physical and respiratory therapists, radiological and surgical technologists, pharmacy technicians, volunteers, as well as agency personnel such as nurses, and contract personnel such as speech therapists.



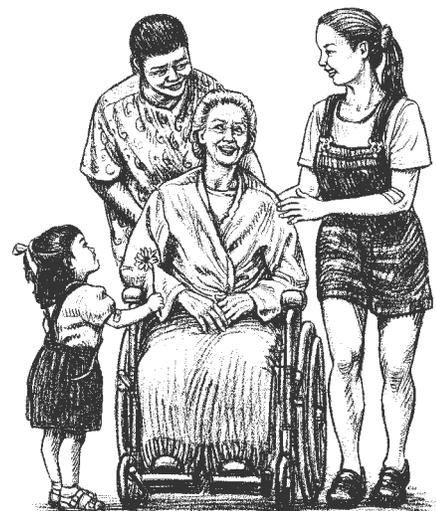
Age-specific competence is an ongoing process

Your age-specific skills must be current. Periodically, you will be updated on new technologies, procedures or therapies related to the patients in your case. If you are transferred to another unit or job, you will be taught the age-specific skills you need.



Summary

Make sure you provide the best care for patients of all ages. Age-specific care is respectful and more effective. Also, it is good for your hospital's image within the community. Patients recognize when they are well-treated and will recommend your hospital to other people.



QUIZ

1. True False Different age groups have different physical, psychological and social needs.
2. True False JCAHO requires that staff members have the knowledge and skills necessary to meet age-specific needs.
3. True False The way you perform a physical task may vary depending on the age of your patient.
4. True False You interact most effectively with your patients when you relate to them at their developmental level.
5. True False Since toddlers have limited communication skills it is not necessary to introduce yourself to them.
6. True False Both infants and toddlers need hugs to feel secure.
7. True False Unlike infants and toddlers, who fear separation from their parents, preschoolers often feel secure without their parents as long as their caregivers show kindness.
8. True False It is better to avoid explaining procedures to preschoolers since they imagine things to be much worse than they really are.
9. True False Restrict the movement of preschoolers only when necessary, because they are frightened when they cannot move.
10. True False Once school-aged children know what is expected of them, they strive for praise.
11. True False To gain cooperation from adolescents, provide both an explanation and a rationale for what you are doing, give them some control of the situation and treat them as individuals.
12. True False Adolescents need approval, appreciation and privacy.
13. True False Because elders fear loneliness they usually enjoy depending on others for assistance.
14. True False Elders take their time responding to your questions because they have all the time in the world and they enjoy companionship.
15. True False To interact with elders effectively, you must accommodate for any visual or hearing problems they may have.
16. True False Children cooperate much better when they are not told a procedure may hurt beforehand.
17. True False Anyone who assesses, treats and manages patients or who works in areas that have a direct impact on patients must provide age-specific care.
18. True False Lack of age-specific care can prolong treatment, cause serious medical errors and result in dissatisfied patients.
19. True False To maintain competence in age-specific care, you must be updated on new technologies, procedures or therapies for your patients.
20. True False According to JCAHO, infants, children, adolescents and elders need age-specific care.

ACKNOWLEDGEMENT OF TRAINING

I have read and understand the training handbook, **Age-Specific Care: It's Relative**. I have also completed and passed the comprehensive quiz at the conclusion of this handbook.

Employee's Signature

Date

Trainer's Name

Date

NOTE: This record may be included in the employee's personnel or training file.

Age-Specific Care: *It's Relative*

Answers to Quiz

1. True.
2. True.
3. True.
4. True.
5. False. Introduce yourself to young children to help establish rapport with them.
6. True.
7. False. Preschoolers also fear separation from their parents and need their parents in a strange situation with strange people.
8. False. By explaining procedures to preschoolers beforehand, you can better gain their trust and cooperation, dispel any unnecessary fear and meet their need to know the “whats and whys” of the world.
9. True.
10. True.
11. True.
12. True.
13. False. Elders fear both loneliness and dependence on others.
14. False. Although this may be partially true for some elders, it actually takes longer for elders to process information and respond to your questions or ask you questions.
15. True.
16. False. Children cooperate best when they trust you and are prepared for what will happen. Always tell children the truth. If it will hurt, say so.
17. True.
18. True.
19. True.
20. True.