

Age Specific Competency



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Medical Center

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The Infant – The First Year



Growth and Developmental Miles

2 month	Lifts head
3 month	Turns head
4 month	Holds head steady
5-6 month	Rolls over
7-8 month	Sits without support
9-10 month	Stands without support/ Crawls
11-12 month	Crawls well / pulls self up / walks

Common Fears

6 months – Strangers

9-10 months – Separation Anxiety

Safety Considerations

Crib rails up, never leave unattended on flat surface

Keep small objects out of reach

Place infant on his/her back to sleep

The Toddler - 1 to 3 years



Comfort – Likes to be held and have caregivers close.
May have favorite blanket/stuffed animal

Psychosocial – Likes to do things for themselves.
Rapid mood changes.
Can understand more language than they can express.

Nutrition – Eats 3 meals/day plus snacks.
May be a very picky eater

Avoid - nuts, hot dogs, grapes and popcorn
(choking)

Other – Period of slow growth
The toddler should talk by age 3



Preschooler 3 to 6 years



Magical thinking may worsen the child's anxiety.

There is no conception of the body's internal mechanisms or any understanding of an illness process.

The body is seen in terms of its surface

Preschoolers offer highly inaccurate explanations about illness and injury

The child believes surgery will make him into a different person and fears blood and wounds



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Nursing Considerations for Infants –Toddlers -Preschoolers

- Keep parents and patient together as much as possible
- Examine infant/toddler in parent's arms if possible & limit exam to bare essentials
- Promote trust by providing consistent caregiver
- Provide familiar objects (toys, blanket)
- Incorporate play into plan for care
- Bend to their level
- Explain procedures by how they will feel



School Age Child – 6 to 12 years



Because this age group is able to work out the relationship between treatment and illness, these children generally can cope with hospitalization better than preschoolers

Fears of needles, surgery and separation from family and peers must be addressed

Misconceptions often occur from lack of information or inaccurate information

Psychosocial – independent, enjoys peers.

Enjoys personal accomplishments, but needs reinforcement



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Nursing Considerations - School Age Child

- Maintain privacy
- Obtain history from child and parent
- Use correct terminology at appropriate levels of understanding
- Answer questions honestly as appropriate to establish a trusting relationship
- Encourage child to ask questions and voice concerns
- Involve child in decisions about care to support need for control
- Prepare child for procedures in advance; explain how child may help



Adolescents – 13-18 years



The major task during adolescence is to form a sense of identity that is separate from their parents or caregiver.

They are:

Becoming comfortable with their changing body

Establishing an adult sexual identity with the development of their visible secondary sexual characteristics

Developing adult thinking patterns

Building new and meaningful relationships



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Development Milestones of Adolescence

- First menses is usually between age 10-16
- Change of voice (deepening) occurs in boys
- Breast development in girls between 10-13 years
- May be moody, have tantrums
- May be upset about bodily changes
- Peer group becomes important (11-18)
- Family conflicts are more common (14-18)

Nursing Considerations – Adolescent

- Provide opportunities to express their feeling
- Provide thorough explanations of & rationale for procedures/equipment
- Encourage participation in self care activities
- Allow choices about care whenever possible
- Provide privacy for ADL, procedures or when adolescent desires
- Allow friends to visit when appropriate
- Encourage continuing contact in school activities, hobbies and interest



The Young Adult 18 to 40 Years

- **Physical Development**

- Achieves full physical maturity by age 20

- **Psychosocial maturity**

- *Occurs at different ages* for individual patients & age-related issues include:

- Determination of Independence
 - Ability to apply knowledge and experience
 - Ability to communicate experience to others
 - Sensitivity to others
 - Ability to deal constructively with frustration
 - Willingness to assume responsibility

- **Nursing Considerations**

- Hospitalization is a stressor
 - Involve patient and family in planning their own care
 - Keep them informed about the treatment plan



The Middle Adult 40 to 64 Years

- **Physical Development**

- Decreased bone density and mass
- Muscle tone decreases
- Visual acuity diminishes
- Adjustment to menopause for middle aged women

- **Psychosocial Development**

- May be learning to adjust to role as grand parent
- Maintaining contact with extended family may be challenging
- Strives to reach & maintain satisfactory performance in career
- Develops adult leisure time activity
- Prepares for retirement
- First awareness of aging

- **Nursing Considerations**

- Same as young adulthood



Older Adult 65 Years And Up

- **Physical Development & Age-Related Changes:**
 - Vulnerability to disease increases
 - Skin integrity changes
 - Musculoskeletal changes
 - Pulmonary alterations
 - Metabolic rate decreases
 - Slower digestive functions
 - Cardiovascular changes
 - Renal atrophy predisposes to urinary tract infections and renal insufficiency
 - Decrease hormonal secretion
 - Sexual function decline
 - Short-Term memory losses
 - At risk for dehydration



Older Adult 65 Years And Up

- Psychosocial Development:
 - Retirement introduces life style change
 - May require assisted living
 - May experience death of close friend or family
 - May reflect on own death
 - Often develop close religious ties.



Older Adult 65 Years And Up

■ Nursing Considerations

- Maintain feelings of self-worth
- Modify diet with foods such as lemon & onions to enhance declining sense of taste and smell
- Encourage high fiber diet with adequate hydration
- Encourage acidic foods to decrease risk of urinary tract infections
- Suggest yearly dental check up
- Encourage regular exercise
- Prevent falls
- Monitor medications for needed dosage adjustments
 - Dose may be adjusted downward because of renal insufficiency or other age-related changes

