



Age Appropriate Care Through the Life Span

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requires that any healthcare providers who have patient contact be competent in age appropriate characteristics and needs. JCAHO requires that all individuals with patient contact receive education and training related to the characteristics and needs of the age groups with which they come into contact. Although the following information may include age groups with for which you do not provide care, it is important to understand an overview of the needs across the life span.

AGE GROUPS: A DEFINITION

Although it is not always clear when one age group ends and another begins, the following is a generalized definition of the age groups.

Infant	Birth to one year
Toddler	One to three years
Preschool	Three to five years
School Age	Five to twelve years
Adolescent	Twelve to eighteen years
Young Adult	Eighteen to forty-four years
Middle Age Adult	Forty five to sixty five years
Old Adult	Over sixty five

Although all characteristics of an age group do not apply to all individuals, they are meant to be guidelines that should be considered when providing care to patients of differing ages.

DEVELOPMENTAL NEEDS

The developmental psychologist Erik Erikson probably most notably writes about developmental needs across the life span. He has identified eight stages with corresponding tasks that must be met and resolved in order for individuals to progress through the life span in a fulfilling manner.

Health care providers must consider the developmental challenges facing their patients and adjust their care accordingly.

ERIKSON'S STAGES

<u>Age Group</u>	<u>Task</u>	<u>Lack of Resolution</u>
Infant	Development of trust	Mistrust; failure to thrive
Toddler	Autonomy Self-control & will power	Shame and doubt Low frustration tolerance
Preschool	Initiative; confidence Has purpose and direction	Guilt Fear of punishment
School age	Industry; self-confidence Competency	Inferiority Fears about meeting expectations

Adolescent	Identity formation Devotion and fidelity Sense of self	Role confusion Poor self-concept
Young adult	Intimacy Affiliation and love	Isolation Avoidance of relationships
Middle age	Generativity; production Concern about others	Stagnation; self absorption Lack of concern about others
Old adult	Ego integrity; wisdom Views life with satisfaction	Despair Life is meaningless

COGNITIVE DEVELOPMENT THROUGH THE LIFE SPAN

Developmental psychologist Jean Piaget is considered to be the primary source on how humans develop cognitively from birth through age twelve. He developed his theories after hundreds of hours of direct observation of children of all ages. Piaget defined three major stages of cognitive development: pre-operations, concrete operations and formal operations. He theorizes that cognitive development is nearly complete by age fifteen when the child is capable of abstract thought.

<u>AGE</u>	<u>STAGE</u>	<u>FEATURES</u>
Up to 2 years	Sensorimotor thought	6 substages Physical manipulation of objects
2 to 7 years	Preoperational symbolic functioning	Language development
7 to 11 years	Concrete operations	Logical reasoning Can solve concrete problems
11 to 15 years	Formal operations	Fully developed Complex, logical abstract thought. Manipulation of abstract concepts

SAFETY THROUGH THE LIFE SPAN

Safety is a basic human need that is of paramount importance to healthcare providers for all age groups of patients. During all phases of childhood and the later years safety needs are the greatest. Some childhood characteristics that make safety a primary concern are lack of impulse control, lack of good judgment, intense curiosity, and the need to develop autonomy. Older adults may suffer from cognitive impairment, sensory loss and the degenerative changes of aging. These make safety a primary concern for healthcare providers caring for an aging population.

PHARMACOLOGY THROUGH THE LIFE SPAN

Pharmacology dosage and route considerations vary according to the characteristics of virtually all age groups. For pre-adolescent children dosage is determined according to the weight of the

child in kilograms. By the time a child reaches adolescence most adult dosages are usually acceptable. As with all medications, the nurse should be knowledgeable about any medication he/she is administering and should question or clarify any medication orders that are unclear or seem inappropriate.

For children, the oral route of administration is preferred. Liquid forms should be used when appropriate. Pharmacological implications for very young children involve close monitoring of the effects of medication. In these age groups absorption and metabolic rates may be unpredictable.

The aging adult population has special pharmacological considerations based on distinguishing characteristics of this group. Diminished blood flow, decreased peristalsis, and slowing of the basal metabolic rate lead to changes in physical functioning. As with young children, older adults may require close monitoring based on the unpredictability of absorption. A general rule with the elderly is to “start low and go slow.”

If a swallowing disorder is a concern, medications may need to be crushed or given in liquid form. Always consult a pharmacist to see if either is a possibility since some medications may be time-release, enteric-coated, sublingual, effervescent, or foul tasting.

NUTRITION AND HYDRATION THROUGH THE LIFE SPAN

Nutritional needs and considerations vary somewhat across the life span. Caloric requirements are greatest during infancy, adolescence, pregnancy and lactation. Infants require iron supplements and fat from whole milk. They should be introduced to solids beginning with cereal at four to six months of age. New foods should be introduced slowly so that intolerances can be determined.

Toddlers like finger foods and should be introduced to utensils and cups instead of bottle-feeding and caregiver feeding. Preschoolers will begin to develop food preferences and the manual dexterity to use utensils. School age children prefer fast food and dining with friends. Adolescents, despite their increased nutritional needs, demonstrate irregular eating patterns and a preference for fast food and snacks. It is also during adolescence that eating disorders such as anorexia, bulimia and trendy diets may emerge.

In the absence of pregnancy and lactation, the nutritional needs of the young and middle adult remain fairly constant. For the aging adult, fewer calories are required as appetite and digestive processes decrease. Other factors affecting nutritional status to be considered are dentition, financial resources, physical limitations and the ability to get to and from the store. “Meals on Wheels” may be a resource for the homebound elderly.

AGE RELATED IMPLICATIONS FOR THE HEALTH CARE PROVIDER

There are many other aspects of health care delivery that must be considered based on age characteristics. These include patient and family education, discharge planning, motivational techniques, ability to participate in care, communication techniques, and the impact of illness or hospitalization on the patient. The families of infants and the cognitively impaired must be the focus of teaching. Toddlers and school age children, however, must be given explanations according to their developmental stages. Very often dolls and puppets may be effective props for teaching these age groups.

Discharge planning may also be affected by the age of the patient. Age appropriate community resources must be considered. Reporting mechanisms and agencies for age related abuse also vary.

A patient's level of involvement in care is also affected by age. While a minor may have an opinion regarding healthcare, decision-making is usually placed on the parent or legal guardian. At the other end of the life span, the older adult may be physically or cognitively impaired and unable to participate in certain decisions or aspects of his/her care.

The meaning of illness and hospitalization varies widely across the life span. For an infant, it means separation from the primary caregiver. For a school age child it means missing school. For an adolescent it means separation from the peer group. For the young adult illness may mean loss of a job. For the older adult, illness may bring up issues of physical decline or mortality.