AGE SPECIFIC QUICK REFERENCE GUIDE

# Infancy: Birth to 1 year

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Gains weight/height rapidly (doubles weight/length by 50% in 6 months) | Responds to light and sound from birth (can hear in utero at 20 weeks) | Progressively manipulates objects in the environment | Significant persons are the parents or primary caregivers | Involve parents in procedure and encourage parents to assist with care | Community interventions can be coordinated through the Social Services department: |
| Nose breather (0-4 months) | Eyes focus and coordinate (2 months) | 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 a predictability | Keep parent if infant's line of vision | *Child Protective Services |
| During the first year:<br>• Primitive reflexes peak then diminish (2-3 months)<br>• Fontanel closes, anterior 12-18 months; posterior at 2 months<br>• Teething starts, 8 deciduous teeth erupt in first year<br>• Regular bladder and bowel patterns develop | Intentionally opens and shuts hands, brings hands to mouth, grasps and shakes hand toys, swipes at dangling objects (3 months) | Uses simple commands and understanding meaning of several words, including "no" (8-12 months) | Communicates via behavioral cues and physiologic parameters, which reflect adaptation and tolerance or distress and intolerance | Limit the number of strangers caring for the infant. Coordinate care. | *Adoption Agencies |
| Temperature: axillary<br>36.5-37.0°C<br>97.7-98.6°F Rectally | One handed reaching, raking grasp, hand transfer of objects (4-7 months) | Seeks novel experiences | Fears unfamiliar situations | Give familiar play objects to infant | *Foster Care Agencies |
| Heart rate: apical (resting)110-160 bpm | Begins to develop a sense of object permanence (8-12 months) | Learns by imitation. Begins to use objects correctly. (8-12 months) | Smiles, babbles, imitates sounds, turns to sounds (3months) | Cuddle and hug the infant | *Home Health Agencies |
| Respirations: 30-60/ minute | Pincer grasp lets objects go voluntarily, pokes with index finger (8-12 months) | | Repeats action that illicit response from others, i.e. waves goodbye, plays pat-a-cake | Use distraction (i.e. pacifier, bottle, etc.) | |
| BP:<br>Wt. Systolic Diastolic<br>1-2kg 40-60 20-35<br>2-3kg 50-70 27-45<br>3kg 60-80 35-55<br>3-11mos 70-108 36-69 | Sits momentarily, crawls on belly, creeps on hands and knees, pulls self to stand. Walks by holding onto furniture, stands momentarily. May walk 2-3 steps without support (8-12 months) | | Fear of strangers (6-12 months) | •Keep siderails up at all times •Make sure toys do not have removable parts & check for age-specific approval. •Have bulb syringe available in case there is a need for suctioning | |
| | Repeats actions to fine tune learning | | Separation anxiety (9-10 months) | •Obtain infant's care history and records from caregivers | |
| | | | | •Assess for and provide support for managing pain. Use oral route if possible. | |

AGE SPECIFIC QUICK REFERENCE GUIDE

# Infancy: Birth to 1 year
## Continued

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| | | | | •If teaching procedures, provide opportunities for caregivers to ask questions and to express concerns<br>•Assure that caregivers have access to needed services, including discharge follow-up care. | |

# Toddler: 1 – 3 Years

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Learning bladder and bowel control. | Responds better to visual rather than spoken cues. | Develops concepts by use of language | Significant persons are parents | Use firm and direct approach | |
| Abdomen protrudes | Gross motor skills are more developed than fine motor skills | Sees things only from own point of view (egocentric) | Discovers ability to explore and manipulate environment | Use distraction techniques | |
| Decreased appetite and growth | Walks independently, progresses to running, jumping and climbing | Able to group similar items | Asserts independence (autonomy) and develops a sense of will, has temper tantrums | Give one direction at a time | |
| Temporary teeth erupt; all 20 deciduous teeth by 2 ½-3 years | Two-year olds can climb up and down on furniture and can walk up and down steps | Constructs 3-4-word sentences | Understands ownership "mine" | Prepare child shortly before a procedure | |
| Physiologic systems mature | Three-year olds can stand on one foot and catch large objects in their outstretched arms | Has a short attention span | Objects to changes in routine | Allow choices when possible | |
| Grows 2-4 inches and 4-6 pounds yearly | Feeds self | Beginning memory | Attached to security objects and toys | Emphasize those aspects that require child's cooperation | |
| Elimination: 18 months bowel control; 2-3 years, daytime bladder control | Loves to experiment | Tie words to actions, can understand simple directions and requests | Knows gender and differences in gender | Provide favorite age-specific foods | |

# Toddler: 1 – 3 Years

## Continued

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Temp.: 99°F +/- 1° | Goal directed behavior | Interested in other children | Expresses affection openly | Allow for rest periods after eating based on home routine to the degree possible | |
| Pulse: 105 +/- 35 | Fully formed sense of object permanence | Is not able to understand reasons for hospitalization | Able to put toys away | Skills may regress due to hospitalization/illness. | |
| Respirations: 25-30/min | | Is not able to anticipate being reunited with caregivers | Plays simple games, enjoys being read to, plays alone | Emphasize the importance mother (parent) staying with child at night | Community interventions can be coordinated through the Social Service department: |
| BP: 70-110mmHg systolic---40-73 mmHg diastolic | | | Experiences hospitalization primarily as a separation from caregivers and feels abandoned (most traumatic from age 7 months to preschool age) | •Follow home routines if possible<br>• Set limits<br>• Give permission to express feelings<br>• Maintain safety at all times<br>•Play is important | *Child Protective Services<br>*Adoption Agencies<br>*Foster Care Agencies<br>*Home Health Agencies |

# Pre School: 3 – 5 Years

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Gains weight and grows in height 2-21/2 inches a year | Skips and hops | Major cognitive skill is conversation | Significant persons are parents, siblings and peers | Explain procedures, unfamiliar objects in simple, understandable terms | Community interventions can be coordinated through the Social Services Department: |
| Has small appetite and high energy needs | Can stand on one foot and catch a large ball between outstretched arms. Able to use scissors and to put large beads on a string (3 yr) | Learns by imitation | Experiences hospitalizations as separation from family | Demonstrate use of equipment | *Child Protective Services |
| Becomes thinner and taller | Roller skates, jumps rope (4-5 yr) | Knows own age, sex, and can tell you the use of simple objects (3 yr) | Increasing independence and beginning to assert self; likes to boast and tattle | Encourage child to verbalize/ask questions/voice concerns and fears | |

# Pre School: 3 – 5 Years

## Continued

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Temperature: 98.6°F +/- 1° | Dresses/undresses independently, brushes own teeth, combs hair (4-5 yr.) | Imitates conversations, enjoys jokes, and uses language to manipulate people and situations (4 yr) | Masters new tasks and develops new skills | Use dolls/puppets for explanation when performing procedures | |
| Pulse: 60-110 bpm | Prints first name | Understands that the amount of something is the same regardless of shape or number of pieces (4-5 yr) | Behavior is modified by rewards and punishments | Involve the child whenever possible | |
| Respirations: 25/min +/- 5 | Draws person with six major parts | Knows own phone number and address (4-5 yr) | Accepts limits (3 yr) | Maintain safety at all times | |
| BP: 90/60 +/- 15mmHg | Throws and catches a ball (5 yr) | Uses sentences, knows colors, alphabet, counts from 1-10 (5 yr) | Begins to understand right from wrong and fair from unfair (5 yr) | Provide rest periods | |
| | | Name colors, repeats nursery rhymes (5yr) Tells a simple story (5yr) | Plays cooperatively, able to live by rules, Capable of sharing | Assess and manage pain: *Offer distractions i.e. count to 20 * Allow to choose the site for an injection | |
| | | Distinguishes fantasy from reality (5 yr) | May be physically aggressive | *Offer a badge of courage, i.e. stickers | |
| | | Able to classify objects, enjoys doing puzzles | Learns appropriate social manners | Identify fears, provide reassurance and simple explanations | |
| | | Construct sentences, questions things “why” | | Focus on one thing at a time | |
| | | Attention span is short (5-10 min) | | Give permission to express feelings | |
| | | Ritualistic | | Praise for good behavior | |
| | | Magical thinking | | Limit movement restrictions | |
| | | | | Medicate around the clock for predictable pain | |

# School Age: 6 – 12 Years

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Permanent teeth erupt | Can tie shoes, use scissors, run, jump, climb, throw and catch a baseball. Involved in constant activity (6-8 yr.) | Capable of logical operation with concrete things | Increased need to socialize, more cooperative, but self-centered (6-8 yr.) | Explain procedures in advance using correct terminology | Community interventions can be coordinated through the Social Services Department |
| Gains 4-7 pounds/year (6-8 yr.) | Uses knife, common utensils and tools (9-12 yr.) | Knows right hand from left | Significant persons are peers, family and teachers | Explain equipment | *Child Protection Services |
| Starts pubescent changes | Care for Pets | Comprehends and can tell time, name, day, month and season | Prefers friends to family | Allow child to have some control and choices | *Foster Care Agencies<br>*Home Health Agencies |
| Growth is slow and regular | Draws, paints | Starts to think abstractly and to reason, can handle and classify problems, able to test hypo theses | Works hard to be successful at what he/she does | Provide privacy/assure safety | *Ongoing education for school age children when anticipation of hospitalization is more than five school days |
| May experience growing pains because of stretching muscles along with the growth of long bones | Makes useful articles and crafts (9-12 yr.) | Proud of school accomplishments | Belonging to and gaining approval of peer group is important (9-12 yr.) | Assess and manage pain:<br>*May understand use of PCA | |
| May experience fatigue | Assists with household chores | Enjoys reading | Behavior is controlled by expectations, regulations & anticipation of praise or blame | *Parent controlled analgesia may be appropriate if unable to understand PCA | |
| Temperature: 98.6°F +/- 1° | Likes quiet as well as active games | Uses language close to adult level | Intentions are considered when judging behavior | *Medicate to prevent pain (e.g. around-the-clock) | |
| Pulse:50-90 bpm | Awkward, nervous energy. Movements | May still fear darkness | Uses phone | *Assess response, after & prior to next dose | |
| Respirations: 18-21/minute | Can be jerky or clumsy at times (8yr) | Starts to view things in different perspectives | Plays games with rules | Promote independence | |
| BP: 78-126 mmHg sys and 41-81 mmHg dia. | | Functions in the present | Enjoys team competition (9-12 yr) | Minimize separation by encouraging contact with family and friends | |
| | | Rule-bound. Wants to avoid punishment. | Hero worship (9-12 yr) | Continue school | |
| | | Relates better to same sex peers | | Clearly define and reinforce behavior limits | |

# School Age: 6 – 12 Years
## Continued

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| | | | | Use visual aids, being concrete and specific | |
| | | | | Relate to child's abilities | |
| | | | | Major fear is loss of control, Maintain familiar routines | |
| | | | | Play therapy | |

# Adolescence: 13 – 17 Years

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Rapid growth of skeletal mass (doubles 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 | Community interventions can be coordinated through the Social Services department. |
| Appearance may be awkward and gangly, causing poor posture and coordination problems | Easily fatigued | Able to handle hypothetical situations of thought | Physical maturity exceeds social and cognitive skills | Encourage questions regarding fears | *Child Protective Services<br>*Foster Care Agencies<br>*Home Health Agencies |
| Heart grows, lung capacity lags causing decreased available lung supply, leading to feeling of fatigue | Fine motor skills are improving | Ability to use introspection | Often critical of own features and concerned with physical appearance | Provide privacy/confidentiality | *Ongoing education for school age children when hospitalization of more than 5 school days is anticipated |
| Maturation of the reproductive system, development of primary and secondary sexual characteristics | Early adolescent may need more rest and sleep | Develops more internal growth, self-esteem and self-identity | Interested in the opposite sex, achieving male/female social roles | Allow adolescent to maintain control. Take concerns seriously. | *Mental health services<br>*Clinic services<br>*Inpatient placement post hospitalization |
| Hormonal changes affect skin system: increased sebaceous secretions and acne, increased sweating | | Beginning development of occupational identity (what I want to be) | Can be argumentative, negative and depressed | Provide essential teaching based on how the individual learns best. Use current adolescent vocabulary | *Emancipated minors (teens living independently w/o parental supervision) will need coordination of services post hospitalization |

# Adolescence: 13 – 17 Years
## Continued

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Onset of menarche in girls and nocturnal emissions in boys | | Impulsive and impatient. Does not consider consequences of behavior. | Early physical maturity in females may lead to early sexual relationships beyond maturity level | Provide information on pain control methods, assessment scale, schedule for pain management. Need to provide information degree of pain relief, types of pain medication and | |
| Vital signs approximate to those of adults | | Feels omnipotent, exempt from rules | Delayed physical maturity in males may lead to social exclusion and teasing by peers | methods for pain reduction | |
| Restlessness, disruption in sleep patterns | | Lack of experience, judgement, and skills place an increased risk for MVAs and other accidents | Accepts criticism or advice reluctantly. Tests limits, takes risks (e.g. sex, substance abuse, etc.) | Do not talk about the individual in front of the individual | |
| | | | Longs for independence but also desires dependence | Present explanations in a logical manner; use visual aids; provide other material for review | |
| | | | Places priority on peer relationships | Provide consistency, foster trust | |
| | | | Desires Parental direction but on own terms | | |
| | | | Achieves new and more mature relations | | |
| | | | Identity is threatened by hospitalization as adolescents are concerned about bodily changes and appearances | | |

# Adulthood: 18 – 59 Years

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Skeletal growth continues to age 30 then bone mass begins to decrease | **Except for some visual changes and hearing loss, most changes below occur after age 45.** | Peak mental abilities in 20's | Future oriented or self-absorbed | Allow choice as possible | Community interventions can be coordinated through the Social Service department. |
| Loss of skeletal height: calcium loss especially after menopause | Slowing of reflexes | Mood swings | Initiating and working way up career ladder | Explore relation of illness/disease to body image and career | *Adult Protective Services |
| Muscular peak 20-30 years then decreased muscle strength and mass if not used; endurance declines | Muscle activity may increase or decrease | Decreased short term memory or recall | Adjustment to changes in body image | Provide decision-making opportunities related to care | *Shelters for adults and their children<br>*Home health care<br>*Placement post hospitalization |
| Loss of skin elasticity, dry skin, increased appearance of wrinkles | Visual changes especially farsightedness | Re-evaluation of current life style and value system | Mid-life crisis in late adulthood | Encourage as much self care as possible | *Medicaid/food stamps/social security/SSI |
| Decreased renal functioning, metabolic rate, heat/cold tolerance, prone to infection | Noticeable loss of hearing and taste | Synthesis of new information is decreased | Recognition of limitations | Provide information on pain control methods, assessment scale, schedule for pain management as soon as pain begins, providing information of degree of pain relief, types of pain medication and methods | *Health clinic referrals, including mental health |
| Receding hair line in males, more facial hair in females | Muscles and joints respond more slowly | Decrease in mental performance speed | Adjustment to possibility of retirement and life-style modifications in late adulthood | Provide essential teaching based on how the individual learns best | |
| | Decreased balance and coordination | | Measuring accomplishments against goals | | |
| | More prolonged response to stress | | | | |

# Late Adulthood: 60 – 80 + Years

| PHYSICAL | MOTORSENSORY | COGNITIVE | PSYCHOSOCIAL | INTERVENTIONS | COMMUNITY |
|---|---|---|---|---|---|
| Decreased tolerance to heat/cold | Decreased reaction time | Decline depends upon earlier cognitive abilities, general health, and involvement in society | Loss of significant relationships and roles | Provide a safe environment & adequate fluid. Assess need for smaller, more frequent meals. | Community interventions can be coordinated with the Social Services Department. |
| Skin changes: decreased turgor, increase dryness, thinning, loss of subcutaneous | Decreased ability to respond to multiple stimuli | Slower in learning new material under pressure | Death of spouse and friends | Provide frequent perineal care, keep clean and dry. Use barrier cream if appropriate. | *Adult Protective Services<br>*Medicaid/food stamps/social security/SSI |
| Loss of tissue elasticity and muscle mass | Decreased sense of balance, depth perception, sensitivity to light touch and vibration | Preoccupation with ability to remember | Introspection and life review | Monitor bowel and bladder elimination every 24hr. Assess and support ability to maintain ADL's. | *Health clinic referrals, including mental health<br>*Home Health Care |
| Thinning of intervertebral discs causing decrease in height | Less deep sleep more easily aroused. Total sleep needs remain the same | Decline in retrieval of information | Acceptance of death | Monitor and assess for pain q2-4 hours. Follow previous pain assessment and management guidelines. | *Placement post hospitalization<br>*Adult Day Care/Senior Center |
| Increased susceptibility to infection and decreased wound healing | Decreased vision, hearing, taste and smell | | Changes in physical living arrangement | Provide opportunities for decision-making related to care. | |
| Decreased GI absorption rate, cardiac output, airway capacity, renal function | | | Risk of loss and independence | Assess resources for discharge. Encourage mobility, assist as needed. | |
| Decreased peripheral circulation | | | Concern for health increases | Assess skin integrity frequently, use protective devices appropriately | |
| Increase risk of urinary incontinence, prostatic hypertrophy and changes in reproductive organs | | | Slower sexual response | Assess sleep habits, ensure adequate amounts of sleep. Speak slowly and avoid high pitched sounds. | |
| | | | | Assess appropriateness of medication dosages, monitor for side effects/interactions of multiple meds. | |

# Enhancing Communication

## Communication Tips for Hearing and/or Vision Impaired Individuals

| VISION DEFICITS | HEARING AIDS |
|---|---|
| • Always identify self when approaching patient.<br>• Place patient's belongings and items on food tray in same location at all times to facilitate independent function<br>• Special efforts to keep patient oriented:<br>✧ Describe layout of surroundings, keep patient aware of time and day.<br>✧ Use TV or radio.<br>• Use of assistive devices (large print books, magazines)<br>• Insure patient is not avoided or socially isolated. | Common problems and possible causes:<br>• Whistling sound—bad connection between ear piece and amplifier<br>• Insufficient Amplification---Volume set too low, weak or dead battery, blockade from ear wax; disconnected tubing or wiring<br>• Periodic loss of amplification---Loose connection; poor battery contact, dirt in switch; cracked case. |
| **COMMUNICATION AT NIGHT** | **CARE OF HEARING AIDS** |
| • Night light.<br>• Have ample lighting shining on you so that the patient can easily detect your presence and not be startled.<br>• Touch points to gain attention.<br>• Use a flashlight to light your face and facilitate lip reading.<br>• Use a stethoscope to amplify speech by placing ear piece in the patient's ear and talk into the bell/diaphragm portion. (works great at night to avoid interrupting another patient sleeping) | Clean device weekly to remove wax and dirt.<br>• Rotate a pipe cleaner in the opening of the ear mold to remove material.<br>• Wash ear molds in warm, soapy water. (Do not immerse hearing aid itself in water)<br>• Dry thoroughly.<br>• Do not use alcohol or alcohol-based substances for cleaning<br>• Keep away from excessive heat or cold<br>• Turn off when not in use. |
| **HEARING DEVICES** | |
| • Face directly, attract patient's attention before speaking<br>• speak slowly and distinctly<br>• Use a loud, but low-pitched voice (Raising the voice in a yelling manner will raise a high frequency sound even higher and cause patient to understand less.<br>• Supplemental words with facial movement and body language.<br>• Allow patient to ask for clarification/repetition<br>• Write instructions and important information to ensure patient understanding. | |