

POPULATION SPECIFIC

Please return this book to:
Professional Development & Learning (PDL)
Jacobsen Hall, RM 711A



Professional Development & Learning

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UPSTATE
MEDICAL UNIVERSITY

INTRODUCTION TO POPULATION SPECIFIC CONSIDERATIONS

RATIONALE/OBJECTIVE:

Population specific considerations are an important part of patient care. This manual will help you understand one's physical, psychosocial, cognitive and safety needs at every stage of life. It will also assist with learning specific interventions within each stage to help provide optimal patient care.

The delivery of safe and appropriate care to patients of all ages and is a priority for all health care organizations. Education, training, and competencies will be implemented and documented per University Hospital policy. All staff members are obligated to apply their population-specific knowledge and skills for the well-being of all patients, families, and visitors.

WHO SHOULD COMPLETE THIS SELF-STUDY?

All employees who provide direct care to patients or who are non-clinical that have regular patient contact must take this self-study. For example, Non-clinical employees in Environmental Services or Physical Plant who work in patient care areas need to complete this self-study. In addition, Clinical employees such as Nurses, Physical Therapists and other care providers need to complete the self-study.

CONTENT OF THE SELF-STUDY:

This manual is divided into two sections: Clinical and Non-Clinical. There is a separate exam for each section. Both sections of the manual discuss the spectrum of age groups:

<i>Age Specific GROUP</i>	<i>Age Specific AGE RANGE</i>
Neonate	1 – 4 weeks
Infant	4 weeks – 1 year
Toddler	1 year – 3 years
Preschool	3 years – 5 years
School age	5 years – 12 years
Adolescent	13 years – 18 years
Young adult	19 years – 44 years
Middle adult	45 years – 65 years
Older adult	65 years – 85 years
Old, Old adult	➤ 85 years

The Clinical section of this manual provides more detailed information regarding age specific considerations for those employees with a clinical focus.

The Non-Clinical section of the manual provides a more general overview of age specific considerations for employees who interact with but are not directly responsible for hands-on care of patients.

HOW TO COMPLETE THIS SELF-STUDY:

Read the material in the appropriate section (Clinical or Non-Clinical) of the self-study, complete the appropriate test (Clinical or Non-Clinical) and return the manual, test, and answer sheet to *Professional Development & Learning* in Room #711A of Jacobsen Hall.

ANY QUESTIONS?

Please call Professional Development & Learning @ #464-5463.

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CLINICAL SECTION**

Neonate (1 – 4 weeks)

Stage of Development:

- Trust vs. mistrust
- Trust = ability to believe in and rely on others
- Mistrust may be evidenced as failure to thrive

Physical:

- Cannot support weight of head
- Anterior and posterior fontanelles not yet closed
- Immature heat regulation
- Receding jaundice; umbilical stump healing
- Immature immune system, still has passive immunity from mother
- CNS must be stimulated for proper growth and development

Cognitive/Intellectual:

- Limited: cerebral function not fully established
- Behavior is reflexive in nature
- Learns through sensory stimulation

Psychosocial:

- Development of trust and is dependent on others
- Bonding with parents or primary caregiver

Fears/Stressors:

- Fears: none evidenced at this time
- Major stressor: physical immaturity
- Other stressors: lights, noises, handling



Safety:

- Support head and neck when moving/carrying; protect fontanel
- Monitor body temperature, maintain environment
- Wash hands; avoid exposing to infections
- Safe Sleep Environment:
 - On back
 - Alone in crib
 - No loose blankets or pillows
- Avoid using "Sleep Positioners"
- Children under age 1 should always ride in a rear-facing car seat.
 - Infant-only seats can only be used rear-facing
- Never leave alone unless in a crib with side rails up and locked
- Suspected child abuse, neglect, or unsafe situation must be reported

General Age Specific Care:

- Encourage parents to stay close, promote bonding and participation in care
- Limit the number of caregivers.
- Swaddling increases feeling of security and comfort.

Patient Education:

- Directed at primary caregiver with emphasis on ADLs, preventive care, immunizations, nutrition, bonding, exposure to infection and safety
- Assess parents' knowledge of and comfort level in caring for the neonate

Infant (4 weeks – 1 year)

Stage of Development:

- Trust vs. Mistrust
- Trust = ability to believe in and rely on others
- Mistrust may be evidenced as failure to thrive

Physical:

- Obligatory nose breather
- Poor temperature control and sensitive to fluid loss
- Immature immune system
- Moves from gross motor to fine motor
- Can raise head, roll over and bring hand to mouth
- Reflexes diminish and intentional actions begin
- Can crawl, stand, and even walk alone or with help



Cognitive/Intellectual:

- Learns through sensory stimulation and by imitation
- Limited ability to communicate needs or problems
- Recognizes and differentiates primary caregiver from others
- Mimics sounds and able to put 2 words together verbally
- Manipulates objects in the environment

Psychosocial:

- Development of trust and dependent on others
- Bonding to parents, develops relationships within the family (siblings/grandparents)
- Begins communication and emotional connection with others
- Smiles and repeats actions to elicit response from others (peek-a-boo/pat-a-cake)

Fears/Stressors:

- Major fears: separation from primary caregiver, unfamiliar situations, strangers
- Stressors: loud noises, bright lights, sudden environmental changes
- Parental anxiety may be transmitted to infant

Safety:

- Unable to recognize dangers and should not be left alone
- Puts objects in mouth - keep small objects and medicines out of reach
- Place on back; protect fontanel; prevent heat loss
- Avoid use of pillows, thick bed clothes or tight clothing/dressings that can constrict the diaphragm

Safety, continued:

- Protect from falls; side rails always up and safety strap on stroller/highchair
- Children under age 1 should always ride in a rear-facing car seat.
 - Infant-only seats can only be used rear-facing
 - Convertible and All-in-One car seats have higher height & weight limits for rear-facing positions, allowing you to keep child rear-facing for a longer period of time.
- Safe Sleep Environment:
 - On back
 - Alone in crib
 - No loose blankets or pillows
- Suspected child abuse, neglect, or unsafe situation must be reported

General Age Specific Care:

- Encourage parents to stay close; promote bonding and participation in care
- Limit the number of caregivers in contact with infant
- Maintain comfortable environment (soft light, warm, noise control)
- Give familiar objects for comfort

Patient Education:

- Directed at primary caregiver
- Emphasis on preventive care, immunizations, nutrition, bonding, and safety

Toddler (1 - 3 years)

Stage of Development:

- Autonomy vs. Shame and Doubt
- Autonomy = self control over motor abilities and body functions
- Works to master the physical environment while maintaining self-esteem

Physical:

- Has 4– 6 teeth; may continue teething; eats 3 meals/day; feeds with cup and spoon; feeds independently by 3 years; gains 4–6 lbs/year
- Walks by 15 months; runs and climbs by 2 years; stacks blocks, scribbles and enjoys age appropriate toys
- Needs 10-12 hrs of sleep/night plus a daytime nap

Cognitive/Intellectual:

- Toilet training
- Parallel play with others
- Can differentiate familiar people from others
- Learns through senses, exploration, discovery, and imitation
- Thinking is concrete, literal, and egocentric; short attention span and limited memory capability; follows simple commands

Psychosocial:

- Self control and will power, developing sense of independence but remains very dependent on parents for safety, security, and approval
- Knows right from wrong
- Is uninhibited, energetic, seeks attention, positive reinforcement, and approval
- Impulsive; moods change quickly; has little self-control over behavior
- Needs the security of routine and is upset by environmental and activity changes

Fears/Stressors:

- Major fear: separation from parents/caregivers, may be intense
- Hospital environment/strangers/procedures may evoke terror response
- Stressors: loss of control, restriction of movement

Safety:

- Energetic and curious nature may lead to unsafe explorations; accidents may occur as autonomy increases
- Keep side rails up
- Chemicals and medications should be kept out of reach
- Choking on objects is a threat
- Remain in rear-facing car seat until the top height or weight limit allowed by car seat's manufacturer.

Safety, continued:

- Suspected child abuse, neglect, or unsafe situation must be reported

General Age Specific Care:

- Encourage parental presence and participation with care
- Prepare child for procedures; use distraction techniques and Child Life Services
- Offer choices when ones exist
- When hospitalized, may have difficulty sleeping or nightmares
- Speak at eye level with the child and maintain eye contact

Patient Education:

- Directed at primary caregiver and child immediately before procedures
- Give toddler brief, simple and concrete explanations in words they can understand; give one direction at a time; use of play to facilitate learning and to ↓ anxiety (dolls/puppets/storybooks)



Pre-School (3 - 5 years)

Stage of Development:

- Initiative vs. Guilt
- Initiative tasks include exploring, seeking answers, distinguishing between sexes
- Needs balance between needs for exploration and necessary limits on behavior

Physical:

- Should grow 4-5 lbs and 2 - 3 inches per year
- All primary teeth should be present and eats three meals a day
- Neuromuscular, gross and fine motor skills refined (i.e. balance improved, greater muscular strength, jumps in place, walk on tip toes, stands on one foot and hops, draws/copies a circle)
- Able to feed and dress self
- Bowel/bladder patterns established

Cognitive/Intellectual:

- The “why” stage: wants to know the cause and purpose of everything
- Unable to think abstractly; still concrete, literal, magical, and egocentric thinkers with difficulty differentiating reality from fantasy
- Short attention span
- Oriented to the present only – unable to comprehend anticipatory explanations

Psychosocial:

- Able to tolerate brief separation from parents when explanation given
- Egocentric, but is increasingly aware of self vs. others
- Beginning to identify gender typical roles
- Learning to play in groups; imitates adults
- Home rituals/habits are important
- Likes to pretend; ascribes living qualities to inanimate objects
- Needs praise/encouragement; feels guilty if disappoints parents/makes mistakes

Fears/Stressors:

- Fear of the unknown, of the dark, of mutilation, bodily injury, or being left alone
- Stress and illness may cause regression and separation anxiety

Safety:

- Needs constant supervision
- Accidents and injuries remain a threat due to curiosity and exploration; keep medications and small objects out of reach
- Forward-facing car seat with harness until they reach top height or weight limit via car seat manufacturer. Once child outgrows car seat, travel in booster seat, but still in the back seat.
- Suspected child abuse, neglect, or unsafe situation must be reported

General Age Specific Care:

- Encourage parental presence and participation with care as much as possible while in hospital setting
- Prepare child for procedures within 5 minutes of procedure; use distraction techniques; praise and rewards after procedures
- Utilize Child Life services to assist in explanation of procedures, equipment and to offer distraction.
- Offer choices when ones exist
- When hospitalized, may have difficulty sleeping or nightmares

Patient Education:

- Directed at primary caregiver and preschooler
- Preschooler is very interested in knowing why things are being done to them - answer questions quickly, honestly, using concrete words they understand, not abstract statements; use of dolls/puppets/storybooks to facilitate learning and decrease anxiety; honesty is especially important



School Age (5 - 12 years)

Stage of Development:

- Industry vs. Inferiority
- Industry = interest in developing a sense of self through engaging in tasks and refining skills/doing work; task mastery involves self-confidence, perseverance, self-control, cooperation, recognition
- Inferiority = feelings of inadequacy and fears

Physical:

- Seasonal growth spurts in Spring and Fall; should gain 5-6 pounds per year; some clumsiness may occur as a result of growth spurts
- Baby teeth replaced with permanent teeth
- Increased muscle mass and strength; neuromuscular skills and balance improved
- Despite wide variations, early signs of puberty may appear

Cognitive/Intellectual:

- Increased comprehension; thinking is concrete, literal, and specific; logical and more deductive reasoning begins; understands cause and effect; solves problems
- Functions in present; begins understanding the past and can foresee future consequences; tells time and plans ahead
- Increased understanding of death and its finality
- May be reluctant to ask questions or admit they don't understand

Psychosocial:

- Same-sex peers more important than family; influenced by non-parent adult idols
- Learns gender typical behavior, attitudes, and roles
- Rules are important to them
- Behavior controlled by expectations, regulations, anticipation of praise or blame; begins questioning parental authority; needs praise/encouragement from adults
- Wants control over privacy

Fears/Stressors:

- Great fear of the unknown, pain, bodily injury, mutilation, separation from caregivers and friends, death, loss of control, failure to live up to expectations or disappointing significant others
- Resents forced dependence and lack of privacy
- Views illness/pain with guilt and/or as punishment



Safety:

- Peer pressure may influence child to act with poor judgment; takes risks/dares
- Safety helmets for biking/skateboarding; seat belts will replace car/booster seats
- Independent behavior may cause ingestion or overdose of available medications
- Keep in a booster seat until they are big enough to fit in a seat belt lies snugly across the upper thighs, not the stomach. Shoulder strap should lie snug across the shoulder & chest, not across the neck or face.
- Suspected child abuse, neglect, or unsafe situation must be reported

General Age Specific Care:

- Encourage parental presence and participation with care as much as possible
- Prepare child for procedures ahead of time.
- Allow participation in discussions/decision making and expression of feelings and fears.
- Provide privacy
- Define and reinforce behavior limits; offer choices when ones exist
- Continue schooling

Patient Education:

- Directed at primary caregiver and/or school age child
- Explain procedures in advance with correct terminology in simple terms
- Detailed information enhances the child's sense of control and independence

Adolescent (13 - 18 years)

Stage of Development:

- Identity Formation vs. Identity/role confusion
- Identity Formation = need to establish a stable sense of self, who they are, where they fit in, where they are going
- Tasks include: independence from parents to establish their role in society; establishing relationships with members of opposite sex; coping with body changes; development of sexual identity and self-concept

Physical:

- Adult weight achieved
- Rapid changes in terms of height and sexual characteristics
- May need more rest and sleep due to rapid growth
- Permanent teeth; increased body hair and blemishes



Cognitive/Intellectual:

- Increased abilities for logical, abstract, deductive thought, and analytical reasoning; understands hypothetical situations; forms own opinions
- Limited understanding of body structures and functions
- Gains introspection
- Self esteem grows internally
- Development of occupational identity
- Doesn't like to ask questions which make them appear "stupid"

Psychosocial:

- Concerned about how they appear to others
- Develops sexual identity; relationships with opposite sex take on new meaning; peer group important; interest in slang words particular to peer group
- Often question or rebel against authority figures and may criticize parents
- Needs time to adjust and cope with events; may need (but not request) adult support to cope effectively
- Unaware of own mortality; feel invincible and that nothing will happen to them

Fears/Stressors:

- Major concerns: appearance, school performance, loss of control, separation or lack of acceptance from peers, being different
- Physical changes associated with illness or injury may be threatening

Safety:

- Peer pressure may influence to act with poor judgment; takes risks/dares
- Use of automobiles; risk of accidents increases for self and others
- Suicide is third-highest cause of death; Sexually Transmitted Diseases (STDs) and depression is at a high level
- May experiment with drugs, cigarettes, alcohol, and sexual activity
- Any suspected abuse, neglect, or unsafe situation must be reported

General Age Specific Care:

- Involve adolescent in care with participation in decision making; needs control over events involving them; choice whether parent is present
- Define and set limits firmly when necessary; offer choices when ones exist
- Respect privacy and opinions; interview directly; may need to separate from parent
- Continue schooling

Patient Education:

- Inquire if they want parents present during teaching sessions
- Use patient's preferred method of education (visual, auditory, etc.); give scientific explanations using body diagrams, models or videotapes
- Encourage questions and verbalization of feelings
- Provide education about cigarettes, alcohol, drugs, and STDs

Young Adult (19 - 44 years)

Stage of Development:

- Intimacy vs. Isolation
- Intimacy = reaching out and using one's self to form a commitment to an intense, lasting relationship with another person
- Isolation = manifested with poor self-esteem and withdrawal

Physical:

- Biological maturity is complete
- Brain cell development peaks
- Women see most significant changes during pregnancy and lactation

Cognitive/Intellectual:

- Wide range of life experiences assist in developing adult intellectual capacities
- Reaches peak intelligence, memory, and abstract thought
- Forms their own opinions and makes independent decisions
- Chooses vocation; receives appropriate education

Psychosocial:

- Resolving issues from adolescence; establish personal identity, values, attitudes, interests, and acceptance of self
- Develop adult roles and responsibilities at work, home, and society
- Comes to terms with sexuality and preferences
- Develops and maintains friendships and intimate love relationship

Fears/Stressors:

- Loss of independence; loss of job due to illness/injury
- Separation from spouse/significant others, children, and friends
- Balancing roles of career, marriage, and child-rearing simultaneously
- Challenges: managing growing number of responsibilities at home, work, school, or community

Safety:

- Major cause of death related to accidents, suicide, and homicides
- Seat belt use in automobiles
- Stress and depression may be experienced
- STD is a risk due to experimentation with various lifestyles; encourage condoms
- Promote recreational and personal safety habits
- Suspected domestic violence, abuse, or unsafe situations must be reported

General Age Specific Care:

- Should receive at least one thorough health assessment yearly (screen for STDs, hypertension, and cholesterol levels); smoking cessation counseling/program if applicable
- Treat with respect; encourage decision-making and self-care
- Don't be judgmental; support decisions you may not make
- Involve the individual with plan of care and decision making.
- Explore the impact of hospitalization or illness on work, job, family and other commitments.
- Encourage visits from significant others
- Never use terms of endearment (honey, sweetie, darlin')

Patient Education:

- Include significant other in education
- Use patient's preferred method of education (visual, auditory, etc.)



Middle Adult (45 - 65 years)

Stage of Development:

- Generativity vs. Stagnation
- Generativity = concern about providing for others that is equal to concern about providing for oneself; guiding the next generation; contributing to humanity
- Stagnation = self-absorption

Physical:

- Slowing of physiologic functions and possibility of chronic health issues
- ↓ height, muscle mass/tone/subcutaneous fat, near vision (presbyopia), nerve conduction, ability to hear high-pitched sounds; skin begins to dry
- Inability for tissue regeneration
- Decreased bone density and strength
- Atrophy of reproductive system; hormone production decreases; menopause

Cognitive/Intellectual:

- Time of maximum command of self and influence over others
- Forms own opinions; makes numerous decisions; may hold highest status job
- Life experiences provide continued learning; reflects on and reassesses life
- Understands reality of death

Psychosocial:

- “Sandwich generation” – concurrent responsibilities for children and aging parents (especially for women)
 - Maintaining contact with, but letting go of parental authority over, children
 - Meeting needs of aging parents
 - Additional supports may be needed
- Achieving financial and emotional security
- Finding new sources of satisfaction
- Preparing for retirement

Fears/Stressors:

- Loss of control and values important to the family; dependency on others
- Loss of youth, vitality, sexual appeal
- Work and social status; disenchantment with work
- Heavy financial responsibilities; makes major life decisions
- Balancing roles and responsibilities of career, family, and friends
- Loneliness as children leave home; caregiver role for elderly parents
- Menopause for women
- Death; death of spouse

Safety:

- Risk for heart attack, stroke, and fractures
- Suspected domestic violence, abuse, or unsafe situations must be reported

General Age Specific Care:

- Respect their decisions; allow as much control over their care as possible
- Never use terms of endearment (honey, sweetie, darlin')
- Allow verbalization of fears and concerns
- Need regular physicals and health care screenings
- Involving the significant other with plan of care
- Provide privacy
- Provide for mobility and functional needs

Patient Education:

- Include significant other and family in education
- Use patient's preferred method of education (visual, auditory, etc.)
- Cardiovascular health; weight bearing exercises



Older Adult (65 – 85 years)

Stage of Development:

- Ego Integrity vs. Despair
- Ego Integrity = accepts life and self as they are
- Despair = remorse about what could have been

Physical:

- Diminished function; muscle atrophy; brittle bones; stiff joints; fragile/dry skin
- Cardiovascular: ↓ cardiac force, cardiac output, and arterial elasticity
- Lungs more rigid, ↓ oxygen exchange
- Loss of teeth
- ↓ ability to fight infection
- ↓ sensory function and balance
- Sleep pattern irregularity

Cognitive/Intellectual:

- Performs cognitive tasks more slowly due to:
 - ↓ visual, auditory, and tactile acuity
 - slower motor responses to sensory stimuli
 - short term memory losses
- Needs time to process information and link events
- Intellectual ability tends to decline depending on use

Psychosocial:

- Coping with adjustments necessitated by advanced age, illness, disability
- Reviews life's accomplishments and deals with loss
- Confronts their own mortality and death of spouse, friends, and associates

Fears/Stressors:

- Loss or death of spouse, adult children, and friends
- Declining mental and physical health; social isolation
- Diminished self-relevance of values important to family
- Loss of independence or increased dependency on others

Safety:

- ↑ injury risks due to physical and cognitive impairments; may be unable to recognize dangers; increased risk for falls
- Unfamiliar environment and presence of strangers may cause confusion and/or agitation and falls
- Suspected elder abuse, neglect, or unsafe situations must be reported

General Age Specific Care:

- Preserve dignity and autonomy as much as possible
- Involve family with plan of care
- Encourage reminiscence and validating concerns.
- May require re-orientation to environment, time, and day
- Injury prevention precautions (fall prevention, skin integrity maintenance)
- May require increased use of assistive devices (canes, walkers, wheelchairs)
- Never use terms of endearment (honey, sweetie, darlin')
- Provide adequate lighting and ensure adequate warmth due to ↓ heat regulation

Patient Education:

- May require longer time to learn; ensure use of communication aids (hearing aid, eyeglasses)
- Face patient and speak slowly and distinctly; do not shout
- Include significant other/family members in education and decision making
- Allow verbalization of fears and concerns



The Old-Old Adult > (85 or more years)

– *Fastest growing segment of the population*

Stage of Development:

- Ego Integrity vs. Despair
- Ego Integrity = accepts life and self as they are
- Despair = remorse about what could have been

Physical:

- Diminished function; muscle atrophy; brittle bones; stiff joints; fragile/dry skin
- Cardiovascular: ↓ cardiac force, cardiac output, and arterial elasticity
- Lungs more rigid, ↓ oxygen exchange
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