

<i>Physical</i>	<i>Motor/Sensor</i>	<i>Cognitive</i>	<i>Psychosocial</i>	<i>Pain</i>	<i>Death</i>	<i>Interventions</i>
<p>Period of most rapid growth</p> <p>Anterior fontanel: Closes at 12-18 mos. diamond shaped 1.5-2.0 cm. sunken if infant is dehydrated</p> <p>Toward end of 1<sup>st</sup> year: Primitive reflexes diminish</p> <p>Teething starts (has 8 teeth at 1 yr.). Regular bowel and bladder pattern develops.</p> <p>Unable to control body warmth due to immature heat regulation ability. Normal temp. 97-99 F.</p>	<p>Responds to light and sound</p> <p>Towards middle of year progresses to raising head turning over and moving to sitting position.</p> <p>Primitive reflexes: Sstartle</p> <p>Sstep</p> <p>Rrandom movements</p> <p>Towards the end of year progresses to crawling, standing alone, walking with assistance.</p> <p>Repeats actions to fine-tune learning.</p> <p>Begins to develop a sense of object permanence.</p> <p>Reactions move from reflexive to intentional.</p>	<p>Manipulates objects in the environment</p> <p>Recognizes bright objects and progresses to recognizing familiar objects and persons.</p> <p>Towards end of year, speaks 2 words and mimics sounds.</p> <p>Obeys single commands and understands meaning of several words.</p> <p>Seeks experiences</p> <p>Learns by imitation.</p>	<p>Significant persons are the parents or primary caregivers.</p> <p>Develops a sense of trust and security if needs are met consistently and with a degree of emotion.</p> <p>Fears unfamiliar situations.</p> <p>Smiles, repeats actions that elicit response from others, i.e., waves good-bye, plays pat a cake.</p> <p>At 7-8 months develops a fear of strangers.</p> <p>At 9-10 months, develops separation anxiety.</p>	<ul style="list-style-type: none"> <li>• Infants experience pain</li> <li>• Degree of pain perceived is unknown.</li> </ul>	<ul style="list-style-type: none"> <li>• Infants do not understand the meaning of death</li> <li>• The developing sense of separation serves as a basis for an initial understanding of death.</li> </ul>	<ul style="list-style-type: none"> <li>• Involve parents in procedures and daily care.</li> <li>• Keep parent in infant's line of vision.</li> <li>• Limit the number of strangers caring for infant</li> <li>• Provide nutrition as appropriate.</li> <li>• Ensure infant warmth .</li> <li>• Keep familiar objects near.</li> <li>• Cuddle often</li> <li>• Use distraction (bottle, pacifier, etc.).</li> <li>• Ask parents about immunization history.</li> <li>• If teaching, provide opportunities for parent/caregiver to return demonstration.</li> <li>• Allow time for parent or caregiver to ask questions</li> </ul> <p><b>Safety Interventions</b></p> <ul style="list-style-type: none"> <li>• Use equipment specific to size and age of child.</li> <li>• Keep crib side rails up at all times.</li> <li>• Make sure toys do not have removable parts and check for safety approval.</li> <li>• Keep bulb syringe available for suctioning as needed.</li> </ul>

## INFANT - 0 (Birth) to 1 YEAR

<i>Physical</i>	<i>Motor/Sensory</i>	<i>Cognitive</i>	<i>Psychosocial</i>	<i>Pain</i>	<i>Death</i>	<i>Interventions</i>
<b>TODDLER (1-3)</b>	<b>TODDLER (1-3)</b>	<b>TODDLER (1-3)</b>	<b>TODDLER (1-3)</b>	<b>TODDLER (1-3)</b>	<b>TODDLER (1-3)</b>	<b>TODDLER (1-3)</b>
<ul style="list-style-type: none"> <li>• Learning bowel and bladder control.</li> <li>• Abdomen protrudes.</li> <li>• Decreased appetite and growth.</li> <li>• First teeth erupt; all deciduous teeth by 2 ½ - 3 yr.</li> <li>• Body systems mature.</li> <li>• Grows 2–2 1/2 inches &amp; gains 4–6 lbs. Yearly.</li> <li>• Bowel and bladder control develops at 18 mos. - 3 yrs.</li> </ul>	<ul style="list-style-type: none"> <li>• Responds better to visual cues rather than spoken.</li> <li>• Walks independently, progressing to running, jumping, and climbing.</li> <li>• Feeds self.</li> <li>• Goal directed behavior.</li> </ul>	<ul style="list-style-type: none"> <li>• Develops concepts by use of language.</li> <li>• Sees things only from own point of view.</li> <li>• Able to group similar items</li> <li>• Constructs 3 to 4 word sentences.</li> <li>• Short attention span</li> <li>• Beginning memory.</li> <li>• Ties words to actions</li> <li>• Understands simple directions and requests.</li> </ul>	<ul style="list-style-type: none"> <li>• Significant persons are parents.</li> <li>• Discovers ability to explore and manipulate environment</li> <li>• Asserts independence (autonomy) and develops a sense of will, has temper tantrums.</li> <li>• Understands ownership (“mine”).</li> <li>• Attached to security objects and toys.</li> <li>• Knows own gender and differences of gender.</li> <li>• Able to put toys away.</li> <li>• Plays simple games, enjoys being read to, plays alone.</li> </ul>	<ul style="list-style-type: none"> <li>• No formal concept of pain</li> <li>• Reacts as intensely to painless procedures as to ones that hurt especially when restrained</li> <li>• Intrusive procedures, such as temperatures are very distressing</li> <li>• Reacts to pain with physical resistance, aggression, negativism, and regression</li> <li>• Rare for toddlers to fake pain</li> <li>• Verbal responses concerning pain are unreliable</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding of death still very limited</li> <li>• Belief that death is temporary, reinforced by: <ul style="list-style-type: none"> <li>• Developing sense of object permanence</li> <li>• Repeated experiences of separations and reunions</li> <li>• Magical thinking</li> <li>• TV shows and cartoons</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Always explain what you do before you start.</li> <li>• Use play in explanation</li> <li>• Involve parents in procedure &amp; education of procedures</li> <li>• Use firm, direct approach.</li> <li>• Use distraction techniques.</li> <li>• Give one direction at a time</li> <li>• Prepare child shortly before procedure.</li> <li>• Allow choice when possible</li> </ul> <p><b>Safety interventions</b></p> <ul style="list-style-type: none"> <li>• Use equipment specific to size and age of child as defined in department standards.</li> <li>• Provide safe environment: use side rails.</li> <li>• Make sure toys do not have removable parts and check for safety approval</li> </ul>

CHILD - 1 YEAR THROUGH 12 YEARS  
Toddler 1-3 years

<b>Physical</b>	<b>Motor/Sensory</b>	<b>Cognitive</b>	<b>Psychosocial</b>	<b>Pain</b>	<b>Death</b>	<b>Interventions</b>
<u>PRE-SCHOOL (3-5)</u>	<u>PRE-SCHOOL (3-5)</u>	<u>PRE-SCHOOL (3-5)</u>	<u>PRE-SCHOOL (3-5)</u>	<u>PRE-SCHOOL (3-5)</u>	<u>PRE-SCHOOL (3-5)</u>	<u>PRE-SCHOOL (3-5)</u>
<ul style="list-style-type: none"> <li>Gains weight and grows 2 to 2 ½ inches per year.</li> <li>Becomes thinner and taller.</li> </ul>	<ul style="list-style-type: none"> <li>Skips and hops</li> <li>Roller skates, jumps rope</li> <li>Dresses &amp; undresses self</li> <li>Prints first name</li> <li>Draws person with six major parts</li> <li>Throws and catches ball (5 years)</li> </ul>	<ul style="list-style-type: none"> <li>Able to classify objects, enjoys doing puzzles</li> <li>Understands numbers, can count</li> <li>Constructs sentences, asks “why” questions.</li> <li>Knows phone number &amp; address</li> <li>Attention span is short.</li> <li>Ritualistic, likes routines</li> <li>Likes to play “make believe”.</li> </ul>	<ul style="list-style-type: none"> <li>Significant persons are parents, siblings &amp; peers.</li> <li>Increasing independence, starts to assert self, likes to boast and tattle.</li> <li>Behavior is modified by rewards &amp; punishment</li> <li>Plays cooperatively, able to live by rules, capable of sharing.</li> <li>May be physically aggressive</li> <li>Learns appropriate social skills</li> <li>At 5 yrs., uses sentences, knows colors, numbers and alphabet.</li> </ul>	<ul style="list-style-type: none"> <li>Pain perceived as punishment for bad thoughts or behavior</li> <li>Difficulty understanding that painful procedures help them get well</li> <li>Cannot differentiate between “good” pain (as result of treatment) and “bad” pain (resulting from injury or illness)</li> <li>Reacts to painful procedures with aggression and verbal reprimands, e.g., “I hate you,” “You re mean”.</li> </ul>	<ul style="list-style-type: none"> <li>Incomplete understanding of death fosters anxiety due to fear of death</li> <li>Death seen as altered state of consciousness in which person cannot perform normal activities such as eating or walking</li> <li>Perceive immobility, sleep and other alterations in consciousness as death-like states; associates words and phrases (e.g., “put to sleep”) with death</li> <li>Death seen as reversible, reinforced by TV, cartoons</li> <li>Unable to perceive inevitability of death due to limited time concept</li> <li>View death as punishment</li> </ul>	<ul style="list-style-type: none"> <li>Explain procedures to child, using correct terms; include parents</li> <li>Explain the equipment.</li> <li>Plan for a longer teaching session than the toddler.</li> <li>Child will enjoy games, rewards &amp; praise</li> <li>Allow child to have some control, explain unfamiliar objects.</li> <li>Consider elimination needs.</li> <li>Provide nutrition, as appropriate; may be picky eater.</li> </ul> <p><b>Safety interventions</b></p> <ul style="list-style-type: none"> <li>Provide safe environment; do not leave unattended.</li> <li>Use equipment specific to size and age, as defined in department standards.</li> </ul>

CHILD 1-12 Years  
Pre-School Child - 3 YEARS THROUGH 5 YEARS

<b>Physical</b>	<b>Motor/Sensory</b>	<b>Cognitive</b>	<b>Psychosocial</b>	<b>Pain</b>	<b>Death</b>	<b>Interventions</b>
<u>SCHOOL-Age (6-12)</u>	<u>SCHOOL-Age (6-12)</u>	<u>SCHOOL-Age (6-12)</u>	<u>SCHOOL-Age (6-12)</u>	<u>SCHOOL-Age (6-12)</u>	<u>SCHOOL-Age (6-12)</u>	<u>SCHOOL-Age (6-12)</u>
<ul style="list-style-type: none"> <li>• Permanent teeth erupt</li> <li>• Growth is slow and regular.</li> <li>• May experience “growing pains” with bone growth and stretching of muscles.</li> <li>• May experience fatigue.</li> <li>• May experience pubescent changes.</li> </ul>	<ul style="list-style-type: none"> <li>• Uses knife, common utensils and tools</li> <li>• Cares for pets</li> <li>• Draws, paints</li> <li>• Makes useful articles</li> <li>• Assists in household chores</li> <li>• Likes quiet as well as active games.</li> <li>• At 8 years experiences awkward, nervous energy.</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehends &amp; can tell time.</li> <li>• Starts to think abstractly &amp; to reason.</li> <li>• Proud of school accomplishments.</li> <li>• Enjoys reading.</li> <li>• Starts to view things from different perspectives.</li> <li>• Increased attention span &amp; cognitive skills</li> <li>• Functions in the present</li> <li>• Needs limits and rules defined.</li> </ul>	<ul style="list-style-type: none"> <li>• Significant persons are peers, family &amp; teachers.</li> <li>• Prefers friends to family.</li> <li>• Works hard to be successful in what he/she does.</li> <li>• Belonging and gaining approval of peer group is important.</li> <li>• Explores neighborhood.</li> <li>• Uses hone.</li> <li>• Plays games with rules.</li> </ul>	<ul style="list-style-type: none"> <li>• Reaction to pain affected by past experiences, parental/caregiver response, and the meaning attached to it</li> <li>• Better able to localize and describe pain accurately</li> <li>• Pain can be exaggerated because of heightened fears of bodily injury, pain, and death.</li> </ul>	<ul style="list-style-type: none"> <li>• Concept of death more logically based</li> <li>• Understands death as the irreversible cessation of life</li> <li>• View death as tragedy that happens to others, not themselves</li> <li>• When death is actual threat, may feel responsible for death and experience guilt</li> </ul>	<ul style="list-style-type: none"> <li>• Explain procedures to child using correct terms, include parents</li> <li>• Explain the equipment.</li> <li>• Plan for a longer teaching session.</li> <li>• Child will enjoy rewards &amp; praise</li> <li>• Allow child to have some control</li> <li>• Plan in advance for procedures to decrease child’s waiting time</li> <li>• Involve child when ever possible</li> <li>• Provide nutrition as appropriate.</li> <li>• Provide for privacy</li> <li>• Allow for emotional needs in planning care or procedures</li> </ul> <p><b>Safety Interventions</b></p> <ul style="list-style-type: none"> <li>• Plan for mobility &amp; functional needs, as identified in assessment goals, that are appropriate to age &amp; motor skills.</li> <li>• Provide equipment appropriate for size and age.</li> </ul>

CHILD 1-12 Years  
School-Age Child - 6 YEARS THROUGH 12 YEARS

<i><b>Physical</b></i>	<i><b>Motor/Sensory</b></i>	<i><b>Cognitive</b></i>	<i><b>Psychosocial</b></i>	<i><b>Pain</b></i>	<i><b>Death</b></i>	<i><b>Interventions</b></i>
Rapid growth of skeletal size, muscles mass, adipose tissue and skin.	Awkward in gross motor activity in early adolescence.	Increased ability to use abstract thought and logic.	Interested and confused by own development.	Can locate and quantify pain accurately.	Understanding of death similar to adult.	<ul style="list-style-type: none"> <li>• Explain procedure to adolescent and parents using correct terminology.</li> <li>• Supplement explanations with reasons for “why?”</li> <li>• Encourage question regarding “fears”.</li> <li>• Provide for privacy</li> <li>• Involve in decision-making and planning.</li> <li>• Provide nutrition, as appropriate</li> <li>• Include patient in discussion of care when appropriate.</li> <li>• Provide for privacy and confidential discussion of care.</li> <li>• Provide for communication needs.</li> </ul> <p><b>Safety Interventions</b></p> <ul style="list-style-type: none"> <li>• Plan for mobility &amp; functional needs, as identified in assessment goals that are appropriate to age &amp; motor skill.</li> <li>• Provide equipment of appropriate for size and age.</li> </ul>
Maturation of the reproductive system; development of primary and secondary sexual characteristics.	Easily fatigued	Able to use introspection.	Often critical of own features and concerned with physical appearance.	Often hyper-responsive to pain; reacts to fear of changes in appearance or function.	Intellectually believe that death can happen to them, but avoid realistic thoughts of death.	
Onset of menarche in girls and nocturnal emissions in boys.	Fine motor skills are improving	Develops more internal growth and self-esteem.	“Friend” and belonging to peer group are important and valued; may criticize parents.	In general, highly controlled in responding to pain and painful procedures.	Many adolescents defy possibility of death through reckless behavior, substance abuse, or daring sporting activities.	
Vital signs approximate those of the adult	Early adolescence: may need more rest and sleep.	Beginning development of occupational identity (what I want to be).	Interested in the opposite sex; achieving female/male role.			
			Accepts criticism or advice reluctantly.			
			Longs for independence, but also desired dependence.			
			Achieves new and more mature relations.			
			Develops physical activities that are socially determined.			
			Identity is threatened by hospitalization, as adolescents are concerned about bodily changes.			

## ADOLESCENT: 13 TO 18 YEARS

<i>Physical</i>	<i>Motor/Sensory</i>	<i>Cognitive</i>	<i>Psychosocial</i>	<i>Pain</i>	<i>Death</i>	<i>Interventions</i>
Growth of skeletal systems continues until age 30; bone mass begins to decrease.	Visual changes in accommodation and convergence	Mental abilities reach a peak during the twenties (reasoning, creative imagination in skills).	<ul style="list-style-type: none"> <li>• Searching and finding a place in society.</li> <li>• Initiating a career, finding a mate, developing loving relationships, marriage.</li> </ul>	Assess and manage pain based on needs and response.	Leading causes of death: 19-45 <ul style="list-style-type: none"> <li>• mva</li> <li>• homicide</li> <li>• suicide</li> <li>• heart disease</li> <li>• sexually transmitted diseases</li> </ul>	<ul style="list-style-type: none"> <li>• Provide education to patient and/or significant others based on learning needs</li> <li>• Goals are defined following assessment of function.</li> <li>• Provide for special communication needs.</li> <li>• Provide plan to meet discharge needs as identified per discharge assessment.</li> </ul>
Skin begins to lose moisture and elasticity.	Some loss in hearing, especially high tones.		<ul style="list-style-type: none"> <li>• Begins to express concerns for health.</li> <li>• Achievement oriented; working up the career ladder.</li> </ul>		Leading causes of death: 46-59 <ul style="list-style-type: none"> <li>• Heart attack and stroke</li> <li>• lung cancer</li> <li>• breast cancer</li> <li>• cirrhosis of the liver</li> <li>• copd</li> <li>• hypertension</li> </ul>	<ul style="list-style-type: none"> <li>• Provide for information on community services.</li> <li>• Allow for cultural and religious beliefs in providing services.</li> <li>• Involve patient in decision-making and development of plan for treatment and care.</li> <li>• Provide for privacy &amp; confidentiality of patient information.</li> <li>• Provide nutrition, as appropriate.</li> <li>• Encouraging questions regarding “fears”.</li> </ul>
Calcium loss especially after menopause	Muscle activity may increase or decrease.	Decreased short-term memory or recall.	<ul style="list-style-type: none"> <li>• Moves from dependency to responsibility.</li> <li>• Responsible for children and aging parents.</li> </ul>			
Muscular efficiency is at its peak between 20-30 years.	Visual changes especially farsightedness.	Re-evaluation of current life style and value system.	<ul style="list-style-type: none"> <li>• <u>In later years (45+)</u></li> <li>• Future oriented or self-absorbed.</li> </ul>			
Decreased muscle strength and mass if not used; endurance declines in later years (45+).	Noticeable loss of hearing and taste.	Synthesis of new information is decreased.	<ul style="list-style-type: none"> <li>• May experience empty nest syndrome expressed positively or negatively.</li> <li>• Adjustment to changes in body image.</li> <li>• Mid-life crisis.</li> <li>• Recognition of limitations.</li> <li>• Adjustment to possibility of retirement</li> <li>• Measures accomplishment against goals.</li> </ul>			
GI system decreases secretions after age 30	Muscles and joints respond more slowly.	Decrease in mental performance speed.				
In later years (45+), may be more prone to infection.	Decreased balance and coordination.					
In later years (45+), receding hairline in males, more facial hair in females.	More prolonged response to stress.					<b>Safety interventions</b> <ul style="list-style-type: none"> <li>• Explain equipment used.</li> <li>• Provide for mobility.</li> <li>• Discharge planning needs may include having functional needs met for patient to return to work environment.</li> </ul>

## ADULT: 19 THROUGH 65 YEARS OF AGE

<i>Physical</i>	<i>Motor/Sensory</i>	<i>Cognitive</i>	<i>Psychosocial</i>	<i>Pain</i>	<i>Death</i>	<i>Interventions</i>
Decreased tolerance to heat/cold.	Decreased visual acuity	Decline depends upon earlier cognitive abilities, general health, and involvement in society.	Retirement	Assess and manage pain based on needs and response.	Chronic conditions:	<ul style="list-style-type: none"> <li>• Provide education as identified on patient assessment of learning ability.</li> <li>• Speak distinctly due to loss of ability to discriminate sounds.</li> <li>• Focus light directly on any objects due to decreased visual acuity</li> <li>• Slow paced presentation</li> <li>• Change positions slowly due to decreased circulation.</li> <li>• Allow for frequent bathroom breaks.</li> <li>• Ensure patient warmth</li> <li>• Involve patient in decision making and control of plan for care.</li> <li>• Discharge needs may include functional needs in returning to work.</li> <li>• Assess skin integrity.</li> <li>• Involve family with care.</li> <li>• Provide privacy</li> <li>• Provide nutrition, may desire/need snacks.</li> </ul> <p><b>Safety Interventions</b></p> <ul style="list-style-type: none"> <li>• Keep environment safe.</li> <li>• May become disoriented at night</li> <li>• Be aware of the risk of multiple medications</li> <li>• Teach re side effects/toxicity</li> <li>• Take frequent breaks if fatigued.</li> </ul>
Decreased peripheral circulation.	Hearing loss		Death of spouse and friends, acceptance of death	Decreased tolerance to pain.	<ul style="list-style-type: none"> <li>• Cardiovascular disease</li> <li>• Cancer</li> <li>• Diabetes</li> <li>• Acute and chronic respiratory disease</li> <li>• Gastrointestinal problems</li> </ul>	
Declining cardiac/renal function	Decreased sensitivity of taste buds and smell	Sharing wisdom with others	Adapting to change of social role	Narcotics with a long half-life may present side effects, which are increased in elderly.	Remain alert for depressive symptoms, suicide, risk for falls, changes in cognitive functions.	
Decreased response to stress and sensory stimuli	Decreased tolerance to pain	Decrease in memory, slowing of mental functions	Developing supportive relationships			
Atrophy of reproductive organs.	Hesitant to respond; skills declining		Pursuing second career, interest, hobbies, community activities, leisure activities			
Loss of teeth leading to changes in food intake.			Coming to terms with accomplishments			
More skeletal changes			Children leave home; reestablishes as a couple; grand parenthood			
			Concern for health increases			

## LATE ADULTHOOD - Older than 65 YEARS