

# IX. INDIVIDUALIZED CARE



# Age Specific Care



# Stages of Human Growth & Development and Implications for Care

- “Age-Specific” care includes a general description of the social, psychological and physical changes that occur as a person ages.
- This information will help employees care for patients at different levels of development.



# Infants and Toddlers (birth to 3 years)



## Age-specific Care for Infants and Toddlers

- Keep them with parents if at all possible. Have parents help with care. Have them demonstrate procedures back to you.
- Answer parent's questions and discuss their concerns. Teach them feeding, safety and hygiene.
- Let the child touch equipment, or watch you first do the procedure on a stuffed animal or doll.
- Keep the child's safety and comfort in mind.
- Educate parents about the need for immunizations, checkups and screenings as indicated.
- Develop trust through touch and comfort.
- Avoid loud voices and rapid movements as it may frighten the child.

# Children (4 years to 6 years)



## Age Specific Care for Children

- Explain the procedure before you perform it. Be sure to use a child's terms. Let child help if possible.
- Make sure the child knows the procedure is not punishment.
- Stress with parents the importance of regular checkups, immunizations and screenings.
- Let the child ask questions and talk.
- Make sure the parents have an opportunity to ask questions or express concerns they may have.
- Incorporate play into care.
- Words and phrases are taken literally (instead of saying "I'm going to stick you", say "I'm going to make a little pinch in your arm so you can get some medicine")

# Older Children (7 years to 12 years)



## Age-specific Care for Older Children

- Explain procedures in advance. Discuss equipment. Pictures and visual aids help. Let them help if possible. Give positive reinforcement for cooperation. Respect privacy need.
- Remind parents about immunizations, checkups and screenings.
- Talk with the child about their hobbies, concerns, friends and other items of interest. Allow time for questions.
- Teach the family about health and safety (not smoking, no alcohol, and other drugs).
- May experience mood swings.
- Have fear of changes in appearance and loss of control.
- When talking with them avoid distractions and treat them as an adult.

# Teens

## (13 years to 20 years)



### Age-specific Care for Teens

- Encourage hospitalized teens to keep in touch with friends and family.
- Emphasize the importance of checkups, screenings and immunizations.
- Provide as much privacy as possible. Discuss their concerns. Encourage them to be involved in their care and the decisions about their care. Know age for legal authorization.
- Encourage parents to stay involved in their child's life. Give information about normal changes.

# Adults (21 years to 39 years)



## Age-specific Care for the Adult

- Assess the patient related to stress. Encourage them to talk about feelings, concerns and about how the illness may affect their life.
- Involve close family, as indicated by patient in making decisions and when educating. Educate about healthy lifestyle and injury prevention. Encourage the patient to take part in group learning.
- Encourage checkups, immunizations and screenings.



# Middle Aged Adults (40 to 64 years)

## Age-specific Care: Middle Aged Adult

- Encourage screenings and checkups.
- Give time to talk about stressors, frustrations, accomplishments, dreams and concerns about illness(es).
- Provide help in finding resources.
- Educate about healthy lifestyles and safe medication use.
- Involve close family in decision-making.
- Educate about living wills and healthcare power of attorneys.



# Older Adults (65 to 79 years)



## Age-specific Care for Older Adults

- Stress need for check-ups and screenings.
- Encourage social activity.
- Educate about fall prevention and safe medication use.
- Provide a safe, comfortable environment.
- Allow for rest.
- Give them a chance to reminisce.
- Speak clearly and avoid background noise during teaching. Use larger print materials and enough light. Repeat as needed. Avoid rushing.
- Talk about family and other support systems.

# Elderly Adults (80 years and older)



## Age-specific Care for the Elderly Adult

- Stress need for screening and check-ups.
- Encourage social and physical activity.
- Promote self-care and independence if possible.
- Monitor skin problems and use extra caution when touching.
- Ensure safety measures are in place to prevent falls.
- Educate about home safety and medication use.
- Involve family and caregiver in education process.
- Avoid rushing and teach when the person is at peak awareness.

# Care of the Patient with Disabilities



# Hearing Impaired Patients



- Most hearing impaired people communicate with hearing professionals through a combination of methods such as signing, writing, speech and lip reading.
- **Assess the best method for communication by asking your patient about their preference.**
- If your patient relies on American Sign Language (ASL), make sure that an interpreter is present by using the **MARTTI video interpretation system.**
- Do not assume that when a hearing impaired patient nods their head in acknowledgment, that they have understood you. Your patient may be relying on family that are present to explain later.

# Hearing Impaired Patients, cont.

- Use your regular voice volume and lip movement.
- Maintain eye contact when you speak. If you turn your head, you could obscure the view of your face.
- When initiating a conversation, introduce the “main topic” of what the conversation will be about.
- When speaking to your patient, don’t place things such as pencils, gum, or food in your mouth. Remove your facemask before speaking.
- Avoid standing in front of a light or a window as this causes shadows on the face and they can not read your lips.

# Visually Impaired Patient



- When you enter the room of a patient who is either low vision or blind, address the person by name if you know it, and identify yourself by name .
- Questions and comments should be made directly to the patient, not through a third party.
- It is difficult for a visually impaired person to concentrate on facing a speaker who continually moves around.
- When you are finished, it is appropriate to say good-bye with a tap on the person's arm or a handshake or even a tap on the foot as you go by, depending on the circumstances.
- A sight impaired person does not have the advantage of seeing your smile or wave or other affirmative body language that you might ordinarily use.

# Visually Impaired Patients, cont.

- When assisting a visually impaired patient from his or her bed to walk to the bathroom, to a chair, or down the hall, always offer your **elbow**.
- When you get to a doorway, identify the door by saying, “The door is opening away from us on the right, or the door is opening toward us on the left”. Then pass through the door before the person you are guiding and let him catch the door as he passes it.





# Visually Impaired Patient, cont.

- In most cases, the individual is familiar with living with diminished sight.
- Just before you leave, ask if there is anything you can do to help.
- They might need to review how to operate the TV, find something they may have dropped, or provide some other small assist.
- Consideration can be your guide.

# Assistive Animals

- Every person with a disability has the right to be accompanied by a service animal trained to assist the person with his or her specific disability
- NC law **168-4.2.**



# Patients with Mental illness

All patients, including those with mental illness, should expect the following care at RH:

- To be treated with respect and dignity.
- To have their privacy protected.
- To receive age and culturally appropriate services.
- To understand available treatment options and alternatives.
- To receive care that does not discriminate on the basis of age, race or type of illness.