

Competency in Providing Population-Served Care

Purpose

This program is designed to ensure that all individuals responsible for the assessment, treatment, or care of patients are competent to perform in a manner appropriate to the ages of the patients served.

Objectives

After Completing the program, you should be able to:

1. Obtain and interpret information in terms of a patient age-related development and psychosocial needs.
2. Demonstrate knowledge of normal growth and development by identifying characteristics of each of the following age categories:
 - Adolescence (12-17 years)
 - Early Adulthood (18-44 years)
 - Middle Adulthood (45-59 years)
 - Late Adulthood (60 years and beyond)
3. Identify common health problems and leading causes of death for each category.
4. Plan and provide health care interventions that include consideration of specific age related characteristics and needs related to physical development and motor control.

ADOLESCENT

Age 12 - 17

PHYSICAL CHARACTERISTICS

Disproportionate growth in skeletal frame and muscles lead to awkward movement and clumsiness. Secondary sex characteristics developing; wide variation in onset of puberty; increase in appetite.

SENSORY/MOTOR

Increased need for sleep; fine motor skills improving.

DENTAL

Wisdom teeth erupt late in this stage. Need for regular check ups continue. Braces for misalignment usually during this stage as permanent teeth will be in place.

VITAL SIGNS

Normal heart rate 60-90 beats per minute, normal respiratory rate 16-20, normal systolic blood pressure range 94-140, normal diastolic blood pressure range 62-88.

MENTAL

Advanced cognitive development begins, are able to think more abstractly. Chooses own values. Moral development starts.

SOCIAL/EMOTIONAL

Develops/searches for own identity. Highly influenced by peer group. Builds close relationships. Concerned about appearances. Challenges authority. Separation from peer groups, forced dependence, altered body image, and medical procedure create stress.

COMMUNICATION

Provide privacy, use correct terminology; allow discussion of concerns, explore understanding tactfully

HEALTH/SAFETY

Educate about risk taking behaviors, dangers of substance abuse, sexuality issues, healthy lifestyle habits (breast self exams, weight control)

AGE SPECIFIC CARE

Treat more as an adult than a child; show respect; be considerate of how procedures or treatments may affect appearance/relationships; encourage open communication between parents, teens, and peers. Set behavioral limits.

LEADING CAUSE OF DEATH

Motor Vehicle accidents; homicide, injuries, heart disease



YOUNG ADULTHOOD
AGES 18-44

PHYSICAL CHARACTERISTICS

Physical growth is complete in adulthood; men continue to show growth in the vertebrae until age 30. Women usually attain their full statures before their 20's. Peak bone mass is attained by age 35. Women have a gradual loss of bone after age 35. Hormones, exercise, and nutrition affect muscle in both genders. Muscle strength and coordination peak in the 20's and 30's; begin gradual decrease in elasticity of blood vessels.

SENSORY CHANGES

Changes in sensation and perception can be recognized during this stage. Skin cells undergo some changes as a result of exposure to the sun and pollutants in the environment. Visual acuity may decline after age 25 due to decreased elasticity and increased opacity of the lens. Presbyopia, which advances with age occurs after age 40, leads to decreased ability to see objects at close distance. Hearing ability is best at age 20; after 20 there is a gradual hearing loss, particularly at high frequencies.

DENTAL

Gum disease or gingivitis is the major cause of tooth loss in the adult years.

VITAL SIGNS

Maximum cardiac output is reached between ages 20-30; after that cardiac output gradually declines. Heart muscles thicken, producing fat deposits in the blood vessels causing a decrease in blood flow. Normal resting heart rate range from 60-90 beats per minute; normal respiratory rate range from 12-20 breaths per min; Normal blood pressure reading range from 110-130 systolic and 70-90 diastolic.

SLEEP AND REST

Adults need 7-8 hrs of sleep per night; may experience insomnia or an inability to sleep.

MENTAL/INTELLECTUAL

Visual and Auditory learners, Uses life experiences to create, problem solve, and learn

SOCIAL/EMOTIONAL

Hopes to contribute to future generations; stays productive; balances dreams with reality; plans retirement; may assume caregiver role for children or parents.

HEALTH/SAFETY

Educate about stress management, regular exercise and rest, yearly physical exams, and healthy life-style habits (smoking danger, diet, and weight control)

LEADING CAUSE OF DEATH

Motor vehicle accident, homicide, suicide, heart disease, sexually transmitted diseases.

MIDDLE ADULTHOOD 45-59

PHYSICAL CHARACTERISTICS

Loss of bone, muscle, and elasticity in connective tissue, skin less firm in face, abdomen and buttocks; muscle strength and tone decrease; bones become more porous due to decreased bone mass. Individuals may lose 1-4 inches in height. Body contours change and weight is distributed.

SENSORY CHANGES

Decreased visual and auditory acuity; decreased taste; general condition of mouth and teeth more noticeable.

SLEEP

Requirement for sleep less than that of earlier stages; sleep difficulty such as falling asleep and staying asleep.

MENTAL

Use life experiences to create, solve problems, and learn; able to focus on strengths not limitations. Cognitive development peaks.

HEALTH CHANGES

Onset of chronic health problems

Glaucoma and cataracts frequently found in this age group

Hypertension surfaces in this stage

Heart disease and cancer cause most deaths in this age group

Chronic condition include heart disease, back problems, visual impairment and asthma

Women's leading chronic conditions are hypertension without heart condition, arthritis, and depression.

SOCIAL/EMOTIONAL

Need to have ideas, opinions, and concerns valued, Involvement in care is important. Stressors may include: caregiver roles, fulfillment of responsibilities, maintenance of relationships, and attainments.



LATE ADULTHOOD 60 YEARS AND BEYOND

PHYSICAL CHARACTERISTICS

Trunk length decreases as spinal curvature increases, Intervertebral disks compact. This causes loss of approximately 1 cm per decade. Shoulder width decreases in both sexes as a result of muscle mass in deltoids. Slight increase in chest circumference as a result of elasticity in lungs and thorax. Head circumference decreases; nose and ear lengthen; body weight decreases slowly after age 55; metabolism decreases; body fat decreases; body surface area decreases; these changes effects the dosage and rate of drug absorption.

MUSCLE/SKELETAL

Postmenopausal women lose bone mass faster than men leading to greater risk of osteoporosis. Curvature of spine is exaggerated, leading to kyphosis or hump back. Increase for falls. Elasticity of ligaments and tendons result in muscle spasms and decreased flexibility.

SENSORY DEVELOPMENT

Taste, sight, hearing, touch and smell less efficient.

Visual

Presbyopia and opacity of lens common; glaucoma and cataracts increase; peripheral vision decreases and sensitivity to glare increases; color vision changes; tear duct may become blocked causing increased tearing; dryness of eyes may be caused by medication or disease.

Hearing

Loose high frequency hearing; Injuries and certain disease may lead to hearing loss; Increased build up of ear wax.

Taste

Loss of taste buds results in decreased ability to discriminate some tastes. Sense of smell also decreases.

DENTATION

Tooth decay/loss is not a consequence of aging, but due to poor hygiene.

GASTROINTESTINAL

Decreased gag reflex may increase risk for aspiration or choking on food. Decreased peristalsis; increased constipation and flatus. Stomach capacity decreases causing decreased appetite.

CARDIOVASCULAR

Heart valves become thicker and more rigid; blood vessels loss elasticity and become more narrow; resulting in increased blood pressure.

LATE ADULTHOOD 60 YEARS AND BEYOND

RESPIRATORY

Ribcage calcifies becoming more rigid; makes respiratory muscles work harder; lung elasticity decreased therefore need increased energy to move air in/out. Residual air volume increases after exhalation; coughing less effective; all changes increase susceptibility to respiratory infections.

INTEGUMENTARY

Skin loses elasticity – wrinkles; skin thinner and more fragile causing increased risk of skin breakdown and bruising. Healing process is more delayed. Perspire less and chill easily due to loss of adipose (fat) tissue. Nail growth thicker, dull, and more brittle; hair becomes gray in 50% of population. Skin cancer continues to be a risk.

COGNITIVE

Wide variation in mental and physical abilities. Older adults may retain cognitive abilities well into late life; slower to retrieve stored information; recent, short term memory stores limited; long term memory more meaningful and retrievable. Alzheimer's disease is a leading cause of dementia and cognitive impairment among older adults. May need to orient patient to time and place.

SAFETY

Increased risk for falls due to gait changes, auditory or visual acuity, medications and neurological disorders.

LEADING CAUSE OF DEATH

Heart Disease, cancer, stroke, arteriosclerosis, diabetes, lung disease and cirrhosis of the liver.



Population Served
Post Test

Name:	Division:	Shift:
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1. Concepts in educating the adolescent include each of the following except:
 - a. Speak their language; use common slang as much as possible to increase understanding and compliance
 - b. Reinforce healthy lifestyle habits (diet and exercise)
 - c. Explore safety issues related to risk taking behaviors
 - d. Verify understanding in kind and tactful manner
2. Communicating with older adults can be difficult because:
 - a. They have no desire to discuss their health problems.
 - b. They are usually demanding and belligerent
 - c. They have difficulty hearing
 - d. Long term memory loss diminishes their ability to discuss their past
3. When providing care for the young adult it is important to educate them about:
 - a. Smoking dangers and stress management
 - b. Retirement
 - c. Monthly physical exams
 - d. Transition into middle adulthood
4. When developing a treatment plan for an adolescent patient, it is important to:
 - a. Choose interventions for the patient that will benefit the whole team
 - b. Discourage the patient from discussing the care with their parents
 - c. Treat them as a child because they are not of legal age
 - d. Encourage them to participate in their plan of care
5. _____ is leading cause of cognitive impairment among older adults.
 - a. Stroke
 - b. Heart Disease
 - c. Alzheimer's Disease
 - d. Presbyopia
6. When assisting with meals, it is important to remember that patients over 65 are at an increased risk for _____ due to a decreased gag reflex.
 - a. Seizures
 - b. Aspiration
 - c. Vomiting
 - d. Drooling
7. Adolescents are highly influenced by:
 - a. Parents
 - b. Siblings
 - c. Peers
 - d. Grandparents

8. What is the primary cause of death for middle adults?
 - a. Heart Disease
 - b. Asthma
 - c. Arthritis
 - d. Depression

9. Patient in late adulthood are at an increase risk for falls due to:
 - a. Gait changes
 - b. Visual acuity
 - c. Medications
 - d. All of the above

10. Which of the following is true about the older adult?
 - a. There is a wide variation in mental and physical abilities and health status.
 - b. Hearing impairment is rare
 - c. Long term memory frequently a problem
 - d. It is rare for this age group to be able to participate in activities such as golf or swimming

11. The middle adult age group is characterized by:
 - a. Separation anxiety
 - b. Peer Pressure
 - c. The onset of chronic health problems
 - d. Hearing impairment

12. Stresses felt by the healthy adolescent generally can be attributed to:
 - a. The transition from riding a bicycle to driving a car
 - b. The wish to become more dependent on parents
 - c. Poor nutrition
 - d. Appearance, peer relationships, and school pressures

13. Measures that the nursing staff can take to optimize the older adults' abilities include:
 - a. Frequently orienting them to time and place
 - b. Assuming patients to be frail and weak and planning care accordingly
 - c. Limiting visitors to prevent fatigue
 - d. Trying to do as much for them as possible

14. One of the leading causes of death in the Adolescent stage (ages 12-18) is:
- a. Snake bites
 - b. Motor vehicle accidents
 - c. Diabetes
 - d. Multiple Sclerosis
15. Concepts in educating the young/middle adult include which of the following?
- a. Provide lecture and post test
 - b. Relate information to life experiences
 - c. Exclusively use auditory stimulation
 - d. Exclusively use visual stimulation