



# Age-Specific Care for CNAs

2 Contact Hours

Course expires: May 6, 2019  
Revised: May 6, 2015  
First published: April 15, 2011

Copyright © 2011 by RN.com  
All Rights Reserved  
Reproduction and distribution of these materials is prohibited without an RN.com  
content licensing agreement.

## **Conflict of Interest and Commercial Support**

RN.com strives to present content in a fair and unbiased manner at all times, and has a full and fair disclosure policy that requires course faculty to declare any real or apparent commercial affiliation related to the content of this presentation. Note: Conflict of Interest is defined by ANCC as a situation in which an individual has an opportunity to affect educational content about products or services of a commercial interest with which he/she has a financial relationship.

The author of this course does not have any conflict of interest to declare.

The planners of the educational activity have no conflicts of interest to disclose.

There is no commercial support being used for this course.

## **Acknowledgements**

***RN.com acknowledges the valuable contributions of...***

***Original author:***

***Karen Siroky, RN, MSN***

***Contributor(s):***

***Rita Callahan, RN, MA, PhD***

***Lindsey Ryan, MSN, RN, CCRN-K, ACNS-BC, a Clinical Content Specialist for RN.com.*** Lindsey graduated from Point Loma Nazarene University in San Diego, California with both her BSN and MSN. Lindsey's clinical experience ranges from Acute to Critical Care where she has functioned in the roles of frontline staff and CNS. Most recently Lindsey is responsible for leading efforts associated with new knowledge and innovation including interdisciplinary quality initiatives, evidence-based practice projects and clinical research. She identifies areas for development, leads evidence-based implementation efforts, and performs evaluations to ensure positive patient outcomes. Lindsey is a member of the American Association of Critical Care Nurses (AACN) and National Association of Clinical Nurse Specialists (NACNS). She was inducted into the Sigma Theta Tau International Honor Society and holds both Critical Care Nurse (CCRN-K) and Adult CNS certifications.

## **Purpose and Objectives**

The purpose of Age-Specific Care for CNAs is to provide information regarding different age groups, illustrate how to identify age-appropriate needs, and how to individualize patient care with age-specific needs in mind.

After successful completion of this course, you should be able to:

1. Identify age-specific differences regarding a patient's rights and basic needs.
2. Identify actions that differ among age groups based on cognitive differences.
3. Identify actions that differ among age groups based on age-related differences.

## Introduction

**Consider this:**

***Your patient has no hair on his head. He does not speak or speaks a different language.***

***Your nursing care for him will include feeding him and changing his diaper.***

Do you have a mental picture of this patient? Do you imagine a normal newborn? A brain-injured teen-ager? A middle-aged man who has received surgical and chemotherapy treatments? An elderly man who has had a cerebrovascular accident?

The description might fit any of those patients. However, you care for each one quite differently because each age group has specific qualities and needs: physical, emotional, psychosocial, developmental, spiritual, and educational. People learn at different levels. Some people experience major fears and stressors relating to the unknown, especially if they're out of their usual environment. Your knowledge of age-specific care will help alleviate fears and stressors associated with care.

## Age-Specific Competency Requirements

In 2011 The Joint Commission published a Hospital Accreditation Standards report that required hospitals to ensure all direct care staff are competent in providing care according to age. To meet the standards related to staff competence, organizations must define the patient population(s) served. They must describe the ages and special needs of groups within the patient population, and the staff members who provide the services. Generally accepted age ranges include the following seven categories:

- Newborn (0 to 1)
- Toddler (1 to 3)
- Preschool (3 to 5)
- School age (6 to 12)
- Adolescent (13 to 18)
- Adult (19 to 65)
- Elderly (over 65)

(Keller, 2014)

Know what age groups your organization and patient care area have designated. There should be specific assessment tools for each age group. Examples include pediatric pain assessment tools, mental status assessment tools for elders, skin integrity assessment tools, and fall risk assessment tools. Refer to your organizational policies and procedures to guide the use of these tools.

Each state has laws governing age-related implications for healthcare professionals. Learn the requirements of your state related to treatment of minors and reporting child abuse, domestic abuse and elder abuse. State laws and the policies and procedures of your organization give direction for complying with these and other age-related legal requirements.

## How Age Matters

Regardless of a patient's age, nurses must respond to the patient's need for:

- Safety
- Privacy
- Confidentiality
- Comfort
- Pain Management
- Choices and control
- Involvement of family and/or significant others

Depending upon the age and specific needs of the patient the nurse may use different approaches, assessment tools, or equipment to provide appropriate care. Patients' needs are patients' rights and must be respected.

## How Age Matters

In some aspects of care, your actions will vary greatly with the age of the patient:

- Communicating
  - Encouraging the patient to ask questions
  - Using an appropriate style and complexity of language, both oral and written
  - Explaining interventions and procedures
- Involving the patient in care and decision making
- Providing instruction and education
  - Choosing appropriate techniques and tools
  - Allowing the patient self-care return demonstrations
- Assisting the patient to cope with hospitalization
- Assessing risk for injury and instituting preventive measures

## Test Yourself

Age-specific competency is required by The Joint Commission.

True

False

The correct answer is True. The Joint Commission measures the competence of organization staff as a part of the accreditation process. To meet the standards related to staff competence, facilities must define the patient population served. They describe the ages and special needs groups within the patient population, and the staff members who provide the services.

## <Page Title Auto Text>

Organizations have a number of age-specific assessment tools to use in caring for patients.

True

False

The correct answer is True. There should be specific assessment tools for your patients in different age groups. Examples include pediatric pain assessment tools, mental status assessment tools for elders, skin integrity assessment tools, and fall risk assessment tools. Refer to the policies and procedures your organization has created to guide the use of specific tools. Tools assist healthcare workers to provide care that is specific for patients based on their age and level of need.

## **An Age-Specific Framework**

Although the groups in your organization may be different, apply the information supplied in this framework to the groups your organization uses.

This course identifies seven age groups to highlight age-specific variations and nursing actions:

- Neonate
- Infant
- Toddler
- Child
  - Preschool
  - School-aged
- Adolescent
- Adult
  - Young
  - Middle-aged
- Elder
  - Older
  - Oldest

## Age-Specific Care - Neonate

### Neonate (Ages birth to 28 days)

- Cuddle and hug. Gentle physical stimulation promotes brain development. Cuddling also helps develop trust.
- Use risk-prevention
  - Initiate Sudden Infant Death Syndrome (SIDS) preventive interventions.
  - Position on the back for sleep to prevent suffocation.
  - Position properly during feeding and burp the neonate. Risk for aspiration is high due to immaturity and proximity of respiratory and gastrointestinal passages.
  - Touch gently over the anterior and posterior fontanel, which are still soft.
  - Assess body temperature and maintain constant environmental temperature. The neonate is at risk for both hypothermia and hyperthermia due to an immature heat regulation system.
- Recognize that the neonate's behavior is largely reflex in nature.
- Facilitate bonding with the parents, especially the mother.

## Age-Specific Care - Infant

### Infant (Ages 29 days to 2 years)

- Promote bonding to parents
  - Keep parents in infant's line of vision. Separation from primary caregiver is a major fear of the infant.
- Assess carefully and use mother or primary caregiver's insights to interpret behavior. The infant has limited ability to express needs or problems.
- Minimize stressors: strangers, loud noises, bright lights, and sudden environmental changes.
- Use risk-prevention
  - Prevent choking or other injury due to foreign objects in the mouth. Infants tend to place objects in their mouth. The infant is in the oral stage of development, as described by Freud.
  - Protect from infection. The infant has a limited immune response.
- Provide visual, auditory, and tactile stimulation to support development.

## Age-Specific Care - Toddler

### Toddler (Ages 1 year to 3 years)

- Expect exaggerated response to pain, frustration and changes in the environment. Toddlers are often ritualistic. They are impulsive and their moods change quickly.
- Use a firm, direct approach. Toddlers test limits and may have temper tantrums. Power struggles with parents center around toilet training and food.
- Assess the status regarding toilet training. Toilet training is a major developmental task for the toddler. Illness or injury may cause regression.
- Give one direction at a time. Toddlers have a short attention span.
- Support the relationship with parents. A major fear of toddlers is separation from parents.
  - Separation anxiety may be intense.
  - Hospital, strangers, and procedures may cause a terror response.
- Keep in mind, toddlers engage in magical thinking and may perceive machines as living things.
- Use risk-prevention
  - Provide a safe environment and supervision. Curiosity, energy, impulsiveness, and lack of inhibition lead to unsafe situations.
- Provide for rest and sleep. Toddlers need 10 – 12 hours of sleep nightly and a daytime nap.
- Provide opportunities for solitary play.
- Provide support and comfort. Toddlers have limited ability to think and reason. They will not be consoled by explanations.

## **Age-Specific Care - Preschool Child**

### **Preschool Child (Ages 3 years to 5 years)**

- If appropriate and safe, provide opportunity to interact with other children. The preschooler develops an awareness of others and an ability to participate with a group.
- Explain when parents will return. The preschooler has the capacity to understand the concept and finds it comforting.
- Assess the preschooler's interpretation of the hospital environment. Preschoolers engage in magical thinking and may become fearful based upon imagined threats.
- Preserve home activities and habits as much as possible.
- Support the preschooler when fearful.
- Recognize that preschoolers can ask for help. They are eager to please and understand simple directions. Older preschoolers exhibit some control over painful experiences and can accept logical reasoning.

## **Age-Specific Care - School-aged Child**

### **School-aged Child (Ages 6 years to 12 years)**

- Give permission to display fear or pain. The school-aged child may attempt to act bravely.
- Allow child to participate in care as much as possible.
- Educate using play, games, rewards and praise.
- Offer support in fearful situations.
- Respect need for privacy.
- Support relationships with friends. School-aged children feel great loyalty and affiliation to same sex friends.

## **Age-Specific Care - Adolescent (teenager)**

### **Adolescent (teenager) (Ages 13 years to 18 years)**

- Encourage peer visitation if possible. Peers are critically important to teens. In early adolescence same sex friends predominate; later, opposite sex relationships are more important.
- Use risk-prevention
  - Seek follow-up referral or resources if you identify indications of depression or suicidal thoughts. Suicide is the third most frequent cause of death in this age group.
- Provide support, information, and encouragement related to threats to body image. Teens are particularly concerned about body image, perceived flaws, and appearing different from their peers. Teens may be poorly informed, but still don't want to ask for information.
- Expect that many teens have emotional ups and downs. Hormonal changes, peer and parental relationships and identity adjustments lead to frequently changing emotions. Increased perception of pain may occur as well.

## Test Yourself

Toddlers do not feel pain during invasive procedures such as IV starts, due to a limited pain response.

True

False

The correct answer is False. Children of all ages feel pain. Premedication prior to a painful procedure can reduce the amount of trauma the child feels and help prevent issues with pain later in life.

## **Age-Specific Care - Adult**

### **Adult (Ages 19 years and older)**

Often sub grouped into:

#### **Young adults (Ages 20 years to 40 years)**

- Young adults often face challenges to rearrange childrearing responsibilities during illness, injury, or hospitalization.

#### **Middle-aged adults (Ages 40 years to 65 years)**

- Most middle-aged adults feel that they are at their peak. Having to be “dependent” on someone else may be very stressful.

Presbyopia (far sighted-ness) is likely among middle-aged patients. If the patient does not have reading glasses or magnifiers, assure that any important reading material (such as forms requiring signature, patient education materials, instructions and menus) is printed in a size of type that is legible to the patient, or read the materials aloud for the patient.

Middle-aged persons are in the so-called sandwich generation – sandwiched between responsibilities and concerns related to their children and also to their aging parents. Major tasks during these years include achieving financial and emotional security and preparing for retirement.

For all adults:

- Provide options for communication and work as appropriate. Assess the patient’s physical and mental ability to work and communicate with co-workers, family, and friends. Offer encouragement and reassurance as needed to assist the patient in setting realistic goals for communication and work while hospitalized.
- Involve spouse or significant other in care.

## Age-Specific Care - Elder

### Elder (or Later Adult)

Most elders experience a series of losses and grieve these losses. Losses include loss of physical capabilities, loss of memory, and loss of a spouse. They also experience loss of peers, loss of independence, and loss of a sense of relevance. One elder counselor reported that for some of her clients, the loss of the driver's license (the independence it symbolizes and makes possible) was often as painful as the loss of the spouse (M. Williams's personal communication July 12, 2004).

Traditionally and in much research, the terms elder and elderly have described persons 65 years of age and older. Persons in this age group account for 48% of acute hospital admissions (Mezey et al., 2001). However, today, a 70 year old may be far different in terms of aging than a 70 year old from a previous generation. Increased knowledge and medical care regarding diet, exercise, and medications are making a difference in the quality of life, even as we get older. Some experts define three groupings within the age group 65 years to 100+ years:

- Young Old, ages 65 years to 75 years
- Old, ages 75 years to 85 years
- Old Old, ages 85 years and older

Routine care procedures create risks for elderly patients to a greater extent than for younger adults. For example:

- Fragile skin is easily torn during tape removal
- Moving in bed can injure fragile skin
- Fractures may result from very minor trauma due to osteoporosis

## Test Yourself

Losses that an elder may encounter may be more painful than the loss of a spouse.

True

False

The correct answer is True. The dependence of an elder on another, such as the loss of a driver's license and perceived or actual loss of independence; loss of feeling relevant, and loss of peers is often as painful as the loss of a spouse.

## Falls

Falls present a serious threat to the elderly patient. Elders are at risk for falls for many reasons. In addition, an elderly patient who has fallen previously is at increased risk for falling in the future. Many elderly persons live in fear of falling and for good reason. Among elderly persons, one of seven falls results in a fracture.

## Pressure Ulcers

Elders are at increased risk for skin breakdown for many reasons (Greenhalgh, 2014):

- Chronic disease (Diabetes mellitus or peripheral vascular disease)
- Collection of moisture due to incontinence
- Dryness of the skin creating fragile skin surfaces
- Inactivity or decreased activity
- Impaired mobility
- Malnutrition
- Friction and shear during movement and positioning

Inspect the skin thoroughly for evidence of early skin breakdown. You may be trained to observe for early indications of skin breakdown and to start prevention as early as possible. Avoid the use of extremely hot water for bathing. Keep the skin clean and free of excess moisture. Apply lotions as needed to prevent dryness.

## **Use of Restraints**

The healthcare staff should always use the least restrictive means of protecting the patient and others. Physical restraints are a last resort. Restraint use can cause injuries from struggling against the restraint, depression, agitation, confusion, withdrawal, and anger. Your organization has specific policies and procedures relating to the use of restraints; review this information annually and as needed to understand appropriate practices.

## Individual Differences

In addition to age-related differences, some of the ways in which individual patients differ from one another include:

- Cultural practices
- Religious values, beliefs and practices
- What generation the patient is in
- Community affiliations
- Sexual orientation
- Family role
- Educational background
- Social status
- Economic status
- Work role
- Interests and talents
- Learning style
- Personality type
- Diagnosis, treatment and prognosis

The most important thing to remember about individual differences is to avoid stereotyping or assuming that a patient practices certain behaviors or has certain values and preferences based upon any category. However, to learn and practice cultural competence, you may note typical behaviors and preferences that are often seen with various groups.

## Case Study One

**You are caring for a middle aged woman diagnosed with cancer who has four children at home and a husband that works full-time. She is very sad and crying even though she is trying to be happy in front of her family. You suspect that she is afraid of becoming dependent on her family instead of being the care giver.**

Would you tell her that everything is going to be fine?

No.

This woman knows she is going to be dependent on others to help care for her children and do other chores of daily living and she has just been diagnosis with a life changing disease. Reassurance that what she is feeling is normal is what she needs to hear. Letting the nurse know what you are seeing will facilitate getting the woman the help she might need.

## Case Study Two

**An elderly gentleman who has had a stroke has gotten out of bed by himself to go to the bathroom and fallen. You call the nurse and assist the man back to bed. You place the call bell closer to his hand and remind him to call for assistance when he needs to get up.**

Would you put this patient in restraints?

No.

Even though this man has fallen once and the desire is to keep him safe by restraining him in bed, it puts the patient at more risk for injury as he tried to get up and out of the restraints. Putting him in a room closer to the nurses' station where more people can keep an eye on him is a better solution.

## Conclusion

As a CNA, you are an important team member at your organization. As you work with patients in different age groups, keep in mind that there are specific needs for each group. These may be different based on age or by developmental level. By understanding these differences and putting them to practice, you will be equipped to provide better care to your patients. At the same time, you will build trust and help them feel more comfortable.

## References

Greenhalgh, D. G. (2014). Skin, soft tissue, and wound healing in the elderly. *Geriatric Trauma and Critical Care* (pp. 37-44). New York:Springer.

Keller, T. (2014). 7 types of nurses with age-specific competencies. Retrieved from <http://online.king.edu/nursing/7-types-of-nurses-with-age-specific-competencies/>

Mezey, M., Fulmer, T. & Mariano, C. (2001). *Best practices in care for older adults: Incorporating essential gerontological content into baccalaureate nursing education and staff development*, 3rd edition. New York: Hartford Institute for Geriatric Nursing.

## Disclaimer

This publication is intended solely for the educational use of healthcare professionals taking this course, for credit, from RN.com, in accordance with RN.com [terms of use](#). It is designed to assist healthcare professionals, including nurses, in addressing many issues associated with healthcare. The guidance provided in this publication is general in nature, and is not designed to address any specific situation. As always, in assessing and responding to specific patient care situations, healthcare professionals must use their judgment, as well as follow the policies of their organization and any applicable law. This publication in no way absolves facilities of their responsibility for the appropriate orientation of healthcare professionals. Healthcare organizations using this publication as a part of their own orientation processes should review the contents of this publication to ensure accuracy and compliance before using this publication. Healthcare providers, hospitals and facilities that use this publication agree to defend and indemnify, and shall hold RN.com, including its parent(s), subsidiaries, affiliates, officers/directors, and employees from liability resulting from the use of this publication. The contents of this publication may not be reproduced without written permission from RN.com.

Participants are advised that the accredited status of RN.com does not imply endorsement by the provider or ANCC of any products/therapeutics mentioned in this course. The information in the course is for educational purposes only. There is no “off label” usage of drugs or products discussed in this course.

You may find that both generic and trade names are used in courses produced by RN.com. The use of trade names does not indicate any preference of one trade named agent or company over another. Trade names are provided to enhance recognition of agents described in the course.

Note: All dosages given are for adults unless otherwise stated. The information on medications contained in this course is not meant to be prescriptive or all-encompassing. You are encouraged to consult with physicians and pharmacists about all medication issues for your patients.