TO: Vanderbilt Medical Center Volunteers  
FROM: Stephanie VanDyke, Director – Volunteer Services, Monroe Carell Jr., Children’s Hospital at Vanderbilt  
Andy Peterson, Director – Volunteer Services, VUH  
RE: Self Study “Age-Specific Booklet and Post-Test”

At Vanderbilt University Medical Center, we care for patients and families of all ages. Whether your volunteer assignment involves clerical support or patient support, we feel that understanding some basic principles of human growth and development, from newborn to elderly, is important.

After reviewing this information packet, please complete the Post-Test and return it to Volunteer Services on the evening of your scheduled volunteer training class. Your volunteer file will not be active and complete until we have received this.

Please keep the study booklet for your reference. We hope it will be helpful and contribute to your success as a volunteer serving the many patients and families at Vanderbilt Medical Center.

Thank you.
Characteristics
Rapid growth and development. The major potential strengths of the infant that can be used in planning care are crying, sucking, and sleep-wake cycles. Crying is one of the infant’s major modes of communication. Sucking is used as a means of communicating stress and the infant’s ability to interact.

Safety Measures for Newborns
1. Never leave unattended.
2. Use safety plugs in electrical outlets.
4. Use crib or specialty bed (bassinet, warmer, isolette).
5. Keep side rails up while child is in the crib.
6. Patient should have ID Band on at all times.
7. Call light is within reach of family at all times.
8. Do not give infant foods that could be aspirated (peanuts, hotdogs, popcorn, grapes, raisins, celery/carrot sticks).
9. Have infants that walk wear protective footwear when out of bed.
10. Keep large toys and pillows out of the crib.

Measures to Promote Growth and Development
1. Provide brightly colored toys and musical sounds in room. Infants do not like loud noises and sudden movements.
2. Remember that infants have a fear of strange people, places, things and separation.
THE TODDLER
(One to four years of age)

Characteristics
These children are more emotionally vulnerable to hospitalization than adults due to the young child’s inability to tolerate separation from loved ones and their limited ability to understand reasons for the hospitalization.

Physical growth slows, but psychosocial growth continues at a rapid pace. Crying and repetitive use of a few words are common behaviors heard from a stressed toddler. The toddler is accustomed to being highly mobile and exerting some control over his/her environment. They also have a comprehension level that is much greater than their verbal capacity. Play is the most effective method to decrease the toddler’s distress, as much of the toddler’s behavior and learning is through play.

Measures to Promote Growth and Development
1. Provide toys, including objects of their hospital environment, for creative and imaginative play.
2. Speak and play with the toddler to reduce stress effectively.
3. Encourage development of autonomy by promoting independence and providing control when possible.
4. Promote security by allowing the toddler to bring a favorite toy or blanket.
5. Remember to play at the toddler’s level.
6. Use less baby talk.
7. Speak softly and directly.
8. Talk to them a lot about everything.
9. Use correct words for objects and parts of body.
10. Give simple directions.
11. Don’t make fun of mistakes.
12. Remember that toddlers may have “a fear of separation, dark, taking baths, animals and loud noises”.

Safety measures to use when caring for toddlers:
1. Keep side rails up on cribs or beds when toddler is in bed.
2. Call light should be in patient/family reach at all times.
3. Have child wear protective footwear when out of bed.
5. Use safety plugs in electrical outlets.
7. Do not leave small or sharp object in toddler’s reach.
8. Toys should be large enough not to swallow and labeled nontoxic. They should not have small detachable part, sharp edges, breakable glass, have cords or strings over 12 inches.
9. Make sure medications are out of reach.

THE PRESCHOOLER
(Four to six years of age)

Characteristics
The preschooler may see hospitalization as a punishment for a misdeed. It is important to reassure the child he is not to blame for his situation and that hospitalization/procedure is not a punishment. The predominant fear is the separation from parents, mutilation, immobility, the dark and pain. Stress is often manifested by feelings of abandonment, anxiety and night terrors. Explanations are best understood if focused on sensations (feel sleepy, and injection will sting) and smell. As this child has a short attention span, explanations should be short and simple. They are usually very imaginative and learn procedures through the use of medical equipment and dolls.

Measures to promote growth and development
1. Encourage use of comforting objects (stuffed animal, blanket) and comforting behaviors.
2. Keep explanations short, simple, and logical.
3. Use language that can be understood, such as: “plug up holes” in reference to using band-aids.

Safety Measures
1. Side rails on beds should be kept up if patient has been sedated or is sleeping.
2. Call lights should be in patient/family reach at all times.
3. Patients should wear protective footwear when out of bed.
5. Use safety plugs in electrical outlets.
7. Keep medications out of reach.
THE SCHOOL AGE CHILD
(Six to twelve years of age)

Characteristics
The school age child has a strong sense of right vs. wrong and enjoys completing tasks. They are able to use their growth processes to understand cause and effect and perceive past and future. They concentrate on concrete reality and are able to focus, reason, and deal with several concepts in sequence. Their greatest fears are school failure, separation from loved ones, disability, death, loss of control and forced dependency, bodily injury and pain, and invasive procedures involving the genital area. Stress is often manifested by regression, anxiety, withdrawal, depression, or increased dependency.

Measures to promote growth and development
1. Be aware of nonverbal requests for support.
2. Encourage participation in peer group activities.
3. Use language the child can understand.

Safety Measures
1. Keep sharps containers out of reach.
2. Keep side rails up on bed if patient has been sedated or is sleeping.
3. Call light in reach of patient/family at all times.
4. Have patient wear protective footwear when out of bed.

THE ADOLESCENT CHILD
(Twelve to eighteen years of age)

Physiological Growth and Development
1. Adolescence is a period of marked growth which will end abruptly by the age of eighteen or nineteen. The body reaches almost full stature and the various body organs and systems attain maturity.
2. Secondary sex characteristics appear and reproductive maturity arrives.
3. Crash diets are common among teenage girls, making nutrition a concern.
4. Clumsiness is often seen. This is believed to be due to the rapid growth spurts.

Psychosocial Growth and Development
1. Adolescents are concerned with sexuality, independence, and self-identity and beginning to think about a career choice.
2. Occupied with doing “one’s own thing”, living for the moment rather than the future. They have trouble thinking about future outcomes and live for the here and now. Satisfying their immediate needs is more important to them than delaying gratification to prevent future problems. Teens feel invincible.

3. Wants affection but independence from parents.

4. Needs empathetic listening with expression of understanding to help overcome anxieties, as a teen struggles to resolve the developmental characteristics of her/his age.

5. Teenagers are especially talkative with their peers. Their peers are very important to them. Above all, they want to be liked by their peers. Peers serve as a mirror as the young person tries to find answers to questions concerning who he is.

6. Stress may be manifested by aggression, irrational behavior, fears and rebellion.

Measures to Promote Growth and Development

1. One of first issues you will confront is confidentiality.
2. Let adolescents know, through your word and demeanor, that you are there to help and not judge them.
3. Always begin with the least personal questions. Personal questions addressing sensitive issues can be asked in a general, non-threatening way.
4. Do not talk down to the adolescent – use proper medical words. Teach away from others. Explanations should be thorough and may include visual aids.
5. Privacy is of the utmost importance. Respect privacy and fear of embarrassment.
6. Use language the adolescent can understand.

Safety Measures

1. Keep side rails up if patient has been sedated or is sleeping.
2. Patient should have ID band on at all times.
3. Call lights in reach of patient/family at all times.
4. Patients should wear protective footwear when out of bed.
YOUNG ADULTHOOD
(Eighteen to forty years of age)

Developmental Tasks
- Development and maintenance of intimate relationships.
- Beginning a family.
- Increased understanding of personal strengths, weaknesses and skills.
- Establishment of relationships within the community through civic activities, joining churches and buying a home.
- Establishment of a career which provides economic security and satisfaction.

Common Health Problems
The most often cited problems occur in the following categories:
1. Violent death or injury which includes motor vehicle accidents, recreational accidents, suicide and homicide.
2. Sexually transmitted diseases which include syphilis, genital herpes, gonorrhea and acquired deficiency syndrome (AIDS).
3. Substance abuse of alcohol and drugs.
4. Environmental and occupational diseases related to exposure to toxins and airborne particles.
5. Diseases related to risk factors of smoking, stress, poor exercise patterns and poor personal hygiene.
6. Reproductive complications which include infertility and pregnancy complications.

MIDDLE ADULTHOOD
(Forty to sixty-five years of age)

Developmental Tasks
- Discovering and developing new satisfaction, if the person is married, by enjoying joint activities and developing intimacy and unity with the marriage partner.
- Helping growing and grown children become happy and responsible adults, while freeing oneself from emotional dependence on children.
- Creating a pleasant, hospitable and comfortable home that is compatible with one’s values and resources.
- Balancing work with other roles.
Preparing for retirement.
- Accepting role reversal with aging parents and preparing emotionally for the death of living parents.
- Achieving mature social and civic responsibility.
- Expand involvement in altruistic activities and concerns.
- Acceptance and adjustment to the physical changes of middle adulthood.

Common Health Problems
1. Cardiovascular disease, of which heart attack and stroke are the major cause of death for both males and females of this age group.
2. Other causes of illness and death include lung cancer, breast cancer, cirrhosis of the liver, prostate cancer and colorectal cancer.
3. Chronic diseases for this age group include hypertension, respiratory disease and diabetes mellitus.

GERIATRICS

Developmental Tasks:
(“Young” old - up to approximately age 75)
- Preparing for the retirement role.
- Adjusting to a fixed income.
- Establishing living arrangements appropriate to one’s health.
- Adjusting to new relationships with spouse and offspring as a result of personal role changes.
- Developing leisure time activities.
- Dealing with one’s mortality.
- Dealing with loss of parents, spouse, siblings and friends.

(“Vulnerable” old - over age 75)
- Combining new dependency needs with continual need for independence.
- Adapting to living alone, preventing social isolation.
- Adjusting to possible institutional living.
- Adjusting to decreased physical and emotional reserve.
- Accepting one’s own approaching death.

Caring for a Confused Patient
- CONSISTENCY is key. A confused patient usually does better in a familiar, consistent and well-organized environment.