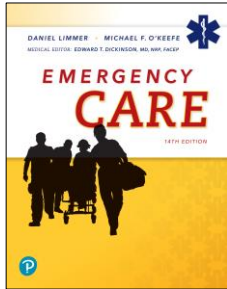


Emergency Care

Fourteenth Edition



Chapter 8

Life Span Development

Pearson

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Topics

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Infancy (Birth to 1 Year)

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Infancy (Birth to 1 Year) (1 of 7)



A newborn infant.

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Infancy (Birth to 1 Year) (2 of 7)

- Physiologic
 - 6.6–7.7 lb (3.0–3.5 kg) at birth
 - Weight doubles by six months and triples by twelve months
 - Head is 25 percent of total body weight
 - Airway is narrow, short, and easily obstructed
 - Nose and diaphragm are used for breathing

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Infancy (Birth to 1 Year) (3 of 7)

- Physiologic
 - Antibodies are passed from mother to child during pregnancy
 - Antibodies are also passed through breastfeeding

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Infancy (Birth to 1 Year) (4 of 7)

- Physiologic
 - Moro reflex (startle)
 - Throws arms out, spreads fingers, and then grabs with fingers and arms
 - Palmar reflex
 - Grasps objects placed in palm
 - Rooting reflex (hunger)
 - Turns head to the side when cheek is touched
 - Sucking reflex
 - Sucks when lips are stroked



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Infancy (Birth to 1 Year) (5 of 7)

- Physiologic
 - Sleep patterns
 - Initially sleeps 16–8 hours throughout the day and night
 - Soon changes to 4–6 hours during the day and 9–10 hours at night
 - By 2–4 months, will sleep through the night
 - Extremities grow in length from a combination of growth plates at both ends of the long bones



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Infancy (Birth to 1 Year) (6 of 7)

- Physiologic
 - Fontanelles are not fused at birth
 - Posterior fontanelle closes in 2–3 months
 - Anterior fontanelle closes in 9–18 months
 - Sunken fontanelles indicate dehydration
 - Bulging fontanelles without crying indicate increased pressure inside the skull



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Infancy (Birth to 1 Year) (7 of 7)

- Psychosocial
 - Bonding
 - The sense that needs will be met
 - Trust versus mistrust
 - Desire for an orderly, predictable environment
 - Scaffolding
 - Learning by building on what is already known
 - Temperament
 - Reaction to environment



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Toddler Phase (12–36 Months)

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Toddler Phase (12–36 Months) (1 of 5)



A toddler.



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Toddler Phase (12–36 Months) (2 of 5)

- Physiologic
 - Body temperature ranges from 98.6°F–99.6°F (36°C –37.5°C)
 - Weight gain will be about 4.4 lb (2.0 kg) per year
 - Body systems improve in efficiency



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Toddler Phase (12–36 Months) (3 of 5)

- Physiologic
 - Pulmonary system
 - Terminal airways branch and grow
 - Alveoli increase in number
 - Nervous system
 - Brain is 90 percent of adult brain weight
 - Fine-motor skills develop
 - Musculoskeletal system
 - Muscle mass and bone density increase



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Toddler Phase (12–36 Months) (4 of 5)

- Physiologic
 - Immune system
 - More susceptible to illness
 - Immunity develops through exposure and vaccination
 - Teeth
 - All primary teeth come in by 36 months
 - Toilet training is physically possible at 12–15 months but not psychologically possible until 18–30 months



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Toddler Phase (12–36 Months) (5 of 5)

- Psychosocial
 - Begins to understand that words have meaning
 - Begins to understand cause and effect
 - Develops separation anxiety
 - Begins to develop “magic thinking” and engages in play-acting
 - Masters language basics that are refined through childhood



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Preschool Age (3–5 Years)

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Preschool Age (3–5 Years) (1 of 2)



A preschooler.
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Preschool Age (3–5 Years) (2 of 2)

- Physiologic
 - Body systems continue to develop
- Psychosocial
 - Interactive and social skills develop
 - Peer groups provide information about other families and the outside world
 - Peer interaction offers opportunity for learning, making comparisons, and being part of a group



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School Age (6–12 Years)

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School Age (6–12 Years) (1 of 3)



School-age children.
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School Age (6–12 Years) (2 of 3)

- Physiologic
 - Body temperature ranges from 98.6°F–101.3°F (36°C –36.5°C)
 - Weight gain will be about 6.6 lb (3.0 kg) per year
 - Growth will be about 2.4 inches (6 cm) per year
 - Primary teeth will be shed and replaced with permanent teeth



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School Age (6–12 Years) (3 of 3)

- Psychosocial
 - Parents spend less time with the child and provide general supervision
 - Decision-making skills develop
 - Self-esteem develops and is affected by popularity, rejection, emotional support, and neglect
 - Moral development begins based on rewards and punishments for behaviors
 - Moral reasoning appears and control of behavior shifts to internal sources



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Adolescence (13–18 Years)

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Adolescence (13–18 Years) (1 of 3)



An adolescent.



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Adolescence (13–18 Years) (2 of 3)

- Physiologic
 - A rapid two- to three-year growth spurt begins with growth of feet and hands, then arms and legs
 - Sexual maturity is reached and secondary sexual development occurs



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Adolescence (13–18 Years) (3 of 3)

- Psychosocial
 - Strives for independence and individual identity
 - Interest in sex develops
 - Body image becomes a concern
 - May be prone to self-destructive behaviors
 - Personal code of ethics develops



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Early Adulthood (19–40 Years)

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Early Adulthood (19–40 Years) (1 of 2)



A young adult.

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Early Adulthood (19–40 Years) (2 of 2)

- Physiologic
 - Lifelong habits are formed
 - Peak physical condition occurs between 19 and 26 years of age
- Psychosocial
 - Job and family stress levels are high
 - Marriage, childbirth, and child rearing often occur
 - Accidents are the leading cause of death



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Middle Adulthood (41–60 Years)

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Middle Adulthood (41–60 Years) (1 of 3)



A middle-aged adult.
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Middle Adulthood (41–60 Years) (2 of 3)

- Physiologic
 - No significant changes occur in vital signs
 - Vision correction may be needed
 - Cancer, high cholesterol, and heart disease often develop
 - Weight control becomes more difficult
 - Menopause may begin for women



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Middle Adulthood (41–60 Years) (3 of 3)

- Psychosocial
 - Task orientation increases
 - Problems are viewed as challenges rather than threats
 - Empty-nest syndrome may occur
 - Is concerned about both adult children and elderly parents



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Late Adulthood (61 Years and Older)

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Late Adulthood (61 Years and Older) (1 of 3)



An older adult.
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Late Adulthood (61 Years and Older) (2 of 3)

- Physiologic
 - Vital signs depend on health and physical condition
 - Cardiovascular system is less efficient and blood volume decreases
 - Respiratory system deteriorates and increases the likelihood of respiratory disorders
 - Endocrine changes decrease metabolism
 - Sleep-wake cycle is disrupted
 - Other body systems deteriorate as time goes on



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Late Adulthood (61 Years and Older) (3 of 3)

- Psychosocial
 - Faces many challenges
 - Living environment
 - Self-worth
 - Financial burdens
 - Death and dying
 - Motivation, personal interests, and activity level can enhance late adulthood



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Chapter Review



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Chapter Review (1 of 4)

- Understanding the basic physiologic and psychosocial development for each age group will assist you in communicating with and assessing patients of various ages.



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Chapter Review (2 of 4)

- Physiologic differences between the ages will also affect your care. Examples include differences in the respiratory systems of younger patients and the effect of preexisting medical conditions of older patients.



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Chapter Review (3 of 4)

- Infants and young children have less developed and smaller respiratory structures, which can make respiratory conditions worse.



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Chapter Review (4 of 4)

- Your ability to communicate with younger patients will depend on their stage of development. This can range from fear of strangers to separation anxiety from parents and embarrassment during adolescence. Older patients may have issues with denial or depression over medical conditions.



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Remember (1 of 3)

- Infants undergo big bursts of anatomical and psychosocial development in the first year of life.
- Although preschoolers begin to develop independence and reason, in many ways their psychosocial development is similar to that of toddlers.



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Remember (2 of 3)

- School-age children often are independent and logical, but they may regress to an earlier stage with illness or injury.
- Adolescents are reaching physiologic maturity, but they often face difficult psychosocial challenges.



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Remember (3 of 3)

- Early, middle, and late adults vary greatly in terms of physiological development and conditioning; they also face psychosocial challenges unique to adulthood.



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Questions to Consider

- How do I approach a patient most effectively based on developmental characteristics?
- Does the age of my patient pose any assessment or care challenges based on physiologic development?



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Critical Thinking

- You are called for abdominal pain in a 16-year-old girl. She is with friends at the park. She seems hesitant to answer any of your questions. What characteristic of adolescent development is most likely the cause of this? How could you overcome it?



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