



- Physiological
 - Fontanelles not fused at birth
 - Posterior fontanelle closes in two or three months.
 - Anterior fontanelle closes between nine and eighteen months.

Berry plates

Infancy (Birth to 1 Year) Physiological

- Sunken fontanelles indicate dehydration.
- Bulging fontanelles indicate increased pressure inside skull.





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Infancy (Birth to 1 Year)

- Psychosocial
 - Bonding
 - Trust versus mistrust
 - Scaffolding building on what they know
 - Temperament
- For infants, a reaction to a situational crisis follows three phases:

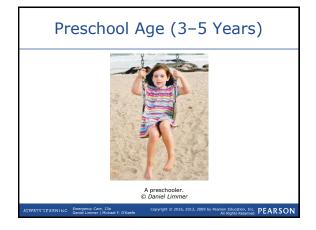
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- Protest phase
- Despair phase
- Withdrawal
 Emergency Care, 13e
 Daniel Limmer I Michael F. 079









Preschool Age (3–5 Years) Physiological Body systems continue to develop. Psychosocial Developing interactive and social skills Separation anxiety peaks. Language development occurs. Peer interactions result in: Learning control, following rules, competitiveness Modeling behavior Recognizing sexual differences

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Toddlers and Preschoolers

- · Development is a reflection of parents
 - Styles:
 - Authoritarian: expects complete obedience
 - Authoritative: balances authority with freedom
 - · Permissive: no imposition of rules

• Tips for EMT's:

- Always include caregiver!
- Position yourself at eye level.
- Explain what you are going to do.
- Save the worst for last.

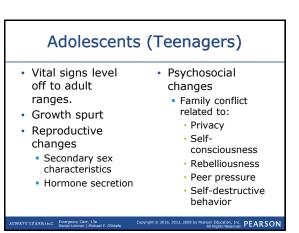
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School Age (6–12 Years)



School Age (6–12 Years) School-Age Children Physiological Psychosocial changes Loss of primary teeth Less general supervision Developing decision-making skills Vital signs, physical body approaching Self-concept and self-esteem develops those of an adult Values opinions of peers (positive or Grow approximately 4 lbs, 2¹/₂" per year negative) Puberty may start as early as 10 years Three stages of reasoning · Preconventional: avoid punishment Conventional: obtain approval Postconventional: conscience PEARSON



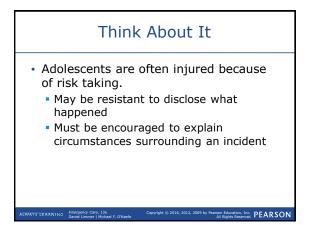


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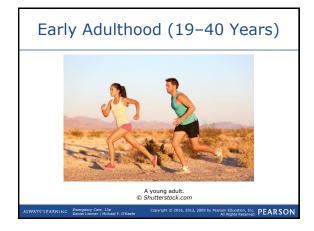
Adolescence (13–18 Years)

- Tips for EMT's:
 - Provide discretion and respect to patients.
 - Speak with patient separately from caregivers, whenever possible.



Vital Signs: All Age Groups

Age Group	Heart Rate	Respiratory Rate	Systolic Blood Pressure 70-90 mmHg
Infant	140-160/min	40-60/min	
Toddler	80-130/min	20-30/min	70-100 mmHg
Preschool	80-120/min	20-30/min 20-30/min 12-20/min	80-110 mmHg 80-120 mmHg 80-120 mmHg
School Age	70-110/min		
Adolescent	55-105/min		
Adult 18+	60-100/min	12-20/min	90-140 mmHg
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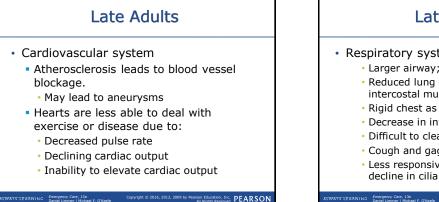


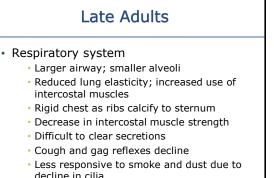
Early Adulthood (19-40 Years)

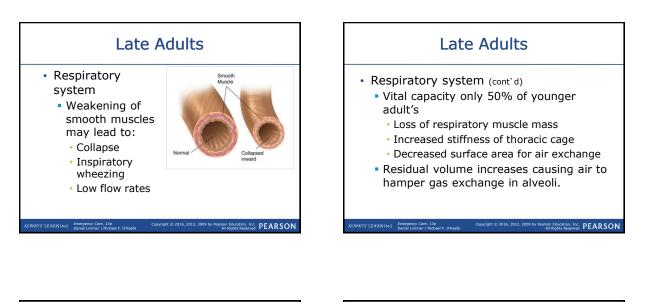
- Physiological
 - Lifelong habits formed
 - Reaches peak physical condition
- Psychosocial
 - Job and family stress
 - Marriage, childbirth, and child rearing
 - Accidents leading cause of death

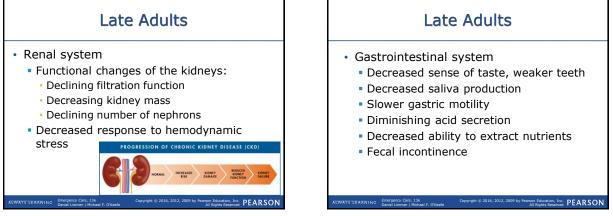


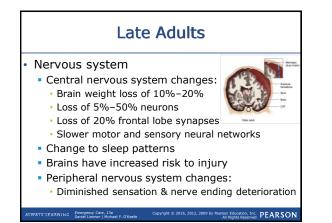


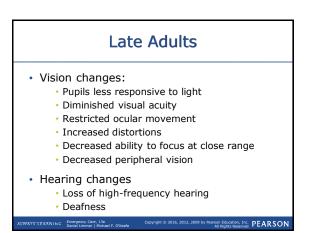












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Group	Age	Virtue	Crisis
Infants	0 to 18 mo	Норе	Trust vs. Mistrust
Toddlers	18 mo to 3 yrs	Will	Autonomy vs. Shame & Doubt
Preschool	3 to 6 yrs	Purpose	Initiative vs. Guilt
Childhood	6 to 12 yrs	Competence	Industry vs. Inferiority
Adolescence	12 to 18 yrs	Fidelity	Identity vs. Role Confusion
Young Adults	19 to 40 yrs	Love	Intimacy vs. Isolation
Middle Adulthood	40 to 65 yrs	Care	Generativity vs. Stagnation
Seniors	65 yrs +	Wisdom	Ego Integrity vs. Despair

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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