



AGE –SPECIFIC COMPETENCIES AND SKILLS

WHAT ARE AGE-SPECIFIC COMPETENCIES?

Age-specific competencies are skills that you use to give care that meets each patient's unique needs. Every patient is an individual and each has his or her own likes, dislikes, feelings, thoughts and beliefs. They also each have their own limitations, abilities, and life experiences. However, everyone grows and develops in a similar way. Experts generally believe that people grow and develop in stages that are related to their age and they share certain qualities at each one of those stages. Understanding these stages of life is the key to age-specific competencies.

AGE-SPECIFIC COMPETENCIES BENEFIT YOU AND YOUR PATIENTS

Help Ensure Quality Care:

With age-specific competencies, each patient gets the individual care the he or she needs and deserves. He or she also becomes a partner in his or her own health care plan.

Improve Job Performance and Satisfaction:

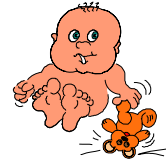
Putting age-specific competencies into practice can be a challenge. But the rewards, improved patient care, relationships and teamwork, are great!

Meet JC Standards:

Age-specific competencies are a key area of focus for the JC (Joint Commission on Accreditation of Healthcare Organizations) survey. They're essential to gaining and retaining accreditation.

As you read, keep in mind that everyone develops at his or her own rate. The age groupings, or stages, in this handout are just one of many ways to divide human growth and development. They are intended only as a general guideline.

A key part of your job is learning to recognize each patient's own needs and abilities. After reading, be sure to avoid stereotyping a patient based on his or her age. Make sure to treat each patient as an individual. Age-specific competencies enable you to care for the individual at every stage of life!



INFANTS

(BIRTH TO 1 YEARS) ARE TRUSTING

I. Healthy Growth and Development

- Physical – grows at a rapid rate, especially brain size. Birth weight doubles @ 6 mos., triples @ 1 yr.
- Begins to roll, sit unassisted, crawl, stand, and walk. Begins to grasp – fine motor skills enhanced.
- Mental – learns through senses, exploring, playing; Learning develops along with rapid physical development.
- Communicates by crying, babbling. Begins to vocalize – say one or two words.
- Social/emotional – seeks to build trust in others; dependent; begins to develop a sense of self.
- Communications – provide security, physical closeness; promote healthy parent-child bonds.

II. Health & Safety-Care Issues

- Health – keep immunizations/checkups on schedule; provide proper nutrition, sleep, skin care, oral health, routine screenings.
- Safety – ensure a safe environment for exploring, playing, sleeping.
- Supervision of infants – Do not leave unattended.
- Fall precautions – keep side rails up; use safety belts in high chairs & infant seats

Common Fears

- Needs not being met
- Stranger anxiety (starts around 6 months)

III. Examples of Adverse Effects of Hospitalization And Age-Specific Care for Infants to Minimize Effects

Infants gradually learn to accept delayed gratification if caregivers do not always meet infants needs before they signal readiness. This is how infants learn to test environments. Mistrust develops when needs are not met. Tactile stimulation (touch) is important in acquiring trust. At approximately 6 months of age, stranger anxiety becomes evident. Sleep disturbances can occur and inactivity delays motor development. Separation of parents/caregivers, who the infant has formed strong attachment, can be devastating.

- Involve child and parent(s) in care during feeding, diapering, bathing.
- Be aware of stranger anxiety in older (>6 mos.) infants: Have family members with infant as much as possible
- Provide safe toys and opportunities for play.
- Encourage child to communicate – smile, talk softly to him or her, etc.
- Help parent(s) learn about proper childcare.

TODDLERS (1 TO 3 YEARS) ARE CURIOUS



I. Healthy Growth and Development

- Physical - growth slows. Usually begins to run by about 2yrs. Jumps in place.
- Likes to explore the environment
- Mental –learning occurs by use of senses.
- Imitates behaviors of others; plays pretend games.
- Understands that objects and events continue to exist even when they cannot be seen, heard, or touched.
- Short attention span, relates cause and effect, but has no concept of danger.
- Social/emotional - egocentric- unable to distinguish between own perspective and that of someone else
- Communications – provide security, physical closeness; promote healthy parent-child bonds.
- Begins behaviors that represent attempts to control their environment.
 - Saying “No” in response to requests
 - Relying on routines
 - Refusing to follow commands
 - Responding slowly and offering excuses
- Very possessive of toys. Enjoys toys which are musical, ring, can turn or push/pull

II. Health & Safety-Care Issues

- Health – keeps immunizations/checkups on schedule; promote healthy habits (good nutrition, personal hygiene, etc).
- Vital signs at 6mos BP 80-100 systolic; HR 90-120; RR 24-40
- Begins potty training
- Safety - Fall precautions, climbing
- Keep all objects that the toddler may put in his mouth, out of reach.
- Ingestion of foreign and toxic substances is very common at this age.
- Promote injury prevention strategies to parents concerning, childproofing, poison control, car seats, pool safety, helmets, etc.

Common Fears

- Separation
- Loss of Control
- Altered rituals
- Pain

III. Examples of Adverse Effects of Hospitalization And Age-Specific Care for Toddlers to Minimize Effects

The Toddler may have increased dependence on parents. Separation anxiety is common and regressive behavior may be exhibited. Such as delayed toilet training, may need diapers, bottle, etc.

- Minimize separation from parents, involve parents in care
- Keep security objects close (favorite blanket, toy, pacifier)
- Provide continuity in familiar routines of eating, toileting, and sleeping
- Provide safe toys and opportunities for play
- Use play as a technique- Let child handle medical equipment before procedures whenever possible

- Prepare toddler for any procedure within a reasonable time frame. Do this no more than 30 min. prior to the procedure, too far in advance may increase level of anxiety.
- Recognize that any intrusive procedure (rectal temp) may provoke an intense reaction which is most likely a reaction due to **fear**, not pain.
- Keep explanations simple choose words carefully.

YOUNG CHILDREN (AGES 4 TO 6 YEARS) ARE ACTIVE



I. Healthy Growth and Development

- Physical – grows at a slower rate; improving motor skills; dresses self; toilet-trained.
- Walks up and down stairs, throws ball, rides tricycle
- Mental – begins to use symbols; improving memory; vivid imagination, fears, likes stories.
- Has difficulty distinguishing between reality and fantasy.
- Social/emotional – develops social behaviors, begins to share
- Communication – give praise, rewards, clear rules.
- Identifies with parent(s); becomes more independent; sensitive to others' feelings.

II. Key Health-Care Issues

- Health – keeps immunizations/checkups on schedule; promote healthy habits (good nutrition, personal hygiene, etc).
- Safety – promote safety habits (use of bike helmets, safety belts, water safety, etc).
- Supervise while out of bed
- Discuss with parents, as appropriate, behaviors with strangers, potential sexual abuse, increasing exposure to others outside family members.

Common Fears

- Bodily injury
- Loss of control
- Unknown, dark, being left alone

III. Examples of Adverse Effects of Hospitalization And Age-Specific Care for Young Children to Minimize Effects

The young child strives to master the environment by using initiative to gain a sense of accomplishment from successfully completing such tasks as dressing unassisted and helping around the house. The young child may attribute illness to his/her own "bad" behavior. Regressive behavior, bed wetting, eating and sleeping problems may develop. Due to the illness and/or hospitalization parents often become overprotective which can affect the young child's need for accomplishment and control of their environment.

- Use play as a teaching technique as much as possible. Use toys, games, etc., to teach child, reduce fear.
- Involve parent(s) and child in care – Explain to child how s/he can cooperate in care.
- Be honest. Allow child to make simple choices, whenever possible, in care, food, etc.
- Encourage playtime. Enjoys toys like puppets, books, puzzles (5-20 pieces), simple board games, and coloring sets.
- Encourage child to ask questions, play with others, and talk about feelings, expression of fears and anger.
- Reinforce that the child has not done wrong to cause illness.
- Prepare several hours in advance for major events. Emphasize that the child will wake up after surgery.
- Help parent(s) teach child safety rules.

OLDER CHILDREN (AGES 7 TO 12 YEARS) ARE “DOERS”



I. Healthy Growth and Development

- Physical – grows slowly until a “spurt” at puberty.
- Is active physically, activities serve to refine motor skills
- Visible signs of reproductive maturity may become evident between 9-12yrs, self conscious
- Mental – active, eager learner; understands cause and effect; can read, write and do math.
- Has personified concept of death, begins logical thought processes.
- Has tendency to nod with understanding when in reality no understanding has occurred, reluctant to ask questions
- Social/emotional – develops greater sense of self; focuses on school activities, “fitting in” with peers; negotiates for greater independence.
- Communication – help child to feel competent, useful.
- Needs parental support in times of crisis but also requires privacy
- Easily influenced by peer activities

II. Key Health-Care Issues

- Health – keeps immunizations/checkups on schedule; give information on alcohol, tobacco, other drugs, and sexuality.
- Safety – promote safety habits (playground safety, resolving conflicts peacefully, etc.)
- Needs to be reminded of dangerous situations (bicycle safety, use of helmets, water safety, safe sex, etc.)

Major Fears

- Loss of control
- Bodily injury
- Death
- Not being able to live up to the expectations of important others

III. Examples of Adverse Effects of Hospitalization And Age-Specific Care for Older Children to Minimize Effects

The older age child strives to become industrious while overcoming a sense of inferiority. The Child wants to learn how to do and make things with others. In learning to accept instruction and to win recognition by producing “things”, s/he opens the way for capacity of work enjoyment. The danger in this period is the development of a sense of inadequacy and inferiority in a child who does not receive recognition for his/her efforts. The child becomes increasingly peer oriented. Possible adverse effects of Hospitalization may include insomnia, nightmares, or bedwetting due to fear of the unknown. A loss of body control and feelings regarding missing school and other important activities is also common.

- Use games to teach whenever appropriate.
- Involve child in planning of care as much as possible. Involve parents in education along with child.
- Allow child to make some care decisions (“In which arm do you want the vaccination?”) for an increased sense of control.
- Give a choice of whether or not to have parents present during exams and procedures.
- Prepare child in advance for major event or surgery.
- Use body diagrams, pictures and models. Ask child to explain what s/he understands about situation.
- Build self-esteem – ask child to help you do a task, recognize his or her achievements, etc.
- Emphasize the “normal” things the child can and will be able to do
- Guide child in making lifestyle choices that are healthy and safe.

- Help parent(s) talk with child about peer pressure, sexuality, alcohol, tobacco, other drugs.

ADOLESCENTS (AGE 13 TO 20 YEARS) ARE IN TRANSITION



I. Healthy Growth and Development

- Physical – grows in spurts; rapid growth changes in height, weight, body proportions
- Matures physically; able to reproduce.
- Little understanding of the structure and workings of their bodies.
- Mental – becomes an abstract thinker (goes beyond simple solutions, can consider many options, etc.); chooses own values.
- Fairly mature level of reasoning
- Social/emotional – develops own identity; builds close relationships; tries to balance peer group with family interests; concerned about appearances; self-conscious; challenges authority.
- Communication – provide acceptance, privacy; build teamwork, respect.

II. Key Health-Care Issues

- Health – encourages regular checkups; promote sexual responsibility; advise against substance abuse; update immunizations.
- Safety – discourage risk taking (promote safe driving, violence prevention, etc).
- Still needs to be reminded of dangerous situations, risk behaviors and consequences

Major Fears

- Loss of Control
- Altered body image
- Separation from peer group

III. Examples of Adverse Effects of Hospitalization and Age-Specific Care for Adolescents to Minimize Effects

Develops identity by defining self favorably in relation to others. Role confusion occurs if the adolescent has continued conflicts with the family and society over the current role and anticipated future role of the individual. Individual may fluctuate in participation in own care due to dependence vs. independence. May be preoccupied with bodily functions due to anxiety about illness, and concerns about illness/procedure/surgery affecting his/her appearance. Fewer opportunities to be part of peer group, wants to be like other adolescents. Fear of not being “normal”, want to fit in with peers. Fears about ability to function in school or on the job. May experience a sense of isolation, resents loss of control, relationship with parents and healthcare providers may become hostile.

- Treat more as an adult than a child. May physically look like adults but they are not.
- Explain treatments and procedures carefully. Explain physical activity limitations carefully and what risks are involved.
- Avoid authoritarian approaches. Negotiate learning outcomes with the patient.
- Encourage participation in self-care activities.
- Allow choices about care whenever possible. Collaborate in developing an effective pain management program.
- Show respect – be considerate of how procedures, treatments, etc., may affect appearances, relationships.
- Encourage social interaction with peers, continuing contact in school activities, hobbies, and interests.
- Guide teen in making positive lifestyle choices – for example, correct misinformation from teen’s peers.

- Be honest. Encourage open communication between parent(s), teen, and peers.
- Discuss plans for future and how illness may affect it.

YOUNG ADULTS (AGES 21 TO 39 YEARS) BUILD CONNECTIONS



I. Healthy Growth and Development

- Physical – reaches physical and sexual maturity; nutritional needs are for maintenance, not growth.
- Muscular efficiency is at its peak between 20-30
- Growth of skeletal systems continues until age 30.
- GI system decreases secretions after age 30.
- Some loss in hearing, especially high tones.
- Mental – abilities reach their peak during the twenties; reasoning skills, information recall, verbal skills; used to solve problems.
- Social/emotional – seeks closeness with others; sets career goals; chooses lifestyle, community, may start own family.
- Communication – be supportive and honest; respect personal values.
- Watch body language as a cue for feelings.

II. Key Health-Care Issues

- Health – encourage regular checkups; promote healthy lifestyle (proper nutrition, exercise, weight control, etc); inform about health risks (heart disease, cancer, etc); update immunizations.
- Safety – provide information on hazards at home, work.

III. Examples of Adverse Effects of Hospitalization and Illness for Young Adults and Age Specific Interventions to Minimize Effects.

Young adults seek companionship, love, and intimacy with another person or can become isolated from others. Initiating a career, finding a mate, developing loving relationships, marriage, establishing a family, parenting. Searching for and finding a place for self in society, achievement oriented, working up career ladder. Begins to express concerns for health. Actual, or perceived anticipation of harm, anxiety and/or fear of the unknown. Threats to physical self image, such as pain or change in physical appearance. Threats to psychosocial self-image, change in role as provider, becoming dependent vs. independent, powerlessness or loss of control.

- Assess barriers to learning and readiness to learn
- Ask the individual, based on their past experiences, how they learn best (visual aids, written material, demonstration, hands-on, etc.) then use the method(s) identified by the patient.
- Assess current knowledge of the individual regarding their disease/test/procedure.
- Involve individual and significant other in plan of care.
- Support the person in making health-care decisions.
- Assess and manage pain based on patient need and response to current pain management techniques.
- Encourage health and safe habits at work and home.
- Explore impact of hospitalization/illness to work/job and family.
- Recognize commitments to family, career, community (time, money, etc).

MIDDLE ADULTS
(AGES 40 TO 64 YEARS) SEEK PERSONAL GROWTH

I. Healthy Growth and Development

- Physical – beginning to age; experiences menopause (women); may develop chronic health problems.
- Slowing of reflexes and prolonged response to stress.
- Visual changes, especially farsightedness, noticeable loss of hearing and taste.
- Muscles and joints respond more slowly. Decreased balance and coordination.
- Bone mass begins to decrease. Loss of skeletal height; calcium loss, especially after menopause.
- Decreased muscle strength and mass; without regular exercise, endurance declines.
- Loss of skin elasticity, dry skin, and increased appearance of wrinkles.
- Receding hairline, occipital baldness in males and increased facial hair in females.
- Mental – uses life experiences to learn, create, and solve problems.
- Synthesis of new information is decreased. Decrease in mental performance and speed.
- Decreased short-term memory or recall.
- Social/emotional – hopes to contribute to future generations; stays productive, avoids feeling “stuck” in life; balances dreams with reality; plans retirement; may care for children and parents.
- Mood swings. Re-evaluation of current lifestyle and value system.
- Communications – keep a hopeful attitude; focus on strengths, not limitations.



II. Key Health-Care Issues

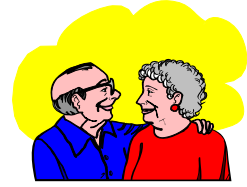
- Health – encourage regular checkups and preventative exams; address age-related changes; monitor health risks; update immunizations.
- Decreased renal function and metabolic rate, heat and cold intolerance.
- More prone to infections.
- Safety – address age-related changes (effects on senses, reflexes, etc).

III. Examples of Adverse Effects of Hospitalization and Illness for Middle Aged Adults and Age Specific Interventions to Minimize Effects.

Middle-aged adults strive to be productive, performing meaningful work versus becoming stagnant and inactive. They continue working up career ladder becoming future-oriented or possibly self-absorbed. The empty nest syndrome may be expressed negatively or positively. This is the potential “mid-life” crisis, measuring accomplishments against goals or the recognition of limitations. Adverse effects include anxiety for an unidentified threat or fear of a known threat. Threats to physical image; loss of body part; change in functional ability; need for prosthetic device. Threats to psychosocial image; loss of control; insecurity; perception of aging; losing independence; fear of death.

- Assess barriers to learning and readiness to learn.
- Provide teaching in the form the adult patient learns best (see Young Adult)
- Address worries about future – encourage talking about feelings, plans, etc.
- Progress at the individual’s desired speed and ability to assimilate information.
- Allow choices and decision-making concerning schedule and plan of care whenever possible.
- Encourage as much self-care as possible.
- Recognize the person’s physical, mental and social abilities, and contributions.
- Provide information and instruction regarding pain, disease, treatments, interventions and expectations.
- Help with plans for a healthy, active retirement.

OLDER ADULTS
(AGES 65 YO 79 YEARS) ENJOY NEW OPPORTUNITIES



I. Healthy Growth and Development

- Physical – ages gradually; natural decline in some physical abilities, senses.
- Mental – continues to be an active learner, thinker; memory skills may start to decline.
- Social/emotional – takes on new roles (grandparent, widow/er, etc); balances independence, dependence, reviews life.
- Changes in role or status, changes in financial situation
- Loss of significant others, depression and/or isolation
- Loss of health, reduced autonomy and self-determination
- Communications – give respect; prevent isolation; encourage acceptance of aging.
- Introduce yourself to the patient, ask how they wish to be addressed (Mr., Ms., Mrs., first names, etc.)

II. Key Health-Care Issues

- Health – monitor health closely; promote physical, mental, social activity; guard against depression, apathy; update immunizations.
- Teach stress reduction strategies
- Safety – promote home safety, especially preventing falls.

Common Fears

- Loneliness
- Becoming a burden for loved ones
- Pain

III. Examples of Adverse Effects of Hospitalization and Older Adult Age Specific Interventions to Minimize Effects.

Integrity results when the older person derives satisfaction from an evaluation of his/her life. Disappointment with life and the lack of opportunities to alter the past brings despair. Coping with life adjustments can be the biggest challenge to the elderly. Many changes are perceived as losses, which affect the person's "coping" ability.

- Encourage the person to talk about feelings of loss, grief, and achievements.
- Assess learning barriers and readiness to learn.
- Allow extra time to absorb verbal or written material.
- Present information that is factual and straightforward.
- Emphasize the application of knowledge and experience.
- Provide information, materials, etc., to make medication use, home safer.
- Use large print for written materials.
- Encourage the use of organizing aids.
- Provide support for coping with any impairment. (Avoid making assumptions about loss of abilities.)
- Make arrangements for support of religious practices.
- Encourage social activity with others, peers, as a volunteer, etc.

ADULTS AGES 80 AND OLDER MOVE TO ACCEPTANCE



I. Healthy Growth and Development

- Physical – continues to decline in physical abilities; at increasing risk for chronic illness, major health problems.
- Arteries lose their elasticity, accumulate calcium deposits, resulting in narrowed arteries and higher blood pressure.
- Increased incidence of chest pain if preexisting cardiovascular disease is present.
- Calcification of rib cage, and loss of elasticity of alveoli often results in less effective gas exchange, hypoxia and an increased risk for developing respiratory infection.
- Renal mass becomes smaller with age. Bladder muscles weaken and capacity decreases. Voiding becomes more difficult and an increase in bladder infections may result.
- Bone and mineral mass are reduced, contributing to the brittleness of the bones, especially women. Fractures are a serious risk to the older adult. The deterioration of cartilage surface of joints limit activity and motion.
- Mental – continues to learn; memory skills and/or speed of learning may decline; confusion often signals illness or a medication problem.
- Social/emotional – accepts end-of-life and personal losses; lives as independently as possible.
- Reduced autonomy and self-determination, loss of health and significant others.
- Loneliness and becoming a burden for loved ones are common fears and concerns.
- Communications – encourage the person to express feelings, thoughts, avoid despair; use humor, stay positive.
- Introduce yourself to the patient, ask how they wish to be addressed (Mr., Ms., Mrs., first names, etc.)

II. Key Health-Care Issues

- Health – monitor health closely; promote self-care; ensure proper nutrition, activity level, rest; reduce stress; update immunizations.
- Poor dental care can contribute to GI problems by poor mastication of food.
- Each of the five senses becomes less efficient with age, interfering in varying degrees with safety, normal activities of daily living and general well being.
- Safety – prevent injury; ensure safe living environment.
- Clearly visible markings on stove and other appliances.
- Adequate, non glaring lighting, access to light before getting out of bed
- Remove throw rugs or highly polished floors, cords, clutter or other obstacles in pathways
- Grab bars in bathroom, toilet, tub/shower
- Sturdy, non-skid shoes. Encourage and make sure individuals use aids (eyeglasses, hearing aids, canes, etc.)
- Daily/Weekly medication trays if needed for individuals with visual impairments
- Ensure individual has adequate clothing and blankets, when cold.

III. Examples of Age-Specific Care for Adults Ages 80 and Older

One of the most important functions of any individual is the ability to interact with both the internal and external environment. Effective interaction with the environment depends largely on the ability to receive accurate information. With aging comes a general slowing of a person's response to sensory stimuli. Long term memory can be slowed especially if the information is not used or needed on a daily basis. Although learning itself is not slowed in older adults, other factors may contribute such as decreased attention span, difficulty in hearing, and decreased visual acuity.

- Assess learning barriers and readiness to learn.
- Use learning methods that are meaningful to the individual.
- Don't try to teach too much new information at one time.
- Speak slowly, deliberately and distinctly while facing person(s) with hearing impairment.
- Encourage independence – provide physical, mental, social activities.
- Support end-of-life decisions, advanced directives– provide information, resources, etc.
- Make arrangements for support of religious practices.
- Assist the person in self-care – promote medication safety; provide safety grips, ramps, etc.
- Provide comfort, physical contact and frequent interventions.

RECOGNIZE BARRIERS TO COMMUNICATION

Assess every patient you deal with for the possibility of the following:

Physical Impairments

- Does the patient have a speech, hearing or sight disability?
- Is his or her confusion due to illness or physical disability?

Learning Difficulties

- At what approximate grade level can the patient understand instructions?
- Has he or she been tested for a learning disability?

Cultural Differences

- What is the patient's cultural background?
- Could certain gestures (for example, direct eye contact or touching) offend him or her?

Emotional Stresses

- Could the patient's depression, anxiety or fear be a sign of a physical or mental illness?
- Is he or she worried about how health-care decisions may affect abilities, family, school, job, etc.?

Language Barriers

- What is the patient's primary language?
- Could he or she benefit from a translator's services?

COPING MECHANISMS TO ILLNESS AND HOSPITALIZATION

May be seen in all adults, and are not signs of maladaptive coping:

<u>Coping Mechanism</u>	<u>Forms of Expression</u>
Anger	Aggressive behavior Abusive behavior Demanding behavior Hostility Antagonism toward plan of care Withdrawal Acting out Noncompliance
Depression	Apathy Decreased appetite Insomnia Somatic complaints Inability to concentrate Withdrawal Loss of motivation Dependency Crying
Grief	Shock Denial Anger Isolation Depression
Acceptance	Information-seeking Desire to assume responsibility for care Planning for future Taking control of decision making

Medication misuse is an important arena for prevention and early intervention among older adults. In contrast to drug abuse in young adults who often abuse illicit or illegally obtained prescription drugs, drug abuse problems among older adults more typically occur from misuse or abuse of prescription and/or over-the-counter (OTC) medications, as well as herbal remedies. Relative to younger individuals, older adults use a high number of prescription and OTC medications, increasing their risk for inappropriate use of medications.

Studies report that older persons regularly consume on average between two and six prescription medications and between one to three OTC medications per day. Late-life medication misuse includes the overuse, underuse, and irregular use of both prescribed and OTC medications.

Medication misuse that involves particular types of medications or patterns of use may develop into drug abuse. For example, a subset of older adults is at risk for developing problems with physical dependence when prescribed narcotics, barbiturates, or benzodiazepines are taken over long periods of time. Typically, abuse of psychoactive substances among older adults does not involve the use of these substances specifically to “get high” nor are they usually obtained illegally. Instead, unsafe combinations or amounts of medications may be obtained by seeking prescriptions from multiple physicians (“doctor shopping”), by obtaining medications from family members or peers, or by stockpiling medications over time.

Of particular concern is the combined use of specific prescription medications or OTC medications with alcohol. For example, concurrent use of alcohol with benzodiazepines or barbiturates can result in sedation, confusion, falls, delirium, and withdrawal seizures.

Recommendations to Prevent Medication Misuse in Older Adults

A variety of guidelines and recommendations have been developed to assist providers and consumers in taking steps to minimize risks associated with medication misuse. A set of basic recommendations aimed at prevention of medication misuse is provided by an interdisciplinary panel assembled by the nonprofit Alliance for Aging Research. This group issued recommendations for researchers, health care organizations, and public policymakers to address the issue of geriatric medication misuse in its 1998 publication, "When Medicine Hurts Instead of Helps: Preventing Medication Problems in Older Persons." The recommendations were as follows:

- Compile and disseminate a list of medications considered potentially inappropriate for use in older persons and mandate that the list be used as a screening tool.
- Provide geriatrics-relevant labeling information for over-the-counter medications.
- Fund and encourage research on medication-related problems in older persons to determine which medications are most troublesome and which patients are most at risk.
- Provide incentives to pharmaceutical manufacturers to better study medication effects in the frail elderly and oldest old in pre- and post-marketing clinical trials.
- Establish mechanisms for data collection, monitoring, and analysis of medication-related problems by age group.
- Encourage health care professionals' competency in geriatric pharmacotherapy.
- Direct Medicare Graduate Medical Education dollars to training in geriatric pharmacotherapy.
- Fund and provide education and resources for caregivers providing medication assistance to older people.

TEST YOUR KNOWLEDGE

Please validate your understanding of the Age-Specific Competency information by answering the following multiple choice and “True” or “False” questions.

1. A safe environment is important when caring for infants and toddlers. True False
2. A caregiver increases his/her chances of patient cooperation when young children are given choices. True False
3. Older children are concerned with retirement planning and financial planning. . . True False
4. It is not important to involve the teenager as partner in his or her care. True False
5. Family and job issues are not a factor to consider when caring for young adults. . True False
6. Middle adults need to feel productive and should be encouraged to participate in their own care. True False
7. Older adults should be encouraged to talk about their feelings of loss. True False
8. When working with elderly patients, confusion is a definite sign or permanent loss of mental abilities. True False
9. A patient’s emotional state or cultural background may influence their response to pain. True False
10. “Age-specific competencies” validate that all patients are able to be treated the same. True False
11. Growth of skeletal systems continues until age _____.
 - a. 15
 - b. 55
 - c. 30
 - d. 22
12. Older Adults may perceive change as _____, which affect the person’s “coping” ability.
 - a. inevitable
 - b. humorous
 - c. loss
 - d. avoidable
13. Each of the five senses becomes less efficient with age, interfering in varying degrees with _____, normal activities of daily living and general well being.
 - a. compassion
 - b. intelligence
 - c. safety
 - d. strength

14. Due to a young child's illness and/or hospitalization parents often become _____, which can affect the young child's need for accomplishment and control of their environment.
- angry
 - withdrawn
 - hysterical
 - overprotective
15. Loss of control is a frequent fear associated with illness and hospitalization throughout many age groups.....True False
16. Anger and depression associated with illness is a common emotion of many adults of all age groups and is not a maladaptive coping behavior.....True False
17. It is important for healthcare providers to guide teens toward making positive _____ choices.
- clothing
 - medication
 - make-up
 - lifestyle
18. When interacting with young children who are hospitalized, it is important for healthcare providers to evaluate and consider the common fears of young children. These fears may include
- bodily injury
 - loss of control
 - fear of the unknown, the dark, and being left alone
 - all of the above
19. When preparing and providing treatment or procedures to adolescents it is important to show respect and be considerate of how procedures, treatments, etc., may affect appearances, relationships. True False
20. Age specific competency can provide the healthcare worker with information and skills that
- decrease stress on both patients and caregivers
 - improve patient outcomes
 - facilitate individualized care and age appropriate interventions
 - all of the above

I have read all of the information regarding "Age-Specific Competencies". I am aware that when working with patients I will be expected to incorporate age specific concepts in order to enhance the quality and effectiveness of healthcare services.

Employee's Signature

Date

Now, put your knowledge to work by incorporating age-specific competencies into your care!