AGE RELATED CARE
Self-Learning Module

Legacy Health

Patient Care Services

Judy Nordblom, RN

- Directory – Public Folders.All Public Folders.System-Wide.Edcation.Patient Care Self Learning Module
- Date of original – 5/95
- Date module was revised-4/2001, 7/2005 (Geriatric portion only)
- 06/27/02

Age Related Care
Self-Learning Module

Overview
The following self learning module will assist the participant in distinguishing between various age group care.

Objectives
1. Participant will be able to identify at least one distinguishing care feature of each age group.
2. Participant will be able to identify one key point demonstrated in Erikson's Development Theory for each group.

Module Content
The self learning module contains information including physical, motor/sensory, adaptation, cognitive, psycho-social, and interventions, ages infancy through old age.

Directions for use
Read learning materials and complete quiz with score 85% or greater. Turn complete quiz in to manager or unit educator.

INFANCY: BIRTH TO 1 YEAR

PHYSICAL	MOTOR/SENSORY ADAPTATION	COGNITIVE	PSYCHOSOCIAL
• Gains weight/height rapidly (doubles by 50% in 6 months). • Starts as a nose breather • Towards the end of the first year: 1. Primitive reflexes diminish 2. Fontanel closes, anterior 12-18 months; posterior at 2 months 3. Teething starts; 1 year =8 teeth 4. Regular bladder and bowel patterns develops. • Temperature axillary = 97.8º - 98ºF • HR: apical = 120 – 140 • Respirations: 30 – 60 breathes a minute • BP: Weight Systolic Diastolic 3kg 60-80 35-55 2-3kg 50-70 27-45 1-2kg 40-60 20-35	• Responds to light and sound • Towards the middle of the year progresses to raising head, turning rolling over and bringing head to mouth. • Towards the end of the year progresses to crawling, standing alone, walking with assistance and grasping strongly. • Repeats actions to fine-tune learning. • Begins to develop a sense of object permanence. • Reactions move from reflexive to intentional.	• Manipulates objects in the environment. • Recognizes bright objects and progresses to recognizing familiar objects and persons. • Towards the end of the year speaks 2 words, mimics sounds. • Obeys simple commands and understands meaning of several words. • Seeks novel experiences. • Learns by imitation.	• Significant persons are the parents of primary caregivers. • Develops a sense of trust and security if needs are met consistently and with a feeling of predictability. • Fears unfamiliar situations • Fears strangers and separation from caregivers. • Smiles, repeats actions that elicit response from others ie., waves goodbye, plays pat-a cake.

TODDLER: 1 – 3 YEARS

PHYSICAL	MOTOR/SENSORY ADAPTATION	COGNITIVE	PSYCHOSOCIAL
• Learning bladder and bowel control. • Abdomen protrudes. • Decreased appetite and growth. • Temporary teeth erupt; all 20 deciduous teeth by 2 ½ - 3 years. • Physiological systems mature. • Grows –2 ½ inches and 4-6 pounds yearly. • Elimination; 18 months bowel control; 2-3 years daytime bladder control. • Temperature = 99º F ±1º • Pulse = 105 ± 35 • Respirations – 20-35/minute • BP 80-100 mmHg Systolic 60-64 mmHg Diastolic	• Responds better to visual rather than spoken cues. • Walks independently, progressing to running, jumping and climbing. • Feeds self • Loves to experiment • Goal directed behavior. • Fully formed sense of object permanence.	• Develops concepts by use of language. • Sees things only from own point of view (egocentric). • Able to group similar items. • Constructs 3-4 work sentences. • Has a short attention span. • Beginning memory. • Ties work to actions; can understand simple directions and requests. • Concrete thinking-learns through sensory information and actions. • Perceives pain as punishment-fears needles, pain and bodily harm. • Fears strangers and separation from caregiver.	• Significant persons are parents. • Discovers ability to explore and manipulate environment. • Asserts independence (autonomy) and develops a sense of will; has temper tantrums. • Understands ownership (“mine”). • Attached to security objects and toys. • Knows own gender and difference of gender. • Able to put tows away. Plays simple games, enjoys being read tom plays alone.

PRE-SCHOOL: 3 – 6 YEARS

PHYSICAL	MOTOR/SENSORY ADAPTATION	COGNITIVE	PSYCHOSOCIAL
• Gains weight and grows in height. • Becomes thinner and taller. • Temperature = 98.6º ± 1º • Pulse - 80-100/minute • Respirations – 30/minutes ± 15 • BP – 90/60 mmHg ± 15 mmHg	• Skips and hops. • Roller skates; jumps rope • Dresses/undresses independently. • Prints first name • Draws a person with 6 major parts. • Throws and catches a ball (5years)	• Understands that the amount of something is the same regardless of shape or number of pieces. • Able to classify objects; can count. • Constructs sentences; questions things "why?". • Knows own phone number and address. • Attention span is short. • Ritualistic. • Engages in fantasy and magical thinking. • Views pain and illness an punishment for misbehaving; fears pain and bodily mutilation • Has literal understanding of words.	• Significant persons are the parents, siblings, peers. • Increasing independence and beginning to assert self, likes to boast and tattle. • Masters new tasks and acquires new skills. • Behavior is modified by rewards and punishment. • Plays cooperatively; able to live by rules; capable of sharing. • May be physically aggressive. • Learns appropriate social manners. • 5 year old uses sentences, knows colors, numbers, alphabet. • Don't talk down to child.

SCHOOL AGE: 6 – 12 YEARS

PHYSICAL	MOTOR/SENSORY ADAPTATION	COGNITIVE	PSYCHOSOCIAL
• Gains weight and grows in height. • Starts pubescent changes. • Growth is slow and regular. • May experience "growing" pains because of stretching of muscles with the growth of long bones. • May experience fatigue. • Temperature = 98.6ºF ± 1º • Pulse - 60-70/minute. • Respirations = 18 – 21/minute • BP = 94-112 mmHg Systolic 56-60 mmHg Diastolic	• Uses knife, common utensils and tools. • Cares for pets. • Draws, paints. • Makes useful articles. • Assists in household chores. • Likes quiet as well as active games. • 8 years old; awkward.	• Capable of logical operation with concrete things. • Comprehends and can tell time. • Starts to think abstractly and to reason, can handle and classify problems, able to test hypotheses. • Proud of school accomplishments. • Enjoys reading. • Starts to view things from different perspectives. • Increased attention span and cognitive skills. • Functions in the present. • Rule bound. • Fears bodily injury, mutilation, and death: passively accepts pain.	• Significant persons are peers, family, and teachers. • Prefers friends to family. • Works hard to be successful in what he/she does. • Belonging and gaining approval of peer group is important. • Behavior is controlled by expectations, regulations and anticipation of praise or blame. • Intention is considered when judging behavior. • Explores neighborhood. • Uses phone. • Plays games with rules. • Builds self-esteem.

ADOLESCENCE: 12 – 18 YEARS

PHYSICAL	MOTOR/SENSORY ADAPTATION	COGNITIVE	PSYCHOSOCIAL
• Rapid growth of skeletal size, muscle mass, adipose tissue and skin. • Maturation of the reproductive system; development of primary and secondary sexual characteristics. • Onset of menarche in girls and nocturnal emissions in boys. • Vital sign approximate to those of the adult.	• Awkward in gross motor activity. • Easily fatigued. • Fine motor skills are improving. • Early adolescence; may need more rest and sleep.	• Increased ability to use abstract thought and logic. • Able to handle hypothetical situations or thought. • Ability to use introspection. • Develops more internal growth of self-esteem. • Beginning development of occupational identity (what I want to be). • Fears bodily injury, mutilation, and death: passively accepts pain.	• Interested and confused by own development. • Often critical of own features and concerned with physical appearance. • "Chum" and belonging to peer group are important and valued; may criticize parents. • Interested in the opposite sex; achieving female/male social role. • Accepts criticism or advice reluctantly. • Longs for independence but also desire dependence. • Achieves new and more mature relations. • Develops physical activities that are socially determined. • Identity is threatened by hospitalization as adolescents are concerned about bodily changes and appearances. • Build self-esteem.

EARLY ADULTHOOD: 19 – 40 YEARS

PHYSICAL	MOTOR/SENSORY ADAPTATION	COGNITIVE	PSYCHOSOCIAL
• Growth of skeletal systems continues until age 30. • Skin begins to lose moisture. • Muscular efficiency is at its peak between 20-30 years. • GI system decreases secretions after age 30. • Nutritional needs are for maintenance not growth.	• Visual changes in accommodation and convergence. • Some loss in hearing, especially high tones.	• Mental abilities reach their peak during the twenties (reasoning, creative, imagination, information recall and verbal skills).	• Searching for and finding a place for self in society. • Initiating a career, finding a mate, developing loving relationships, marriage, establishing a family, parenting. • Begins to express concern for health. • Achievement oriented; working up the career ladder. • Moves from dependency to responsibility. • Responsible for children and aging parent.

MIDDLE ADULT: 40 – 64

PHYSICAL	MOTOR/SENSORY ADAPTATION	COGNITIVE	PSYCHOSOCIAL
• Bone mass begins to decrease. • Loss of skeletal height; calcium loss especially after menopause. • Decreased muscle strength and mass if not used; endurance declines. • Loss of skin elasticity, dry skin, increased appearance of wrinkles. • Decreased renal functioning, metabolic rate, heat/cold tolerance, prone to infection. • Receding hairline in males, more facial hair in females.	• Slowing of reflexes. • Muscle activity may increase of decrease. • Visual changes especially farsightedness. • Noticeable loss of hearing and taste. • Muscles and joints respond more slowly. • Decreased balance and coordination. • More prolonged response to stress.	• Mood swings. • Decreased short-term memory or recall. • Re-evaluation of current life style and value system. • Synthesis of new information is decreased. • Decrease in mental performance speed. • Uses life experiences to learn, create, solve problems.	• Future oriented or self-absorbed. • May experience empty nest syndrome expressed positively or negatively. • Working way up career ladder. • Adjustment to changes in body image. • mid-life crisis. • Recognition of limits. • Adjustment of possibility of retirement and life-style modification. • Measuring accomplishment against goals.

OLDER ADULT: 65 – 79 YEARS

PHYSICAL	MOTOR/SENSORY ADAPTATION	COGNITIVE	PSYCHOSOCIAL
• Decreased tolerance to heat/cold. • Decreased peripheral circulation. • Decreased cardiac/renal function. • Decreased response to stress and sensory stimuli. • Atrophy of reproductive organs. • Loss of teeth leading to changes in food intake.	• Decreased visual acuity related to thickening of fluid in eye. • Hearing loss due to stiffening of bony structures in the ear. • Decreased sensitivity of taste buds and smell. • Decreased tolerance to pain. • Hesitant to respond; skills declining. Reduced motor speed with increased age	• Decline depends upon earlier cognitive abilities, general health and involvement in society. • Ability to recall information remains constant with age, age-related decline occurs only when coupled with motor function, e.g. remembering a phone number long enough to dial the phone • Attention is more likely to be affected by distractions, anxiety, depression, and illness • Ability to reproduce complex figures declines with age • Visual-spatial abilities decline, worse for females • Performance on tests is generally higher than level of previous academic achievement • Reading and spelling may improve with exposure to new information over the life span	• Retirement. • Death of spouse and friends; acceptance of death. • Adapting to change of social role. • Developing supportive relationships. • Pursuing second career, interests, hobbies, community activities, and leisure activities. • Coming to terms with accomplishments. • Children leave home; reestablishes as couple; grand parenthood. • Concern for health increases.

OLDEST ADULT: 80 YEARS AND UP

PHYSICAL	MOTOR/SENSORY ADAPTATION	COGNITIVE	PSYCHOSOCIAL
• Decreased in oil in skin; decreased perspiration. • Loss of fat layers on limbs and face, resulting in greater risk of drug toxicity at normal doses. • Bones become more prominent, stiff joints. • Changes in skin pigmentation. • Thinning hair. • May become "shorter" secondary to decreased intervertebral space. • Increase susceptibility to high BP secondary to stiffening of vascular structures. • Decrease GI absorption rate; decreased cardiac output; decreased airway capacity. • Male – prostatic hypertrophy.	• Decreased mobility. • Increased fall risk secondary to decreased sense of balance, lower extremity weakness, and decreased depth perception. • Decreased sensitivity to light touch and vibration. • Stronger stimulation is needed for all senses to experience sensation. • Less deep sleep, easily aroused. • Development of cataracts is common.	• Decline depends upon earlier cognitive abilities, general health and involvement in society. • Linguistic functions such as word recognition and grammar are unchanged • Verbal fluency – elders produce fewer words, but they also make fewer errors • Semantic knowledge (naming and retrieval of information from long-term storage) declines • Performance in memory tests may decline in those tests that also rely on motor function, e.g. timed tests. • Recognition and cued recall remains constant throughout the life span. Free recall declines with age. (May not remember spontaneously, but will when prompted) • Forgetting names and appointments tend to occur primarily when elders are out of their normal routine. • Judgment and abstract thought does not decline.	• Multiple losses continue. • Introspection and life review. • "Self-transcendence" – developmental resource of elders that enables them to transcend boundaries and make peace with the past, present, and future • Acceptance of death. Older adults tend to experience less death angst than younger or middle-aged adults do. • Older adults are more likely to live alone, especially women and minorities

Legacy Health System
Age Related Care Test

Name: _____ Date: _____

Directions:
Circle the best answer for each question. Give your completed test to you manager for credit.
Thank you.

Toddler: 1-3 Years
A three year old boy is admitted with a fractured elbow. An x-ray is ordered for the morning. His mother and father both work. One set of grandparents live in the same town. The grandparents are retired. The toddler has been potty trained for two months.

1. Information from which of the following area would be important to know to provide care for this child?
   a. level of independence
   b. potty training schedule
   c. daily home rituals
   d. all of the above
2. When you are explaining procedures to this child, what approach would you use?
   a. prepare the child as long before the procedures as possible.
   b. explain everything that you want the child to do at one time.
   c. prepare the child right before the procedure.
   d. do not allow the child choices, so as not to confuse him.

Pre-school: 3-6 Years
A five year old girl is admitted with possible bacterial meningitis. The child is scheduled for a lumbar puncture.

3. Because of the pre-schoolers large imagination, it is important to do which of the following:
   a. let her play with equipment
   b. encourage her to verbalize
   c. allow her to practice the procedure on a doll or stuffed animal
   d. all of the above

4. You are asked to assist the physician with the lumbar puncture. What interventions would be helpful for the child at this time?
   a. ask the child to count with you during the procedure
   b. praise the child for remaining still during the procedure
   c. after the procedure, give the child a “well done” sticker
   d. all of the above

School age: 6-12 Years

An eight year old boy fell off the monkey bars at school and broke his right femur. He is in skeletal traction. His mother does not work but has one other child at home.

5. The school age child maintains a high level of activity and increased independence. What interventions will help the child maintain these functions?
   a. involve the child in his own care
   b. develop a daily, consistent routine for the child
   c. have the child keep a journal of this hospital stay
   d. all of the above

6. When any procedure is performed on this child, he cries, screams, throws things, and hits. What interventions would you use to work the most effectively with this child?
   a. sympathize with him and state "it's okay".
   b. argue with him and scold him
   c. encourage his parents to bring in gifts and toys to distract him
   d. clearly define and consistently reinforce behavior limits.

Adolescence 12-18 Years:

A 17 year old female is twelve hours post operative for an appendectomy. She is active in school activities. She is on the swim team.

7. Establish trust with the adolescent by using good communication skills. Which of the following skills will hinder communication?
   a. using open ended questions
   b. active listening
   c. providing encouragement
   d. giving advice

8. She seems overly concerned about how her incision looks. What is your approach? You say:
   a. "Ugh, looks pretty nasty"
   b. "Wow, what a big incision"
   c. "It sounds like you have some concerns about your incision. Would you like to talk about it".
   d. "Oh don't worry about it. It looks fine!"

Early Adulthood 19-45 Years:

A 27 year old man has just been brought to the unit following an emergency abdominal surgery. He has a wife and one small child. He just started a Master's Degree program in Business. Finals for this quarter are in three days.

9. Which of the following are concerns of the young adult?
   a. length of hospitalization
   b. physical limitations
   c. financial obligations
   d. all of the above

10. He is grimacing and reluctant to turn and ambulate. Appropriate interventions for him related to pain management are:
    a. instruct him to ask for a pain medication when his pain becomes severe.

b. since he hasn't asked for a pain medication, he doesn't have pain
c. instruct him to ask for a pain medication as soon as he first begins to notice the pain
d. don't administer a pain medication unless he asks.

Middle Adult: 45 – 64 Years

A 47 year old woman is admitted for pre-operative preparation for a left modified mastectomy. The lump was discovered one week ago. Her husband died a year ago in a work-related accident. She is a successful advertising executive. She has two teenage boy ages 17 and 18.

11. She expresses concern about the effect of he illness and her ability to resume her career. An appropriate response to her concerns is to:
    a. explore her feeling and concerns with her
    b. state "One of my friends had the same thing, it was okay so don't worry".
    c. Tell her that these feelings are a normal part of "mid-life crisis".
    d. Suggest that she talk to her sons about how she feels

Older Adult: 65 – 79 Years

A 70 year old man is admitted to ICU with a pulmonary embolism. He is on strict bed rest. He is receiving narcotics for pain. His wife is 67 years old and in good health.

12. Based on the physical changes listed in the chart for this developmental stage, what two potential problems is he at the greatest risk of developing? (circle two answers).
    a. developing a pressure ulcer
    b. not wanting to eat
    c. constipation
    d. inability to urinate

Oldest Adult: 80 Years and Up

An 83 year old female fell at home and broke her hip. She had surgery to pin her right hip. She is incontinent at times and has several skin bruises.

13. Which interventions are NOT appropriate to the prevention of a pressure ulcer?
    a. request that a foley catheter be placed in the patient
    b. keep a diaper on her at all times
    c. keep her clean and dry by providing frequent perineal care
    d. turn at least every 2 hours
    e. promote q2hr voiding

Answer Sheet

1. **D**
2. **C**
3. **D**
4. **D**
5. **A**
6. **D**
7. **D**
8. **C**
9. **D**
10. **C**
11. **A**
12. **A, C**
13. **A, B**

Overview of Developmental Growth

Care of patients not only includes meeting physical requirements, but also cognitive and developmental needs. Understanding developmental growth of patients can help healthcare workers identify needs and provide for opportunities and activities to fill them. In this self-learning module. Erikson's theory of personality development throughout a life-time will be described as well as how this theory can be used in everyday practice

Erikson's Theory

Erikson's theory of personality development is based on the Freudian theory. To summarize Erikson, he believed that individuals pass through stages throughout life. Each stage has a specific developmental task or challenge which needs to be addressed before moving on to the next stage. He defined a total of eight stages running from birth to " old age".

The table that follows summarized Erikson's theory in the first three columns. The last column gives information on how the theory can be used to best promote the growth and development of people who are in that stage.

NAME OF STAGE	AGE RANGE	DESCRIPTIONS OF KEY PERSONALITY ISSUES IDENTIFIED BY ERIKSON	WHAT TO KNOW IN ORDER TO PROMOTE GROWTH
Trust vs. Mistrust	Birth to 1 year	Key conflict is to develop a trusting relationship	Physical: Visually and oral stimulation important Emotional: Warm., loving, consistent interactions are essential Toys/Activities: Rattles, mobiles, swinging chair and chew things.
Autonomy vs. Shame	1 – 3 years	Need to develop a sense of self, separate from parent. Also, begin to conform to social	Physical: Providing a safe environment is important and lots of room. Due to a lack of judgment, children can easily injure themselves

NAME OF STAGE	AGE RANGE	DESCRIPTIONS OF KEY PERSONALITY ISSUES IDENTIFIED BY ERIKSON	WHAT TO KNOW IN ORDER TO PROMOTE GROWTH
		rules.	if not supervised closely. Emotional: Setting limits is healthy and important, giving some choices is also, and e.g., “do you want to take this pill now or later,” consistency rules are needed. “No” is a favorite word. Toys/Activities: Gross motor activities such as tricycles, drawing and painting, some group activities. Can “parallel play”.
Initiative vs. Guilt	3 – 6 years	A conscience is built. Exploration, imagination and becoming a member of the family are key concerns.	Physical: Active sports are needed. Emotional: Needs opportunities to feel productive, such as putting things together. Also, needs room to explore with limits. Active imagination may produce fear, particularly of mutilation, abandonment, and death. Toys/Activities: Puzzles, building sets, games, books, can begin to share and take turns.

NAME OF STAGE	AGE RANGE	DESCRIPTIONS OF KEY PERSONALITY ISSUES IDENTIFIED BY ERIKSON	WHAT TO KNOW IN ORDER TO PROMOTE GROWTH
Industry vs. Inferiority	6 – 12 years	Productivity is essential. Begin to work with others in a collaborative manner.	Physical: Likes competitive physical sports. Emotional: Needs opportunities to feel accomplishment. Rules are important. School is also very significant and is "a kid's job." Toys/Activities: Homework, complex, construction, reading hobbies, video games, clubs, and secrets.
Identity vs. Role Confusion	Teenagers	Further separation of self and development of a true sense of self. Peers are very important and family less so in doing this.	Physical: Physical sports are less of an issue for many girls, dexterity becomes more important, e.g., video games! Emotional: Deep turmoil as separate from parents. Toys/Activities: Being with peers, telephone, video games, music, and school work.
Intimacy vs. Isolation	Early Adulthood	Further enhancement of own personality as well as development of loving relations with others.	Physical: Less important for most. Emotional: Treat as an adult, even if not always acting like one, needs to feel needed. Activities: Employment related activities, interactions with peers, television and children
Generativity vs. Stagnation	Younger to Mid-Adulthood	Become concerned with promotion of the next generation, whether by producing children or working for a better world.	Physical: Brains over brawn. Emotional: Deep sense of need to be productive, even when sick may not be able to give up roles. Activities: Work related, helping others, parenting.
Ego Integrity vs. Despair	Old Age	Becoming satisfied with one's life and valuing him/herself	Physical: See body as deteriorating and often reluctant to seek help with

NAME OF STAGE	AGE RANGE	DESCRIPTIONS OF KEY PERSONALITY ISSUES IDENTIFIED BY ERIKSON	WHAT TO KNOW IN ORDER TO PROMOTE GROWTH
		even though largely unproductive	ADLs. However may be active. Emotional: Need to talk about previous years in order to make sense of it. May see friends die and feel left alone. Activities: Talking with others, performing ADLs, and developing daily routines.

Putting the Theory to Use

Deciding on Stages

Even though the stages are classified by age range, individuals of a specific age may be in the stage identified by Erikson. This is particularly true of person with developmental disabilities. So nurses need to evaluate patients' stage as a part of an initial assessment.

Assessments can be made through informal interviews of parents and/or patients as well as by formal testing. The Denver Developmental Screening Test is a tool which helps the healthcare worker identify gross motor, language, fine motor-adaptive, and personal-social developmental level of the children from birth through six years of age.

Promoting Developmental Growth

After patients' developmental ages have been decided, nurses provide activities and care that best suits the patients' needs. For example, one can realize that bringing one-year-olds to group activities would not be as beneficial as cuddling them alone. In addition, it helps to give the nurse a basis for understanding why her eighty-year-old patients insist on recanting stories of their youth time and time again.

Beware

Hospitalization can cause individuals to regress. That is why a hospitalized five-year-old may begin wetting the bed again. It is important to realize that this is normal and to let the parents know this.

It is important to continually be assessing patients' developmental level and provide care and activities which best meet their needs.

Conclusions

Developmental theory can help healthcare professionals understand patients and meet their needs more effectively. Keys to using theory most effectively are to:

Assess patient's developmental level
Provide activities and care which best meet those needs, and
Continually re-assess patient.

Erikson's theory of development can provide a framework for assessment and intervention of patients. The theory is bases on the assumption that there are specific stages which

individuals go through. During each stage, a particular task must be completed before moving on to the next level. It is possible for regression particularly in time of stress.

Pediatric Developmental Care Post-Test

1). Erickson identified which of the following as an important development factor for an infant?
   a) Stuffed animal
   b) Music
   c) Food
   d) Love and security

2). What can happen developmentally to someone when hospitalized?
   a) Regression
   b) Progress to the next developmental stage
   c) Security
   d) Develop sense of well-being

3). A child is admitted to your unit s/p ruptured appendectomy. He will be there for approximately 10 days. You know that you will have to structure your care differently due to his developmental level. He makes statements of "My insides are going to fall out because they cut me open" and cries whenever his mother leaves the room. Based on this information which stage of development is this child in?
   a) Autonomy vs. Shame
   b) Industry vs. Inferiority
   c) Initiative vs. Guilt
   d) None of the above

4). What activities are most appropriate for the school-aged child (ages 6-12)? More than one answer is possible.
   a) Science projects
   b) Simple puzzles
   c) Mobiles
   d) Group activities

5). Which of the following describe the identity vs. role confusion developmental stage?
   a) Privacy
   b) Music
   c) Peers
   d) Productivity

Answers: 1. – D; 2. – A; 3 – C; 4. – A, D; 5. – A, B,C

AGE RELATED CARE SELF-LEARNING MODULE:
Other sources of information are:

1. Identity and the Life Cycle by Erik Erickson (1980). W.W. Norton and Co., NY. Available at the Legacy Emanuel Hospital and Health Center Library.

2. Nursing Care of Infants and Children by Whaley and Wong (1991). Mosby, St. Louis.

3. Medical-Surgical Nursing: Concepts and Clinical Practice (1991). Mosby, St. Louis.

4. Towards Healthy Aging, Ebersole and Heath

5. Ashman TA, Mohs RA, Harvey PD. (2004) Cognition and Aging. In Hazard, Blass, Ettinger, Holter, Ouslander (Eds) Principles of Geriatric Medicine and Gerontology

6. Abrams WB, Beers MH, Berkow R. (2004) Merck Manual of Geriatrics

7. Reed PG. (2002) The theory of self-transcendence. In: Smith MJ, Liehr P, editors. Middle range for nursing. New York: Springer

ELDER ABUSE:

Elder abuse can begin with seemingly normal conflicts and negative interactions that can gradually build up to abuse situations. Usually, in a situation where abuse occurs, one person is providing for the other in some way, while the other is reliant upon that person for much or all of their care.

Elder abuse may occur for a variety of reasons, but the most contributing factors are:

- Stress created by the care needs of the elder
- Inadequate financial resources
- Isolation and lack of emotional support for elders and their caregivers
- Existing family problems and dynamics

It is important to remember that abuse can occur in any situation. The abuser may be a relative, caregiver, spouse, a neighbor, or even a salesperson.

Elder Abuse Post-Test:

1) Elder Abuse may occur because of:
   a) Poor vision
   b) Bad attitudes
   c) Stress created by care needs of the elder
   d) Demands of daily living
2) Who is required by law to report elder abuse ?
   a) nurses
   b) clinical resource workers
   c) senior centers
   d) clergy
   e) all of the above

Answers: 1) c 2) e