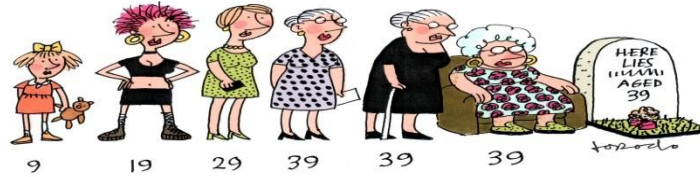


VHSO P&LMS TRAINING

Age-Specific
Training for the
Veteran
Population that
We Serve

THE SEVEN AGES OF WOMAN



What's Up with this “Age-Specific Care?”

- “Age-Specific Care” means the ability to communicate with each patient, resident or client in a way that is appropriate to his or her particular age, capabilities or disabilities, temporary impairments, emotions, stresses, culture, and individual station. While we do not communicate with everybody in the same way, everybody receives the same respectful treatment.
- The Joint Commission requires that all healthcare staff annually meet competency expectations in performing Age-Specific Care.
- An interpretation of the standards and their intent relates to all staff members who assess, treat, and manage, or who work in areas that have direct impact on, patients in age-specific populations.

What you will learn!

- Basic knowledge of human growth and development
- Age-Specific Care – examples
- Special needs issues and specific interventions
- Aging changes that may impede specimen collection
- Phlebotomy procedures
- Roadblocks to communication

How Age Matters

Every patient is an individual. Each has his or her own:

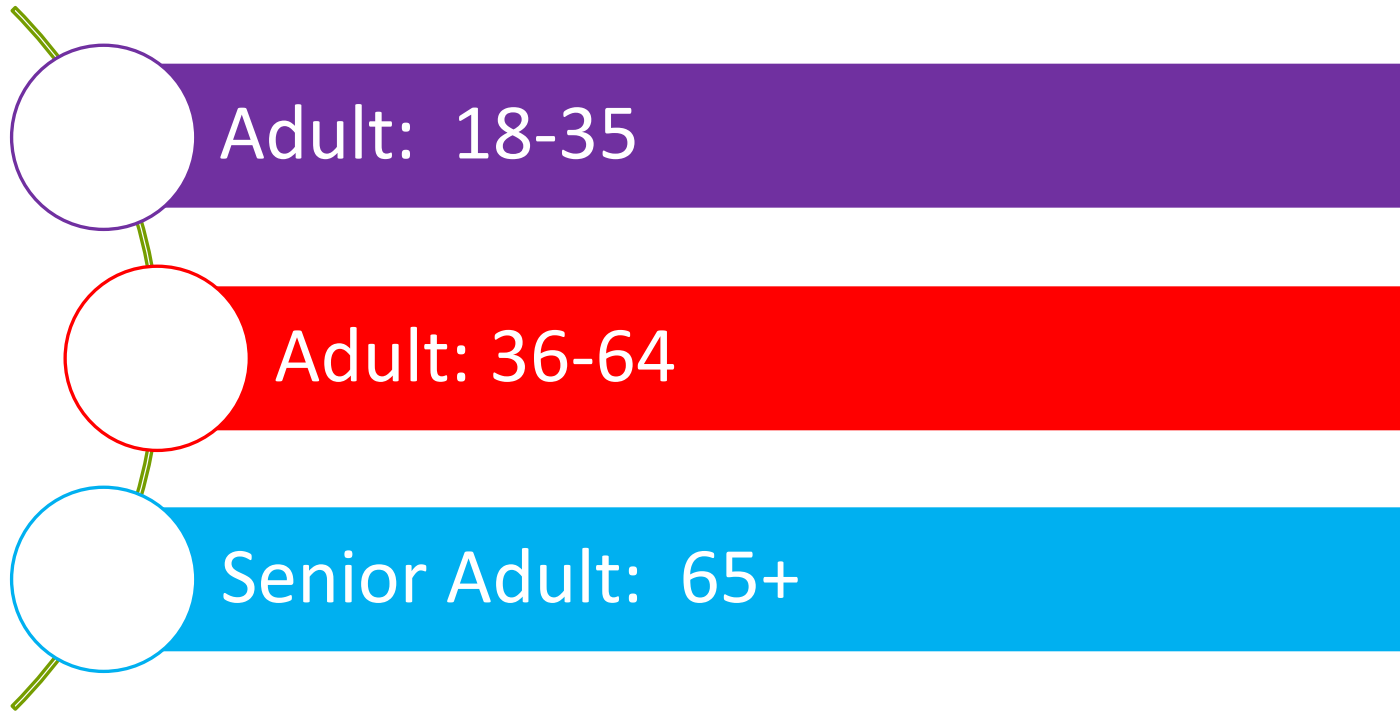
- Likes and dislikes
- Feelings, thought and beliefs
- Limitations and abilities
- Life experiences

But everyone grows and develops in a similar way. Experts generally believe that people:

- Grow and develop in stages that are related to their age
- Share certain qualities at each stage

Understanding these stages of life is the key to age-specific competencies.

Age-Specific Groups for VHSO

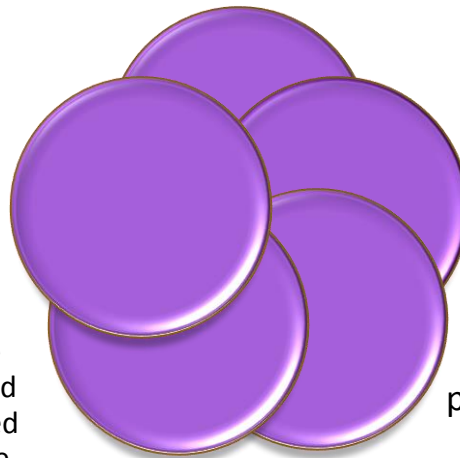


Adult 18-35 Psycho-Social Development

Reflect on
interests, goals and
aspirations for the
future

More involved
with healthcare
decisions, may
ask questions
which put you
“on the spot”

May experience
anxiety, stress and
depression related
to work, marriage,
parenting and social
expectations



Focused on
preservation and
maintenance of
health

May work and
play too hard and
sacrifice sleep,
nutrition and
exercise

Adult 18-34 Physical Development

Reach physical and sexual maturity

Nutritional needs are maintenance, no growth after age 30

Muscular efficiency peaks at ages 20-30

GI system decreases secretions after age 30

Mental health abilities reach peak during twenties

Examples of age-specific care for adults 18-35

Support in making health care decisions

Encourage healthy and safe habits at home and at work

Encourage choices for stress reduction

Acknowledge/respect commitments to family, career, community

Acknowledge/address worries about the future

Communicate in a professional manner

Explain why you cannot answer certain questions

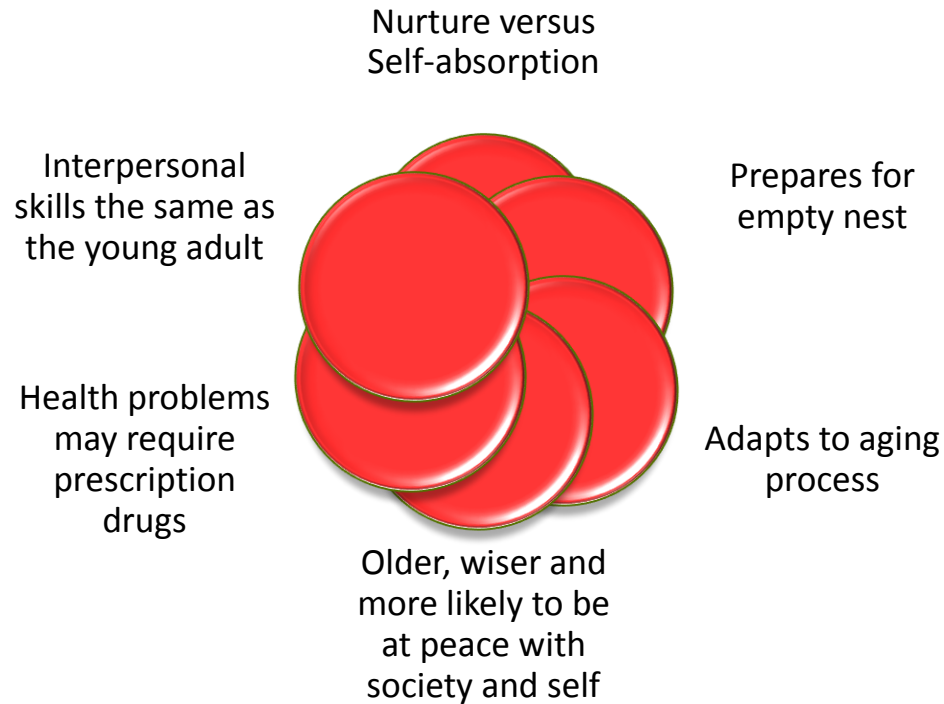
Do not patronize or talk down to the patient

Clearly and honestly explain the procedure

Avoid negative body language

Eye contact critical, promotes sense of trust but be aware of cultural differences

Adult 36-64 Psycho-Social Development



Adult 36-64 Physical Development

Decreased endurance

Decrease in body mass,
muscular strength

Loss of skin elasticity, dry
eyes and skin, increase in
appearance in wrinkles

Women experience
menopause

Illness or injury may
interfere with plans,
chronic disease may
develop

Decreased renal function,
metabolic rate, and heat
and cold tolerance

Decreased short-term
memory or recall

Synthesis of new
information is decreased

Examples of age-specific care for adults 36-64

Address worries about future and encourage talking about feelings, plans, etc.

Recognize the person's physical, mental and social abilities, and contributions

Help with plans for a healthy, active retirement

Recognize commitments to family, career, community (time, money, etc.)

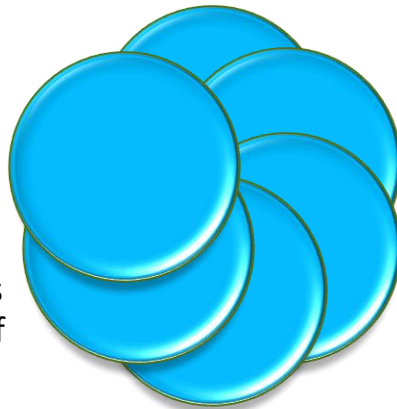
Senior Adult 65+ Psycho-Social Development



Aging process continues

Challenges due to neurological and physical disabilities

Due to loneliness may take more of your time



Reduced attention span and memory

Experiences anxiety over loss, isolation and changes

Reflect on their lives and come to accept death

Senior Adult 65+ Physical Development



Can be a wide difference within this category, some have failing health, some remain fairly healthy

May experience changes in skin, muscle and sensory abilities

Higher risk of health problems, such as infection and chronic illnesses

Decreased tolerance to hot/cold

Sleep patterns may change

Declining cardiac and renal function

Decrease in muscle mass and muscle tone (including muscle tone of the GI in tract)

Food breaks down more slowly and moves slower through the GI tract, can result in constipation and hemorrhoids

Weakening of sphincters can lead to reflux, dysphasia, choking, aspiration, bowel and/or urinary continence

Cancer rates increase, especially colon and prostate

Mobility becomes harder

Examples of age-specific care for senior adult 65+

Encourage the person to talk about feelings of achievements, loss, grief

Recognize need to discuss medication regime with patient, family, physician, and pharmacist to prevent polypharmacy and to support changes in medications

Provide support for coping with any impairments- avoid making assumptions about loss of abilities

Encourage social activity with peers, as a volunteer, with family, etc.

All age groups physical issues

Be aware of patients with Special Needs
such as:

Hearing
loss

Loss of
sight

Trouble
speaking

Immobility

Specific interventions for the Elderly

All elderly patients:

- Be patient, kind and courteous
- Allow adequate time, do not rush them
- Ask if you can help, do not assume everyone wants your help

Visually impaired patients:

- Identify yourself
- Speak normally, don't shout
- Speak directly to the person
- Explain any procedure being done

Hearing impaired patients:

- Speak your normal rate- not too rapidly
- Face the person
- Never speak directly into the person's ear
- Include the person in all discussions about him/her
- Treat the person as an adult

Aging changes that may impede specimen collection

Process	Physical or Physiologic Change
Body mass shrinkage	Loss of skeletal muscle mass
Skin Changes	<ul style="list-style-type: none">• Thinning of dermal layers• Vein and subsurface discoloration• Loss of elasticity• De-pigmentation or whitening
Blood vessel changes	<ul style="list-style-type: none">• Fragile tiny subsurface blood vessels• Superficial bleeding• Loss of elasticity• Narrowing due to atherosclerosis
Joint stiffening	Loss of mobility and inability to straighten extremities
Vision changes	Eye lens changes causing difficulty in near focusing
Hearing changes	Decreased sensitivity to all sounds inability to comprehend conversation amid other noise
Contenance level	Uncontrollable urinary or fecal loss
Hormone loss	Cutaneous atrophy, dehydration



Phlebotomy procedures

Collection of specimens may require extra time, be patient

Maintain a pleasant, professional demeanor

Show respect for the privacy of the elderly patient , even when circumstances are difficult

Wash hands between patients

Speak clearly and directly to geriatric patients to help them discriminate sounds

Focus light directly on object to enable geriatric patients to see labels as clearly as possible (magnifying glasses are available at every station)

Identify procedure to be performed

Recognize fragile, tiny veins in the arm, wrist and hand and select appropriate equipment for collection

If bruising is apparent, select a site that has none

Avoid areas where rashes, scabies, edema and scaly skin are present in order to prevent irritation and contamination

Avoid palpating the arm to vigorously

Insert needle carefully; avoid probing for a vein

Take care when applying tape and remove tape carefully

Recognize Roadblocks to Communication

Assess every patient for 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 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?



**GIVE EACH PATIENT YOUR FULL
ATTENTION!**

**ALWAYS LISTEN AND
OBSERVE!**

References

- UTMB (University of Texas Medical Branch)
Pathology Clinical Services- Phlebotomy Age
Specific Competencies
- Age-Specific Techniques in Phlebotomy
Competency (3/10/2003) Advance For Laboratory
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