

PATIENT CARE POLICY

AGE SPECIFIC CARE – TWELVE YEARS OF AGE AND OLDER

POLICY: Adolescents have age-specific developmental needs which will be addressed by the health care staff caring for the adolescent. The Registered Nurse initiates this policy on admission and all nursing and allied staff follows the policy.

PURPOSE: Adolescence is a tumultuous period of rapid maturation and change. It is considered to be a transitional period that begins at the onset of puberty and extends to the point of entry into the adult world. Biologic and personality maturation may be accompanied by physical and emotional turmoil. There is redefining of the self-concept. In late adolescence, most children begin to internalize previously learned values and focus on an individual identity.

Illness and hospitalization heighten the adolescent’s awareness of his/her body as well as heightening his/her concern for personal well being. Adolescents are extremely vulnerable to the stress of illness and hospitalization due to their conflicting dependency/independence needs as well as their determination to prevent regression to earlier developmental stages. It is a goal of patient care management to demonstrate appreciation of their need to contribute to reaching their health goals and to participate in the health care process.

PROCESS:

I. Assess and evaluate the adolescent’s physical state according to the normal parameters for this age. Assess the adolescent’s cognitive skill and learning needs.

| | Age | Girls | Boys |
|----------------|------------|--------------|--------------|
| Blood Pressure | 14 years | 115 systolic | 116 systolic |
| | 16 years | 72 diastolic | 72 diastolic |
| Heart Rate | 14 years | 65-105 | 60-100 |
| | 16 years | 60-100 | 55-95 |
| Respirations | 14 years | 18-22 | |
| | 16 years | 16-20 | |
| Temperature | All | 36.5-37.0°C | |

II. **NUTRITION:**

1. All inpatient pediatric patients will have a Nutrition Consult.
2. Maintain strict I&O.
3. Document volume of food taken at each meal.
4. Assess for nutritional status and dietary habits upon admission. Encourage variety in menu selections from ordered diet, if possible.
5. Allow for outside foods to be brought into the hospital for the adolescent, if appropriate on ordered diet.
6. Introduce discussion of eating habits, if possible on prescribed diet, which promotes good health.

III. **SENSORIMOTOR/PLAY:**

1. Consult Recreation Therapist as needed.
2. Encourage family and peer visitation.
3. Cohort adolescents if possible.
4. Normalize activities of daily living as much as possible (dress in street clothes, if possible, encourage participation in school program).

IV. **SAFETY:**

1. Side rails will be up while the adolescent is in bed.

Patient Care Policy
Age Specific Care- Twelve Years of Age and Older
Page 2

2. If electrical appliances are brought in from the outside, i.e., cassette/CD players, electric shavers, hair dryers, they will be cleared by the Biomedical Department prior to use.
 3. Non-slip foot covering will be worn when up and walking.
- V. EQUIPMENT:
1. Use appropriately sized BP cuff
 2. Use appropriately sized pulse oximeter sensor.
- VI. IV MANAGEMENT:
1. Initiate IV procedure, as indicated per policy.
 2. Secure peripheral IVs per policy.
 3. All intravenous infusions must be on an IV pump.
- VII. MEDICATION ADMINISTRATION:
1. Offer choices when possible (liquid vs. tablet, as available).
 2. Offer information about medication effects and side effects.
 3. May use gluteus maximus, vastus lateralis, and/or deltoid muscles for IM injections, unless contraindicated.
- VII. ADJUSTMENTS TO ILLNESS/HOSPITALIZATION:
1. Consult Recreation Therapist as needed.
 2. Consult Spiritual Care as needed.
 3. Utilize interpreter services as needed.
 4. Discuss the adolescent's understanding and feeling of illness.
 5. Discuss effects of illness/hospitalization of daily activities.
 6. Correct misconceptions.
 7. Involve the adolescent in care planning.
 8. Recognize which coping mechanisms are effective for the adolescent
 9. Assist adolescent in expanding his/her coping mechanism repertoire as appropriate.
 10. Encourage the expression of discomfort, pain, anxiety, and fear.
 11. Enlist the adolescent in active problem-solving behaviors.
 12. Recognize that adolescents are particularly vulnerable to alterations in their personal body image.
 13. Provide privacy for all procedures, including bathing and toileting.
 14. Attempt to promote/preserve mutual respect and sharing between the adolescent and his/her parents.
 15. Understand the principles of confidentiality applicable to adolescents.
 - A. Do not promise to keep information confidential if you do not intend to or cannot do so.
 - B. Provide opportunities for parents to talk freely.
 16. Stress importance of continuing schoolwork while hospitalized.
 17. Sets limits on unacceptable behaviors.
 18. If child is hospitalized more than 30 days contact social worker to coordinate the provision of continuing education for the child while hospitalized.
- VIII. PREPARATION FOR PAINFUL PROCEDURES:
1. Consult Recreation Therapist if needed.
 2. Utilize interpreter services as needed prior to and during procedure.
 3. Ensure that adolescents receive accurate information about rationale for procedures, the procedures themselves, effects of the procedures, and diagnostic information obtained.
 4. Explain the function and operation of equipment in concrete forms.
 5. Prepare adolescents in advance for procedure, as developmentally appropriate.
 6. Allow adequate time for questions and discussion.
 7. Allow the adolescent to participate as much as possible in painful procedures such as wound care.
8. Bargaining is permissible.
- IX. ANTICIPATORY GUIDANCE:
1. Plan teaching based on assessments of adolescent and parental levels of understanding and cognitive skills.

Patient Care Policy
Age Specific Care- Twelve Years of Age and Older
Page 3

- 2. Set realistic goals for assumption/resumption of adolescent responsibilities.
- 3. Encourage parental guidance and support for adolescent to meet the goals she/he has set.

X. DOCUMENTATION:

- 1. Document admission assessment on the **Pediatric Patient Admission Screening And Assessment** form as well as initiating **Interdisciplinary Screening, Assessment and Plan of Care**.
- 2. Document daily assessments, interventions, and evaluations of the Pediatric Burn Patient on the **Pediatric Burn Clinical Pathway**.
- 3. Document patient/family/caregiver education on the **Interdisciplinary Assessment, Screening and Plan of Care** as well as the **Pediatric Burn Clinical Pathway**
- 4. Document triage assessment on the **Pediatric Triage/Emergency Service Flow Sheet**.

| Sponsoring Department or Committee | Approval Date |
|---|----------------------|
| Nursing Leadership | 04/2008 |
| Other Approvals | Approval Date |
| Revised 07/05 | |
| | |
| Past Approval Dates | |
| N/A | |