Chapter 7

Life Span Development

Unit Summary

After students complete this chapter and the related course work, they will have a fundamental understanding of the physiologic and psychosocial differences of each phase of human development. The students will be able to discuss adaptations and strategies that they might apply to better assess and manage patients.

National EMS Education Standard Competencies

Preparatory

Applies fundamental knowledge of the emergency medical services (EMS) system, safety/well-being of the emergency medical technician (EMT), and medical/legal and ethical issues to the provision of emergency care.

Life Span Development

Applies fundamental knowledge of life span development to patient assessment and management.

Knowledge Objectives

1. Know the terms used to designate the following stages of life: infants, toddlers, preschoolers, school-age children, adolescents (teenagers), early adults, middle adults, and older adults. (p 254–264)

2. Describe the major physical and psychosocial characteristics of an infant’s life. (pp 254–258)

3. Describe the major physical and psychosocial characteristics of a toddler’s and preschooler’s life. (pp 258–260)

4. Describe the major physical and psychosocial characteristics of a school-age child’s life. (pp 260–261)

5. Describe the major physical and psychosocial characteristics of an adolescent’s life. (pp 261–262)

6. Describe the major physical and psychosocial characteristics of an early adult’s life. (p 263)

7. Describe the major physical and psychosocial characteristics of a middle adult’s life. (pp 263–264)

8. Describe the major physical and psychosocial characteristics of an older adult’s life. (pp 264–268)

Skills Objectives

There are no skills objectives for this chapter.

Readings and Preparation

Review all instructional materials including ***Emergency Care and Transportation of the Sick and Injured***, **Twelfth Edition**, Chapter 7, and all related presentation support materials.

Support Materials

• Lecture PowerPoint presentation

• Case Study PowerPoint presentation

Enhancements

• Direct students to visit Navigate.

• **Content connections:** Many age-related issues may be raised during discussions and activities from this chapter’s lessons. Inform students that some topics may be addressed in more depth in specific chapters, including Chapter 34, “Pediatric Emergencies,” and Chapter 35, “Geriatric Emergencies.” Material learned in this chapter will be directly applied in Chapter 9, “Patient Assessment”; chapters covering specific medical conditions; Chapter 32, “Environmental Emergencies”; and other chapters.

• **Cultural considerations:** Help students express their own and/or familial views of age-related issues. Open these discussions up to the whole group in order to share cultural beliefs and help dispel myths. Some cultures have great respect for elders while other cultures may tend to marginalize or minimize the input of the very young or very old, preferring instead to have a family spokesperson.

Teaching Tips

• Many people, particularly young people, may have preconceived ideas about development ages. Discuss ageism and other notions with students to increase awareness of misconceptions so that these can be addressed and dispelled during lectures and activities of this chapter.

Unit Activities

**Writing assignments:** Assign students a topic to compare between two distinct developmental groups. For example: Research and prepare a poster or short paper comparing and contrasting falls among toddlers and falls among the elderly. How do the possible causes differ? What types of injuries are more likely to be seen after a fall of a 16-month-old female compared to an 85-year-old female? Remind students to take several aspects of both physical and psychological/social development into account.

**Student presentations:** Have students research or interview someone who has been injured or ill. What direct connections can they infer based on the patient’s age/developmental stage? Present findings to the class. For additional group-to-group interaction, do not have each group reveal the patient’s age. Open up discussion at the end of each presentation and allow groups to determine the age of each “patient.”

**Group activities:** Every group has a patient with the same general complaint, but the patient’s age in every group is different. Give the groups a set amount of time (15 minutes suggested) to prepare their project in which they create a skit to show how speaking and examining the patient might differ. Each group member should have one of the following roles: patient, EMT, caregiver/parent or friend, and narrator or reporter. Roles can be combined to suit group size. Present each skit to the class.

**Visual thinking:** Collect or have students collect pictures of people at all different developmental stages and organize them into categories of similar ages. Prepare a PowerPoint slide series of the pictures or attach each group of pictures to a poster board. Based on students’ general impression of age in each photo, have groups compile lists of expected behaviors and possible illnesses/conditions/injuries of each “patient.”

Pre-Lecture

### You are the Provider

“You are the Provider” is a progressive case study that encourages critical thinking skills.

### Instructor Directions

**1.** Direct students to read the “You are the Provider” scenario found throughout Chapter 7.

**2.** You may wish to assign students to a partner or a group. Direct them to review the discussion questions at the end of the scenario and prepare a response to each question. Facilitate a class dialogue centered on the discussion questions and the Patient Care Report.

**3.** You may also use this as an individual activity and ask students to turn in their comments on a separate piece of paper.

Lecture

I. Introduction

A. Humans develop throughout their lives.

B. EMTs must be aware of the physical changes a person undergoes at various stages of life.

1. They may alter the approach to patient care.

II. Neonates and Infants

A. Neonates (birth to 1 month) are covered in Chapter 33, “Obstetrics and Neonatal Care.”

B. Infants (ages 1 month to 1 year) develop at a startling rate.

C. Physical changes

1. Weight

a. A neonate usually weighs 6 to 8 lb (3 to 3.5 kg) at birth.

b. The head accounts for 25% of its body weight.

c. After week 2, infants grow at a rate of about 30 g per day, doubling their weight by 4 to 6 months and tripling it by the end of the first year.

2. Cardiovascular system

a. At birth, the neonate makes the transition from fetal to independent circulation.

3. Pulmonary system

a. Prior to birth, a neonate’s lungs have never been inflated.

b. First breath is facilitated in part by the chest’s passage through the birth canal and increase in intrathoracic pressure.

c. Infants younger than 6 months are particularly prone to nasal congestion.

d. Infants have proportionately larger tongues and shorter, narrower airways, so airway obstruction is more common in infants.

e. The rib cage is less rigid and the ribs sit horizontally.

f. When performing bag-mask ventilation, remember that an infant’s lungs are fragile.

i. Forceful ventilations and overinflation can result in pressure-induced trauma (barotrauma).

g. Respiratory muscles are immature and there are fewer alveoli in the lungs.

i. Respiratory problems in the very young can turn life-threatening quickly.

4. Nervous system

a. The nervous system continues to evolve after birth.

b. A neonate is born with certain reflexes.

i. Moro reflex: when a neonate is startled, it opens its arms wide, spreads its fingers, and seems to grab at things

ii. Palmar grasp: occurs when an object is placed into the neonate’s palm

iii. Rooting reflex: when something touches a neonate’s cheek, it will instinctively turn its head toward the touch

iv. Sucking reflex: occurs when a neonate’s lips are stroked

c. A neonate’s fontanelles are the spaces between the bones that eventually fuse to form the skull.

i. The posterior fontanelle fuses by 3 months.

ii. The anterior fontanelle fuses between 9 and 18 months of age.

iii. A depressed fontanelle may indicate dehydration.

iv. A bulging fontanelle is often a sign of increased intracranial pressure.

d. By 2 months of age, infants can track objects with their eyes and recognize familiar faces.

e. At 6 months, they can sit upright, and they begin to make cooing and babbling sounds.

f. By 12 months of age, an infant can walk with minimal assistance and knows his or her name.

5. Immune system

a. The immune system maintains some of the mother’s immunities.

b. Infants can also receive antibodies via breastfeeding, further bolstering their immune system.

D. Psychosocial changes

1. Begin at birth and evolve as the infant interacts with, and reacts to, the environment

2. Crying is the main method of communicating distress.

3. Bonding is based on a secure attachment.

a. Anxious-avoidant attachment is found in infants who are repeatedly rejected.

b. Children show little emotional response to their parents or caregivers and treat them as they would strangers.

4. Separation anxiety is common in older infants.

5. Trust and mistrust refers to a stage of development from birth to about 18 months, which involves an infant’s needs being met by his or her parents or caregivers.

III. Toddlers and Preschoolers

A. Physical changes

1. The cardiovascular system of a toddler (ages 1 to 3 years) or preschooler (ages 3 to 6 years) is not dramatically different from an adult.

2. Toddlers and preschoolers do not have well-developed lung musculature and are unable to sustain deep or rapid respirations for an extended period of time.

3. Weight gain should level off.

4. The loss of passive immunity is one of the most impactful physiologic change at this stage of human life.

5. Neuromuscular growth makes considerable progress at this age.

6. Toilet training is usually completed around 28 months of age.

B. Psychosocial changes

1. The psychosocial challenge for this age group is sometimes referred to as autonomy versus shame and doubt.

2. At 36 months of age, basic language is mastered.

3. Interaction and playing games with other children begin.

4. By 18 to 24 months, cause and effect begin to become understood.

5. Children learn to recognize gender differences by observing role models.

IV. School-Age Children

A. Physical changes

1. From ages 6 to 12 years, a school-agechild’s physical traits and functions continue to mature at a rapid rate.

2. Growth of 4 lb (2 kg) and 2.5 inches (6 cm) each year

3. Permanent teeth come in.

4. Brain activity increases in both hemispheres.

B. Psychosocial changes

1. Children learn various types of reasoning.

a. Preconventional reasoning: Children act almost purely to avoid punishment and get what they want.

b. Conventional reasoning: Children look for approval from their peers and society.

c. Postconventional reasoning: Children make decisions guided by their conscience.

2. Children begin to develop their self-concept and self-esteem.

V. Adolescents (Teenagers)

A. Physical changes

1. In adolescents (ages 12 to 18 years), vital signs begin to level off within the adult ranges.

a. Pulse rate is 60 to 100 beats/min.

b. Respiratory rate is 12 to 20 breaths/min.

c. Systolic blood pressure is between 90 and 110 mm Hg.

2. Adolescents experience a 2- to 3-year growth spurt (an increase in muscle and bone growth) and body changes.

a. Girls generally finish their growth spurt by 16 years, boys by 18 years.

3. The endocrine and reproductive system mature, and secondary sexual development takes place.

a. Pubic hair and axillary hair begin to appear.

b. Voices start to change.

c. Menstruation begins.

B. Psychosocial changes

1. Adolescents and their families often deal with conflict as adolescents try to gain control of their lives from their parents.

a. Privacy becomes an issue.

b. Self-consciousness increases.

2. Adolescents may struggle to create their own identity.

a. Multiple options for gender exist.

b. Many are fixated on their public image.

3. They often want to be treated like adults, yet cared for like younger children.

4. Antisocial behavior and peer pressure tend to peak at age 14 to 16 years.

a. Smoking, illicit drug use, and unprotected sex are problems that may arise.

b. Eating disorders can arise in adolescents from an attempt to gain self-control through what they eat.

5. A code of personal ethics develops, based partly on parents’ ethics and values and partly by their peers and personal experience.

6. Adolescents have a high risk for suicide and depression.

VI. Early Adults

A. Early adults range in age from 19 to 40 years.

B. Physical changes

1. Their vital signs do not vary greatly from those seen through adulthood.

a. The pulse rate will average around 70 beats/min and range between 60 and 100 beats/min.

b. The respiratory rate will stay in the range of 12 to 20 breaths/min.

c. The systolic blood pressure will be between 90 and 120 mm Hg.

2. From age 19 years to shortly after 25 years, the body should be functioning at its optimal level.

a. Lifelong habits are solidified.

b. The body is working at peak efficiency, but, in the latter years of early adulthood, the effects of aging gradually become evident.

C. Psychosocial changes

1. Life centers on work, family, and stress.

2. During this period, adults strive to create a place for themselves in the world, and many strive to “settle down.”

3. Despite the amount of stress and change, this is one of the more stable periods of life.

VII. Middle Adults

A. Middle adults are ages 41 to 60 years.

B. Physical changes

1. Vital signs remain the same.

2. Middle adults are vulnerable to vision and hearing loss.

3. Cardiovascular health becomes an issue.

4. Cancer incidence increases.

5. Menopause takes place in the late 40s or early 50s.

6. Diabetes, hypertension, and weight problems are common.

7. Exercise and a healthy diet can diminish the effects of aging.

C. Psychosocial changes

1. Focus is on achieving life goals.

2. Middle adults must readjust their lifestyle as children leave home.

3. Finances become a worrisome issue.

4. Generally people of this age have the physical, emotional, and spiritual reserves to handle life’s issues.

5. Middle adults may find themselves caring for children leaving for college and caring for their aging parents as well.

VIII. Older Adults

A. Older adults include those ages 61 years and older.

B. Physical changes

1. Life expectancy is constantly changing.

a. It is now approximately 78 years.

b. Determined in part by birth year and country of residence

c. They are often able to overcome numerous medical conditions, but may need multiple medications.

2. Cardiovascular system

a. Cardiac function declines with age, largely due to atherosclerosis.

b. Heart rate and cardiac output decrease.

i. Cardiac output can no longer meet the demands of the body.

c. The vascular system becomes stiff.

i. The heart must work harder to overcome vascular resistance.

d. The ability to produce replacement blood cells declines, as does the blood volume.

3. Respiratory system

a. The size of the airways increases and the surface area of the alveoli decreases.

b. The natural elasticity of the lungs and the strength of the intercostal muscles and diaphragm decrease.

i. Breathing becomes more labor intensive.

c. By age 75 years, the vital capacity may amount to only 50% of the vital capacity of a young adult.

d. The chest becomes more rigid and fragile.

e. Cough and gag reflexes diminish along with the ability to clear secretions.

i. Older adults are at a greater risk of aspiration and airway obstruction.

f. Smooth muscles of the lower airway weaken causing airway collapse on inhalation.

i. Produces inspiratory wheezing, lower flow rates, and air trapping in the alveoli.

g. Older adults are more susceptible to lung infections.

4. Endocrine system

a. Insulin production drops off and metabolism decreases.

b. The reproductive system changes to some extent.

i. Hormone production for both sexes gradually decreases as they age.

ii. Sexual desire may diminish with age but does not cease.

5. Digestive system

a. Changes in gastric and intestinal function may inhibit nutritional intake and utilization in older adults.

b. Tooth loss makes chewing difficult and taste sensations decrease.

c. Saliva secretion decreases and reduces the body’s ability to process complex carbohydrates.

d. The ability of intestines to contract and move food diminishes.

e. Gallstones become increasingly common.

f. Decreased elasticity of the anal sphincter causes fecal incontinence.

6. Renal systems

a. The filtration function declines by 50% from age 20 to 90 years.

b. Kidney mass decreases 20% over the same span.

c. There is a decrease in the blood supply to the kidneys.

d. There is a decreased ability to remove waste and to conserve fluids when needed.

7. Nervous system

a. The brain weight may shrink 10% to 20% by age 80 years.

i. Motor and sensory neural networks become slower.

b. Neurons are lost, but this does not mean there is a loss of knowledge or skill.

c. Sleep patterns change.

d. Age-related shrinkage creates a void between the brain and the outermost layer of the meninges, which provides room for the brain to move when stressed.

e. Peripheral nervous system slows with age.

i. Sensations become diminished and may be misinterpreted.

f. Prolonged reaction times and slower reflexes contribute to a higher incidence of falls.

8. Sensory changes

a. Pupillary reaction and ocular movements become more restricted.

b. Visual distortions are common.

c. Peripheral fields of vision narrow.

d. Hearing loss is four times more common than vision loss.

i. Loss of high-frequency hearing or deafness.

C. Psychosocial changes

1. Until about 5 years before death, most people retain high brain function.

2. Statistics indicate that 95% of the elderly live at home.

a. May need assistance from family, friends, or home health care

3. Increased need for assisted-living facilities

4. Financial limits may restrict access to health care or medications.

a. Today, more than 50% of all single women in the United States who are 60 years of age or older are living at or below the poverty level.

5. One of the important issues that the elderly need to face is their own mortality.

a. Isolation and depression can be challenges.

Post-Lecture

## Assessment in Action

**A. Assessment in Action is available in the Navigate course.**