

Erikson's Theory

Importance - **Holistic Understanding:** Provides a comprehensive view of human development that includes emotional, social, and psychological factors, rather than focusing solely on cognitive or physical development. - **Lifespan Approach:** Recognizes that development is a lifelong process, with each stage building on the outcomes of previous stages, emphasizing the significance of early experiences while acknowledging ongoing growth. - **Cultural Sensitivity:** Accounts for the influence of culture, society, and relationships in shaping personality, encouraging a broader understanding of individual differences in development.

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Erikson's Theory (cont)

Stages 1. **Trust vs. Mistrust (Infancy: 0-1 year)** - **Crisis:** Trust vs. mistrust in caregivers and the environment. - **Favorable Outcome:** Developing a sense of safety and security, leading to trust in oneself and others. - **Unfavorable Outcome:** Fear and suspicion, leading to insecurity and anxiety. 2. **Autonomy vs. Shame and Doubt (Early Childhood: 1-3 years)** - **Crisis:** Developing a sense of personal control over physical skills and independence. - **Favorable Outcome:** Confidence in abilities and autonomy. - **Unfavorable Outcome:** Feelings of shame and doubt regarding abilities. 3. **Initiative vs. Guilt (Preschool: 3-6 years)** - **Crisis:** Initiative in initiating activities and asserting control over the environment. - **Favorable Outcome:** Initiative and leadership skills. - **Unfavorable Outcome:** Guilt over efforts to be independent, leading to inhibition. 4. **Industry vs. Inferiority (School Age: 6-12 years)** - **Crisis:** Mastery of skills and competence in tasks. - **Favorable Outcome:** Sense of competence and achievement. - **Unfavorable Outcome:** Feelings of inferiority and inadequacy. 5. **Identity vs. Role Confusion (Adolescence: 12-18 years)** - **Crisis:** Developing a personal identity and sense of self. - **Favorable Outcome:** Strong sense of identity and direction. - **Unfavorable Outcome:** Role confusion and uncertainty about self. 6. **Intimacy vs. Isolation (Young Adulthood: 18-40 years)** - **Crisis:** Forming intimate relationships with others. - **Favorable Outcome:** Ability to form healthy, committed relationships. - **Unfavorable Outcome:** Feelings of isolation and loneliness. 7. **Generativity vs. Stagnation (Middle Adulthood: 40-65 years)** - **Crisis:** Contributing to society and helping the next generation. - **Favorable Outcome:** Sense of productivity and fulfillment. - **Unfavorable Outcome:** Stagnation and self-absorption. 8. **Integrity vs. Despair (Maturity: 65+ years)** - **Crisis:** Reflecting on life and accepting one's journey. - **Favorable Outcome:** Sense of fulfillment and wisdom. - **Unfavorable Outcome:** Regret and despair over missed opportunities.



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Erikson's Theory (cont)

Application to Nursing - **Holistic Care:** Understanding Erikson's stages helps nurses assess patients' psychosocial needs, facilitating holistic care that addresses emotional and social factors alongside physical health. - **Patient Education:** Nurses can tailor educational interventions based on the patient's developmental stage, helping them navigate specific challenges and fostering better health outcomes. - **Supportive Environments:** Creating environments that support trust and autonomy for patients in various stages enhances therapeutic relationships and patient satisfaction. - **Family Involvement:** Engaging families in care decisions, especially for young patients, promotes a sense of security and belonging, which is crucial for healthy psychosocial development. - **Mental Health Awareness:** Recognizing the signs of psychosocial issues related to each stage allows nurses to advocate for appropriate mental health support and resources for patients.

Piaget's Theory of Cognitive Development

Importance - **Understanding Learning:** Piaget's theory provides insights into how children learn and think, emphasizing that cognitive development is a progressive process influenced by maturation and experience. - **Framework for Education:** It serves as a foundation for educational practices, guiding the development of age-appropriate teaching methods that align with children's cognitive abilities. - **Holistic Development:** Recognizes the interaction between cognitive, emotional, and social development, highlighting the importance of a supportive environment for optimal growth.

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Piaget's Theory of Cognitive Development (cont)

Stages 1. **Sensorimotor Stage (0-2 years)** - **Characteristics:** Exploration through senses and motor activities; development of object permanence (understanding that objects continue to exist even when not seen). - **Key Tasks:** Learning through touching, looking, and manipulating objects. 2. **Preoperational Stage (2-7 years)** - **Characteristics:** Development of language and symbolic thinking; egocentric viewpoint (difficulty in seeing others' perspectives). - **Key Tasks:** Engaging in imaginative play and using symbols, but struggling with logical reasoning and understanding conservation (the idea that quantity remains the same despite changes in shape). 3. **Concrete Operational Stage (7-11 years)** - **Characteristics:** Beginning of logical thinking; understanding of concrete concepts and relationships; development of conservation and reversibility. - **Key Tasks:** Organizing thoughts logically, classifying objects, and understanding the concept of time. 4. **Formal Operational Stage (12 years and up)** - **Characteristics:** Development of abstract reasoning and problem-solving abilities; capacity for hypothetical and deductive reasoning. - **Key Tasks:** Engaging in systematic planning, formulating hypotheses, and considering multiple perspectives.

Application to Nursing - **Developmentally Appropriate Communication:** Nurses can tailor their communication styles based on the patient's cognitive stage, using simple language for younger children and more complex explanations for adolescents. - **Patient Education:** Teaching strategies can be adjusted to match cognitive abilities. For example, using visual aids and hands-on activities for younger patients while involving older children and adolescents in decision-making. - **Assessment of Understanding:** Nurses can assess cognitive development when evaluating a child's understanding of health-related concepts, medications, or treatment plans, ensuring that explanations are appropriate. - **Creating Supportive Environments:** Encourage environments that promote exploration and learning for young children, and foster independence in older children and adolescents by involving them in their care. - **Parental Involvement:** Educating parents about their child's cognitive development stage helps them provide appropriate support at home, improving overall health outcomes.

Freud's Theory of Psychosexual Development

Importance - **Foundation of Psychoanalysis:** Freud's theory is a cornerstone of psychoanalytic theory, providing insights into how early experiences shape personality and behavior throughout life. - **Understanding Personality Development:** Emphasizes the impact of childhood experiences on adult personality, helping professionals understand and address psychological issues. - **Influence on Therapy:** Provides a framework for understanding the unconscious mind and defense mechanisms, informing therapeutic approaches in mental health care.



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Freud's Theory of Psychosexual Development (cont)

Stages 1. **Oral Stage (0-1 year):** - **Focus:** Pleasure centers on the mouth (sucking, biting). - **Key Tasks:** Weaning from breastfeeding; fixation may lead to issues with dependency or aggression. 2. **Anal Stage (1-3 years):** - **Focus:** Pleasure centers on bowel and bladder control. - **Key Tasks:** Toilet training; fixation may result in an anal-retentive (orderliness) or anal-expulsive (messiness) personality. 3. **Phallic Stage (3-6 years):** - **Focus:** Pleasure centers on the genitals; Oedipus and Electra complexes develop. - **Key Tasks:** Identifying with same-sex parent; fixation may lead to problems with authority or sexual identity. 4. **Latency Stage (6-puberty):** - **Focus:** Dormant sexual feelings; focus shifts to social interactions and skills. - **Key Tasks:** Developing communication and social skills; fixation here may hinder social relationships. 5. **Genital Stage (puberty onward):** - **Focus:** Maturation of sexual interests; developing healthy relationships. - **Key Tasks:** Establishing intimate relationships; fixation may lead to difficulties in adult relationships.

Application to Nursing - **Understanding Patient Behavior:** Recognizing how unresolved conflicts from psychosexual stages may manifest in adult behavior helps nurses understand patient motivations and coping mechanisms. - **Patient Education:** Educating patients about the role of early experiences in shaping behaviors can be a part of therapeutic interventions in mental health care. - **Family Dynamics:** Understanding family roles and dynamics can assist in providing holistic care, especially for pediatric patients and their families. - **Mental Health Assessment:** Incorporating concepts from Freud's theory can aid in assessing psychological conditions, helping to identify underlying issues related to early development. - **Therapeutic Relationships:** Establishing trust with patients can facilitate open communication about their experiences and feelings, which is vital in providing effective care.



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Freud's Theory of Psychosexual Development (cont)

Id, Ego, and Superego

1. **Id**: - Represents the primal, instinctual part of the mind, focused on immediate gratification and pleasure. - Operates on the pleasure principle, seeking satisfaction without consideration for reality or consequences. 2. **Ego**: - The rational part of the mind that mediates between the desires of the Id and the constraints of reality. - Operates on the reality principle, negotiating to find realistic ways to satisfy desires and manage impulses. 3. **Superego**: - Represents internalized societal and parental standards of morality and ethics. - Guides behavior by imposing guilt and moral standards, striving for perfection and often opposing the Id's desires.

Newborn to 1 y/o

Physical Development

- **Growth**: Birth weight doubles by 6 months and triples by 12 months. - **Motor Skills**: By 9-12 months, infants can pull to stand and may take their first steps. - **Fine Motor Skills**: Pincer grasp (using thumb and forefinger) develops by 9-12 months.

Cognitive Development

- **Object Permanence**: Develops around 8-12 months (understanding objects exist even when out of sight). - **Exploration**: Infants learn through sensory exploration and simple cause-and-effect actions. - **Language**: Babbling starts around 4-6 months, and by 12 months, infants may say simple words like "mama" or "dada."

Psycho-social Development

- **Trust vs. Mistrust**: Infants develop trust when their needs (food, comfort, care) are consistently met. - **Attachment**: By 6 months, infants show strong attachment to primary caregivers, and stranger anxiety may begin around 9 months. - **Emotional Responses**: Basic emotions (happiness, fear) develop, and babies begin to recognize emotional expressions in others.

Age-Appropriate Activities

- **0-3 months**: High-contrast toys and gentle music help stimulate vision and hearing. - **3-6 months**: Tummy time, grasping toys, and mirrors encourage motor and cognitive skills. - **6-12 months**: Crawling toys, push toys, and books with large pictures foster movement, problem-solving, and early language development.



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Newborn to 1 y/o (cont)

Immunizations	- Hepatitis B (HepB) : Given at birth, with additional doses at 1-2 months and 6-18 months. - DTaP (Diphtheria, Tetanus, and Pertussis) : First dose at 2 months, with subsequent doses at 4 and 6 months. - Hib (Haemophilus influenzae type b) : Administered at 2, 4, and 6 months to prevent bacterial meningitis. - IPV (Inactivated Poliovirus Vaccine) : Given at 2, 4, and 6-18 months. - PCV (Pneumococcal Conjugate Vaccine) : Protects against pneumonia and given at 2, 4, and 6 months. - RV (Rotavirus) : Oral vaccine administered at 2 and 4 months to protect against severe diarrhea. - Influenza Vaccine : Starting at 6 months, with annual vaccinations afterward. - MMR and Varicella : Administered at 12 months
Health Screening	- Hearing Screening : Typically done shortly after birth to detect any early hearing issues. - Developmental Screening : Regular well-baby checkups monitor motor skills, language development, and social behaviors. - Vision Checks : During routine visits, health professionals assess vision development. - Growth Monitoring : Height, weight, and head circumference are measured at each checkup to track growth patterns and detect any concerns
Nutrition	- Breastfeeding : Exclusive breastfeeding is recommended for the first 6 months, providing all necessary nutrients and antibodies. - Formula Feeding : Iron-fortified formula is an alternative if breastfeeding isn't possible. - Introducing Solid Foods : Around 6 months, begin introducing iron-rich solid foods (like fortified cereals, pureed vegetables, and fruits). Continue breastfeeding or formula while introducing solids. - Avoid Honey : Until after 12 months to prevent infant botulism. - Hydration : Breast milk or formula should be the main source of hydration. Water may be introduced after 6 months in small amounts



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Newborn to 1 y/o (cont)

Injury Prevention - **Safe Sleep Practices:** Place babies on their backs to sleep, use a firm mattress, and avoid soft bedding or stuffed toys to reduce the risk of Sudden Infant Death Syndrome (SIDS). - **Car Seat Safety:** Use a rear-facing car seat until at least 2 years of age or until the child outgrows the seat's size/weight limit. - **Home Safety:** Childproof the home by covering electrical outlets, locking cabinets, and securing furniture to prevent falls. - **Choking Hazards:** Avoid small objects and foods that can cause choking (e.g., grapes, hot dogs, small toys). - **Supervision:** Never leave babies unattended on changing tables, beds, or high surfaces to prevent falls. - **Water Safety:** Never leave infants unattended near water (bathtubs, pools), and ensure constant supervision during bath time. By addressing these areas, you can promote the health and well-being of infants during their first year of life.

Toddler 1-3 y/o

Physical Development - Growth slows compared to infancy, with toddlers gaining 4-6 pounds and growing about 3 inches per year. - Gross motor skills include walking independently, running, climbing, and kicking a ball by age 2. - Fine motor skills develop with activities like stacking blocks, turning book pages, and using utensils. - By age 3, toddlers can walk up and down stairs, jump with both feet, and pedal a tricycle.

Cognitive Development - Language development explodes; toddlers progress from saying single words to combining words into short phrases and asking "why" questions. - They begin to understand cause-and-effect relationships and solve simple problems through exploration. - Symbolic play emerges, where they use objects to represent something else (e.g., pretending a block is a phone). - Toddlers can follow simple two-step directions and understand more complex commands by age 3.

Physical Development - Toddlers assert independence and autonomy, often saying "no" and wanting to do tasks themselves (e.g., feeding, dressing). - Separation anxiety may persist but typically decreases by age 3, with toddlers becoming more comfortable away from caregivers. - Temper tantrums are common as toddlers struggle to manage emotions and express frustration. - Parallel play dominates, where toddlers play alongside peers without direct interaction, though empathy toward others begins to develop.



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Toddler 1-3 y/o (cont)

Age-Appropriate Activities	- Physical activities: Encourage walking, running, climbing, kicking, and riding toys to enhance gross motor development. - Fine motor activities: Offer stacking blocks, large crayons, and simple puzzles to strengthen coordination. - Cognitive activities: Engage in reading, naming objects, and interactive games to stimulate language and problem-solving. - Social activities: Playdates encourage socialization through parallel play, with cooperative play beginning to emerge closer to age 3.
Immunizations	- Hepatitis A (HepA) : First dose at 12-23 months, with the second dose six months later. - MMR (Measles, Mumps, Rubella) : Administered at 12-15 months. - Varicella (Chickenpox) : Given at 12-15 months. - DTaP (Diphtheria, Tetanus, and Pertussis) : The fourth dose is typically given at 15-18 months. - Hib (Haemophilus influenzae type b) : A booster dose is given at 12-15 months. - PCV (Pneumococcal Conjugate Vaccine) : A booster dose at 12-15 months. - Influenza : Annual flu vaccine recommended starting at 6 months, with continued yearly vaccinations. - COVID-19 : If applicable, based on current guidelines and availability.
Health Screenings	- Routine Well-Child Visits : Regular checkups every 3-6 months during the toddler years to monitor growth and development. - Developmental Screening : Evaluations at 18 and 24 months for speech, motor skills, social behaviors, and cognitive abilities. This can help identify any developmental delays. - Hearing and Vision Screenings : Performed regularly to catch early signs of hearing or vision issues. - Dental Checkups : First dental visit is recommended around the first birthday, with routine checkups every 6 months. - Lead Screening : Screening for lead exposure is typically recommended around 1-2 years of age.

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Toddler 1-3 y/o (cont)

Nutrition	<p>- Balanced Diet: Toddlers need a varied diet rich in fruits, vegetables, whole grains, and proteins. Offer a variety of food options to ensure they receive all necessary nutrients. - Milk Intake: After the first year, transition from formula or breast milk to whole milk, typically 16-24 oz per day. Low-fat milk can be introduced after age 2. - Small, Frequent Meals: Toddlers often have small appetites, so offering 3 meals and 2-3 snacks per day can help meet nutritional needs. - Iron and Vitamin D: Ensure adequate intake of iron (through lean meats, fortified cereals) and vitamin D (through fortified milk, sun exposure). - Avoid Sugary and Processed Foods: Limit sugary snacks, juices (no more than 4 oz/day), and processed foods to promote healthy eating habits. - Hydration: Offer water throughout the day, especially between meals, to encourage good hydration habits.</p>
Injury Prevention	<p>- Car Seat Safety: Toddlers should remain in rear-facing car seats until they reach the maximum weight or height limit set by the manufacturer, typically until around age 2 or beyond. - Home Safety: - Childproof cabinets, electrical outlets, and sharp objects. - Install safety gates at stairs and ensure window guards are in place to prevent falls. - Keep household chemicals, medications, and small objects (choking hazards) out of reach. - Supervision: Close supervision is crucial, especially during playtime, bath time, and near water sources (bathtubs, pools, etc.). - Water Safety: Never leave a toddler unattended near water; use approved life jackets when near bodies of water. - Burn Prevention: Keep hot liquids and objects out of reach, and adjust water heater temperature to a maximum of 120°F (49°C) to prevent scalding. - Choking Prevention: Avoid foods like whole grapes, popcorn, nuts, and small hard foods. Always supervise meals and ensure toys do not contain small parts. - Poison Prevention: Keep toxic substances out of reach, use safety locks on cabinets, and ensure that the home has working smoke and carbon monoxide detectors. Keep the poison control number accessible</p>

Pre-Schoolers 3-6 y/o

Physical Development	<p>- Growth Rate: Preschoolers grow about 2-3 inches in height and gain around 4-5 pounds per year. - Gross Motor Skills: They become more coordinated, mastering skills like running, jumping, climbing, and throwing and catching a ball with improved accuracy. - Fine Motor Skills: Increased dexterity allows them to use scissors, draw basic shapes, and begin to write some letters, enhancing their hand-eye coordination. - Self-Care Skills: Preschoolers become more independent, learning to dress themselves, use the toilet independently, and feed themselves with utensils.</p>
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Pre-Schoolers 3-6 y/o (cont)

Cognitive Development - **Language Skills:** Vocabulary expands significantly; preschoolers may know 1,000 words or more and start forming complex sentences. They can engage in simple conversations and ask many questions. - **Thinking Skills:** They develop the ability to think symbolically and begin to understand concepts like time, counting, and sorting objects based on attributes. - **Imaginative Play:** Engaging in pretend play becomes central, as they use imagination to create scenarios, roles, and narratives, which enhances problem-solving and creativity. - **Understanding Rules:** Preschoolers start to grasp basic rules in games and structured activities, developing an understanding of taking turns and sharing.

Psycho-social Development - **Initiative vs. Guilt:** Preschoolers develop a sense of initiative, exploring new activities and ideas, but they may also experience guilt when they feel they have misbehaved or failed. - **Social Skills:** They start forming friendships and enjoy playing with peers, demonstrating increased cooperation and empathy toward others. - **Emotional Regulation:** Preschoolers become better at expressing their emotions and recognizing feelings in others, although they may still struggle with frustration and anger management. - **Independence:** They assert their independence, often wanting to do things on their own, but still look to adults for guidance and support.

Age-Appropriate Activities - **Physical Activities:** Encourage outdoor play, such as running, jumping, climbing, and playing ball games to promote gross motor skills and overall health. - **Creative Activities:** Provide materials for arts and crafts (drawing, painting, cutting, gluing) to foster fine motor skills and creativity. - **Imaginative Play:** Engage in pretend play with dolls, action figures, or dress-up clothes to enhance social skills, creativity, and storytelling abilities. - **Educational Games:** Use puzzles, matching games, and simple board games to promote cognitive skills, problem-solving, and understanding of rules and turn-taking



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Pre-Schoolers 3-6 y/o (cont)

Immunizations	- MMR (Measles, Mumps, Rubella) : The second dose is typically given between 4-6 years of age. - DTaP (Diphtheria, Tetanus, and Pertussis) : The fifth dose is usually administered at 4-6 years old. - Varicella (Chickenpox) : The second dose is given between 4-6 years of age. - IPV (Inactivated Poliovirus Vaccine) : The fourth dose is given at 4-6 years old. - Annual Influenza Vaccine : Recommended for all preschoolers to protect against seasonal flu. - COVID-19 : If applicable, follow current guidelines for vaccination based on age and availability.
Health Screenings	- Routine Well-Child Visits : Annual check-ups to monitor growth, development, and general health. - Developmental Screening : Assessments for language, motor, social, and cognitive skills to identify any developmental delays. - Hearing and Vision Screenings : Routine screenings at preschool age to catch early signs of hearing or vision issues, with referrals as needed. - Dental Checkups : Regular visits to the dentist every six months to promote oral health and establish good dental hygiene practices.
Nutrition	- Balanced Diet : Encourage a diet rich in fruits, vegetables, whole grains, lean proteins, and dairy. Offer a variety of foods to meet their nutritional needs. - Portion Control : Serve age-appropriate portions, as preschoolers may have small appetites. Encourage self-regulation of hunger and fullness cues. - Limit Sugary Foods : Reduce the intake of sugary snacks and beverages, and promote healthier options like water, milk, and natural fruit juices (in moderation). - Healthy Snacking : Provide healthy snacks such as fruits, vegetables, yogurt, and whole-grain crackers to keep energy levels stable throughout the day.



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Pre-Schoolers 3-6 y/o (cont)

Injury Prevention - **Supervision**: Maintain close supervision during play, particularly during outdoor activities and near water. - **Safety Gear**: Ensure the use of helmets, knee pads, and elbow pads while riding bicycles, scooters, or engaging in other wheeled activities. - **Home Safety**: Childproof the home by securing furniture, using safety gates, covering electrical outlets, and keeping dangerous items (e.g., cleaning supplies, sharp objects) out of reach. - **Teaching Safety Rules**: Educate preschoolers about basic safety rules, such as looking both ways before crossing the street, not talking to strangers, and the importance of seat belts in cars. - **Fire and Emergency Safety**: Teach preschoolers about fire safety, including the importance of smoke detectors, and practice emergency exit routes from the home.

Young School Children 6-12 y/o

Physical Development - **Growth Rate**: Children grow about 2-3 inches in height and gain 5-7 pounds each year during this period. - **Gross Motor Skills**: Coordination improves significantly; children can engage in sports, ride bicycles, jump rope, and participate in organized physical activities with better balance and agility. - **Fine Motor Skills**: Enhanced dexterity allows for improved handwriting, drawing, and crafting. They can also manipulate small objects with greater precision. - **Strength and Endurance**: Increased physical activity builds muscle strength and endurance, enabling children to participate in more demanding physical tasks.

Cognitive Development - **Concrete Operational Stage** (Piaget): Children begin to think logically about concrete events. They can understand the concept of conservation (e.g., volume, mass) and can classify objects by multiple attributes. - **Problem-Solving Skills**: Children develop better critical thinking and problem-solving abilities, allowing them to tackle more complex tasks in school and daily life. - **Language Development**: Vocabulary expands significantly, and children can articulate their thoughts more clearly. They begin to understand idioms and metaphors. - **Academic Skills**: Reading and writing skills improve as children learn to read independently and perform basic arithmetic operations, forming the foundation for future learning.



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Young School Children 6-12 y/o (cont)

Psycho-social Development - **Industry vs. Inferiority** (Erikson): Children start to feel competent as they master new skills. Success in school and social situations fosters a sense of pride, while struggles can lead to feelings of inferiority. - **Social Relationships**: Friendships become increasingly important. Children develop a better understanding of social norms and dynamics, learning to cooperate and resolve conflicts with peers. - **Self-Concept**: Children begin to develop a more complex self-concept, comparing themselves to peers and becoming aware of their strengths and weaknesses. - **Emotional Regulation**: They become better at managing their emotions and expressing feelings appropriately, although conflicts and emotional outbursts can still occur.

Age-Appropriate Activities - **Physical Activities**: Encourage participation in team sports, dance, swimming, and outdoor games to promote physical health and social skills. - **Creative Activities**: Engage in arts and crafts, music, drama, and creative writing to foster self-expression and creativity. - **Academic Activities**: Encourage reading for pleasure, educational games, and hands-on projects that promote critical thinking and learning. - **Social Activities**: Promote playdates, group activities, and organized clubs or teams to enhance social skills and build friendships.

Immunizations - **DTaP (Diphtheria, Tetanus, and Pertussis)**: The fifth dose is typically given between ages 4-6, and booster doses may be recommended around age 11-12. - **MMR (Measles, Mumps, Rubella)**: The second dose is given at age 4-6, with a possible booster around age 11-12. - **Varicella (Chickenpox)**: A second dose is given between ages 4-6. - **HPV (Human Papillomavirus)**: Recommended for children aged 11-12 years to protect against certain cancers and sexually transmitted infections. - **Tdap (Tetanus, Diphtheria, and Pertussis)**: A booster is given at age 11-12 years. - **Annual Influenza Vaccine**: Recommended for all children to protect against seasonal flu. - **COVID-19**: If applicable, follow current guidelines for vaccination based on age and availability.



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Young School Children 6-12 y/o (cont)

Health Screening	<p>- Routine Well-Child Visits: Annual check-ups to monitor growth, development, and overall health. - Vision and Hearing Screenings: Conducted regularly to identify any issues early, typically at school or during health check-ups. - Dental Checkups: Regular visits to the dentist every six months to promote oral health, including cleanings and fluoride treatments. - Developmental and Behavioral Screenings: Assessments for academic skills, behavior, and emotional well-being to identify any potential issues that may require intervention.</p>
Nutrition	<p>- Balanced Diet: Encourage a well-rounded diet rich in fruits, vegetables, whole grains, lean proteins, and dairy products. Promote variety to ensure all nutritional needs are met. - Healthy Snacking: Provide nutritious snacks such as fruits, yogurt, nuts, and whole-grain crackers instead of sugary snacks and beverages. - Portion Control: Teach children about appropriate portion sizes, helping them to recognize hunger and fullness cues. - Limit Sugary Drinks: Encourage water and milk as primary beverages, limiting juice and avoiding sugary sodas and energy drinks. - Involve Children in Meal Planning: Engage children in selecting and preparing meals to foster healthy eating habits and encourage interest in nutrition.</p>
Injury Prevention	<p>- Supervision: Maintain close supervision during play, particularly when engaging in sports or outdoor activities. - Safety Gear: Ensure the use of appropriate safety gear, including helmets, knee pads, and elbow pads when riding bicycles, skating, or participating in sports. - Education on Safety Rules: Teach children about the importance of seat belts, pedestrian safety (e.g., looking both ways before crossing), and the dangers of talking to strangers. - Home Safety Measures: Childproof the home by securing furniture, ensuring that harmful substances are out of reach, and installing safety gates or guards where necessary. - Fire Safety Education: Teach children about fire safety, including the importance of smoke detectors, and practice emergency evacuation plans at home.</p>

Adolescents 12-20y/o

Physical Development	<p>- Growth Spurts: Adolescents experience rapid growth, with girls typically starting their growth spurt earlier (around ages 10-14) and boys around ages 12-16. This can result in a height increase of several inches in a short period. - Puberty Changes: Secondary sexual characteristics develop, including breast development in girls, voice changes in boys, and increased body hair for both genders. - Body Composition Changes: Muscle mass increases in boys due to higher testosterone levels, while girls typically have increased body fat during this stage, reflecting changes in hormonal levels. - Physical Fitness: Development of physical capabilities enhances coordination, strength, and endurance, allowing for participation in more demanding physical activities and sports.</p>
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Adolescents 12-20y/o (cont)

Cognitive Development - **Formal Operational Stage** (Piaget): Adolescents develop the ability to think abstractly and logically, allowing for improved problem-solving and critical thinking skills. - **Decision-Making Skills**: Enhanced ability to weigh risks and benefits, leading to more informed decision-making; however, impulsivity can still be prevalent due to ongoing brain development. - **Metacognition**: Increased awareness of one's thought processes enables better self-regulation, planning, and understanding of personal learning styles. - **Moral Development**: Adolescents start to form their own values and beliefs, often questioning authority and societal norms, leading to the development of a more personal ethical framework.

Physical Development - **Identity Formation**: Adolescents explore various roles, beliefs, and values, working towards developing a strong sense of self and personal identity (Erikson's Identity vs. Role Confusion). - **Peer Relationships**: Friendships become increasingly important, often having a significant impact on self-esteem and social behavior. They may experience shifting dynamics as they navigate social groups. - **Emotional Regulation**: Adolescents develop greater emotional awareness, but they may still experience intense emotions and mood swings due to hormonal changes. - **Family Relationships**: Independence from parents increases, which can lead to conflict; however, a supportive family environment can help navigate these changes.

Age-Appropriate Activities - **Physical Activities**: Encourage participation in organized sports, physical education classes, and recreational activities that promote health and physical fitness. - **Creative Activities**: Support engagement in artistic endeavors, music, theater, and hobbies that allow for self-expression and creativity. - **Social Activities**: Promote involvement in clubs, volunteer work, and social gatherings to enhance social skills, teamwork, and community engagement. - **Academic Activities**: Encourage academic pursuits through extracurricular activities, study groups, and projects that promote critical thinking and personal interests.

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Adolescents 12-20y/o (cont)

Immunizations	<p>- Tdap (Tetanus, Diphtheria, and Pertussis): A booster dose is recommended at age 11-12 and can be given if not already received. - HPV (Human Papillomavirus): The HPV vaccine is recommended for preteens (11-12 years), with catch-up vaccines for older adolescents up to age 26. - Meningococcal Vaccine: The first dose is given at age 11-12, with a booster recommended at age 16. - Annual Influenza Vaccine: Recommended for all adolescents to protect against seasonal flu. - COVID-19 Vaccine: Follow current guidelines for vaccination based on age and availability, including booster doses if applicable.</p>
Health Screenings	<p>- Routine Well-Child Visits: Annual check-ups to monitor growth, development, and overall health. - Vision and Hearing Screenings: Conducted regularly to identify any issues early, typically at school or during health check-ups. - Dental Checkups: Regular visits to the dentist every six months for cleanings, fluoride treatments, and orthodontic evaluations as needed. - Mental Health Screenings: Assessments for anxiety, depression, and other mental health issues, especially considering the increased prevalence of mental health concerns during adolescence.</p>
Nutrition	<p>- Balanced Diet: Encourage a well-rounded diet rich in fruits, vegetables, whole grains, lean proteins, and dairy products. Ensure adolescents understand the importance of nutrition for growth and development. - Healthy Snacking: Promote nutritious snacks such as fruits, yogurt, nuts, and whole-grain options while limiting sugary and processed snacks. - Hydration: Encourage regular water intake and limit sugary beverages like soda and energy drinks. - Eating Disorders Awareness: Educate adolescents on the importance of a healthy body image and provide resources for those struggling with eating disorders.</p>



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Adolescents 12-20y/o (cont)

Injury Prevention - **Supervision and Guidance:** Encourage parental supervision during activities that may pose risks, especially in sports or outdoor activities. - **Safety Gear:** Emphasize the use of appropriate safety gear (helmets, pads) when biking, skating, or playing sports to reduce the risk of injury. - **Education on Safety Practices:** Teach safe practices regarding road safety, including pedestrian and bicycle safety, and the importance of wearing seat belts in vehicles. - **Substance Use Prevention:** Educate adolescents about the risks of alcohol, tobacco, and drug use, emphasizing the importance of making healthy choices. - **Mental Health Support:** Promote awareness of mental health issues and provide resources for support, encouraging open conversations about emotional well-being.

Young Adults 20-35 y/o

Physical Development - **Peak Physical Condition:** Most individuals reach their peak physical condition in their 20s, characterized by optimal strength, endurance, and overall fitness. - **Body Composition Changes:** Muscle mass and bone density are at their highest, but may start to decline slightly in the late 20s and early 30s if physical activity levels decrease. - **Health Awareness:** Increased awareness of health and wellness often leads to better lifestyle choices, including regular exercise and healthier eating habits. - **Metabolism:** Metabolism starts to slow down in the late 20s, which may contribute to weight gain if dietary habits and physical activity do not adjust accordingly.

Cognitive Development - **Advanced Cognitive Skills:** Young adults continue to develop critical thinking and problem-solving skills, often applying them in academic, professional, and personal contexts. - **Decision-Making:** They become more adept at making informed decisions, considering long-term consequences and personal values, which is essential for career and life choices. - **Pursuit of Education:** Many young adults engage in higher education or specialized training, leading to increased knowledge and skills in their chosen fields. - **Creative Thinking:** Enhanced creativity and the ability to think outside the box often emerge as individuals seek to establish their identities and navigate complex life situations.



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Young Adults 20-35 y/o (cont)

Psycho-social Development - **Intimacy vs. Isolation** (Erikson): Young adults focus on forming intimate relationships, including friendships, romantic partnerships, and family connections, fostering a sense of belonging. - **Identity Exploration**: Continued exploration of personal values, beliefs, and goals as young adults solidify their identities and navigate the transition to adulthood. - **Career Development**: Many begin to establish their careers, leading to greater independence, financial responsibility, and professional identity. - **Emotional Regulation**: Young adults generally develop better emotional regulation skills, though they may still face challenges related to stress and life transitions.

Age-Appropriate Activities - **Physical Activities**: Encourage participation in regular exercise, sports, and fitness classes to maintain physical health and manage stress. - **Social Activities**: Engage in social gatherings, clubs, and community events to foster friendships and social networks, which are vital for emotional well-being. - **Educational Activities**: Pursue continuing education, workshops, or professional development opportunities to enhance career prospects and personal growth. - **Hobbies and Interests**: Explore creative outlets and hobbies such as art, music, travel, or volunteer work to enrich life experiences and promote mental health.

Immunizations - **Annual Influenza Vaccine**: Recommended to protect against seasonal flu, especially for those at higher risk (e.g., with chronic health conditions). - **Tdap (Tetanus, Diphtheria, Pertussis) Booster**: Recommended every 10 years, especially important for pregnant women to protect newborns. - **HPV (Human Papillomavirus) Vaccine**: Recommended for individuals up to age 26; catch-up vaccination may be appropriate for some adults up to age 45. - **Meningococcal Vaccines**: Depending on risk factors, certain meningococcal vaccines may be recommended, especially for those living in communal settings (e.g., dorms). - **COVID-19 Vaccine**: Follow current guidelines for vaccination based on age, with booster doses as recommended.



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Young Adults 20-35 y/o (cont)

Health Screenings	<ul style="list-style-type: none"> - Routine Well-Adult Visits: Annual check-ups to monitor overall health, discuss any concerns, and receive preventive care. - Blood Pressure Screening: Regular monitoring for hypertension, which can develop in young adulthood. - Cholesterol and Blood Sugar Tests: Recommended every 4-6 years or more frequently for those at higher risk for heart disease and diabetes. - Mental Health Screenings: Assessments for anxiety, depression, and other mental health issues to ensure emotional well-being. - Sexually Transmitted Infection (STI) Screenings: Regular screenings based on sexual activity and risk factors to promote sexual health.
Nutrition	<ul style="list-style-type: none"> - Balanced Diet: Encourage a well-rounded diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats. Promote mindful eating to improve overall dietary habits. - Healthy Snacking: Promote nutritious snacks such as nuts, yogurt, and fresh fruit while limiting processed and sugary snacks. - Hydration: Encourage regular water intake and limit consumption of sugary drinks, sodas, and excessive caffeine. - Meal Planning: Educate young adults about meal preparation and planning to help them make healthier food choices and manage their budget effectively.
Injury Prevention	<ul style="list-style-type: none"> - Safety Measures: Promote the use of seat belts in vehicles, helmets while biking or skating, and protective gear during sports. - Substance Use Education: Educate about the risks associated with alcohol and drug use, encouraging responsible behavior and awareness of addiction. - Stress Management: Encourage participation in stress-reducing activities such as yoga, meditation, or other relaxation techniques to promote mental health and reduce the risk of injuries related to stress. - Workplace Safety: Promote awareness of workplace safety practices, especially in hazardous jobs, and encourage the use of appropriate safety equipment. - Safe Driving Practices: Encourage safe driving habits, including avoiding distractions, obeying speed limits, and not driving under the influence.

Middle Adulthood 35-65 y/o

Physical Development	<ul style="list-style-type: none"> - Gradual Decline in Physical Abilities: Individuals may experience a gradual decline in strength, endurance, and flexibility, often noticeable in physical activities. - Changes in Body Composition: Metabolism slows, leading to potential weight gain; muscle mass decreases, while fat may accumulate around the abdomen. - Health Issues: Increased risk of chronic conditions such as hypertension, diabetes, and heart disease. Regular health screenings become more important. - Menopause and Andropause: Women experience menopause typically around age 50, leading to hormonal changes, while men may experience a gradual decline in testosterone levels.
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Middle Adulthood 35-65 y/o (cont)

Cognitive Development	- Stable Intelligence: Crystallized intelligence (knowledge gained from experience) generally remains stable or increases, while fluid intelligence (problem-solving and processing speed) may decline slightly. - Career Advancement: Many individuals reach peak career positions and may take on leadership roles, requiring advanced problem-solving and decision-making skills. - Continued Learning: Lifelong learning becomes a priority; many engage in professional development or further education to stay current in their fields. - Memory Changes: While some may experience slight memory lapses, most retain effective memory strategies and may even enhance their knowledge base.
Psycho-social Development	- Generativity vs. Stagnation (Erikson): Individuals focus on contributing to society through work, family, and community involvement, finding meaning in their contributions. - Family Dynamics: Changes in family roles, such as parenting teenagers or becoming grandparents, can influence identity and relationships. - Reflection on Life: Many reflect on their achievements and life goals, which can lead to a reassessment of priorities and values. - Social Relationships: Friendships may deepen, with a focus on quality over quantity; individuals often seek social connections that enhance emotional support.
Age-Appropriate Activities	- Physical Activities: Encourage participation in regular exercise such as walking, swimming, or yoga to maintain physical health and manage stress. - Social Engagement: Promote involvement in community activities, clubs, or volunteering to foster connections and combat feelings of isolation. - Hobbies and Interests: Encourage pursuing hobbies, creative outlets, or new interests that provide fulfillment and relaxation. - Career Development: Focus on professional growth through networking, attending conferences, or seeking mentorship opportunities to stay engaged in one's career.



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Middle Adulthood 35-65 y/o (cont)

Immuni- zations	- Annual Influenza Vaccine: Recommended to protect against seasonal flu, especially important for individuals with chronic health conditions or weakened immune systems. - Tdap (Tetanus, Diphtheria, Pertussis) Booster: A booster dose is recommended every 10 years, and it is especially crucial for those in contact with infants. - Shingles Vaccine: Recommended for adults over 50 to reduce the risk of shingles and its complications. - Pneumococcal Vaccine: Recommended for individuals over 65 and those with certain chronic conditions; it helps prevent pneumonia and other related diseases. - COVID-19 Vaccine: Follow current guidelines for vaccination and booster doses as recommended.
Health Screening	- Routine Well-Adult Visits: Annual check-ups to monitor overall health and address any concerns. - Blood Pressure Screening: Regular monitoring for hypertension, as it becomes more common during this age. - Cholesterol and Blood Sugar Tests: Recommended every 4-6 years or more frequently for those at higher risk of heart disease or diabetes. - Cancer Screenings: - Mammograms for women starting at age 40-50, depending on individual risk factors. - Prostate Cancer Screening for men, typically starting at age 50. - Colorectal Cancer Screening starting at age 45-50, depending on risk factors. - Mental Health Screenings: Assessments for anxiety, depression, and stress management to promote emotional well-being.
Nutrition	- Balanced Diet: Encourage a diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats to support overall health and manage weight. - Portion Control: Educate about appropriate portion sizes and mindful eating practices to help prevent weight gain. - Hydration: Encourage regular water intake while limiting sugary drinks and excessive caffeine. - Regular Meal Patterns: Promote regular meal and snack patterns to maintain energy levels and stabilize blood sugar. - Dietary Adjustments: Recommend limiting sodium, saturated fats, and added sugars to reduce the risk of chronic diseases.



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Middle Adulthood 35-65 y/o (cont)

Injury Prevention - **Safety Measures at Home:** Encourage home modifications to prevent falls, such as removing tripping hazards, installing grab bars, and ensuring good lighting. - **Regular Exercise:** Promote regular physical activity, including strength training and balance exercises, to maintain physical fitness and reduce fall risk. - **Driving Safety:** Educate about safe driving practices, including avoiding distractions and adhering to traffic rules. - **Stress Management:** Encourage stress-reducing activities such as yoga, meditation, or mindfulness to promote mental health. - **Substance Use Education:** Raise awareness of the risks associated with alcohol and tobacco use and encourage healthy lifestyle choices.

Older Adults 65+

Physical Development - **Physical Decline:** Gradual decline in muscle mass, bone density, and overall physical strength, which may lead to increased frailty and risk of falls. - **Sensory Changes:** Common sensory impairments include vision changes (e.g., cataracts, macular degeneration) and hearing loss, which can impact daily functioning and communication. - **Chronic Health Conditions:** Higher prevalence of chronic illnesses such as arthritis, diabetes, heart disease, and hypertension, necessitating ongoing management and care. - **Decreased Mobility:** Many older adults experience decreased mobility, which can affect their independence and ability to engage in physical activities.

Cognitive Development - **Varied Cognitive Functioning:** While some cognitive decline may occur (e.g., slower processing speed, memory issues), many older adults maintain cognitive abilities, particularly in areas like vocabulary and knowledge. - **Risk of Dementia:** Increased risk of cognitive disorders, including Alzheimer's disease and other dementias, which can significantly affect daily functioning and independence. - **Use of Compensatory Strategies:** Older adults often develop strategies to cope with memory loss and cognitive decline, such as using lists, reminders, and routines. - **Continued Learning:** Many engage in lifelong learning opportunities and cognitive activities, which can help maintain cognitive health and social connections.



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Older Adults 65+ (cont)

Physical Development - **Integrity vs. Despair** (Erikson): Older adults reflect on their life experiences, seeking to find meaning and satisfaction, which can lead to a sense of integrity or feelings of despair if they regret unachieved goals. - **Social Isolation**: Increased risk of social isolation and loneliness due to retirement, loss of loved ones, and physical limitations, necessitating support and connection. - **Role Adjustments**: Changes in social roles, such as becoming a grandparent or navigating retirement, can impact identity and self-worth. - **Mental Health**: Although older adults may face challenges such as depression or anxiety, many also experience improved emotional well-being and resilience as they age.

Age-Appropriate Activities - **Physical Activities**: Encourage participation in low-impact exercises such as walking, swimming, and tai chi to enhance mobility, strength, and overall health. - **Social Engagement**: Promote involvement in community activities, clubs, or volunteer work to foster social connections and combat isolation. - **Cognitive Activities**: Encourage mental stimulation through reading, puzzles, games, and educational classes to maintain cognitive health. - **Creative Outlets**: Support engagement in hobbies such as painting, gardening, or music, which can enhance quality of life and provide opportunities for self-expression.

Immunizations - **Annual Influenza Vaccine**: Recommended to reduce the risk of seasonal flu, which can lead to severe complications in older adults. - **Pneumococcal Vaccines**: These vaccines protect against pneumonia and other serious infections. Older adults should receive the PCV13 and PPSV23 vaccines as recommended. - **Shingles Vaccine**: The recombinant zoster vaccine (Shingrix) is recommended for adults over 50 to reduce the risk of shingles and its complications. - **Tdap (Tetanus, Diphtheria, Pertussis) Booster**: A booster every 10 years, especially important for older adults who may be in contact with infants. - **COVID-19 Vaccine**: Follow current guidelines for vaccination and booster doses to protect against severe illness from COVID-19.



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Older Adults 65+ (cont)

Health	- Routine Well-Adult Visits: Annual check-ups to monitor overall health, discuss any concerns, and receive preventive care. -
Screenings	Blood Pressure Monitoring: Regular screening for hypertension to manage and reduce the risk of cardiovascular disease. - Cholesterol and Blood Sugar Tests: Recommended every 1-3 years, or more frequently for those at higher risk for heart disease and diabetes. - Cancer Screenings: - Mammograms for women and prostate cancer screenings for men, based on individual risk factors and guidelines. - Colorectal Cancer Screening recommended for adults starting at age 45, or earlier based on family history. - Cognitive Assessments: Regular screenings for cognitive decline, such as dementia or Alzheimer's disease, to ensure early detection and management
Nutrition	- Balanced Diet: Emphasize a diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats to maintain overall health and manage weight. - Adequate Hydration: Encourage regular fluid intake to prevent dehydration, which is common in older adults. Limit caffeine and sugary drinks. - Nutrient-Dense Foods: Recommend foods high in calcium and vitamin D to support bone health, as well as fiber-rich foods to aid digestion. - Meal Planning and Preparation: Encourage older adults to engage in meal planning and cooking to maintain a nutritious diet and manage portion sizes effectively. - Monitoring Nutritional Needs: Assess specific dietary needs and restrictions, considering medications that may affect appetite or nutrient absorption.



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Older Adults 65+ (cont)

Injury Prevention - **Fall Prevention Strategies:** - Encourage home modifications to reduce fall risk, such as removing tripping hazards, using non-slip mats, and improving lighting. - Promote regular vision and hearing check-ups to address sensory impairments that can lead to falls. - **Regular Physical Activity:** Encourage participation in regular exercises that focus on strength, balance, and flexibility, such as walking, tai chi, or water aerobics. - **Safe Driving Practices:** Educate older adults about safe driving habits, including regular assessments of driving skills and alternative transportation options if needed. - **Medication Management:** Encourage regular reviews of medications with healthcare providers to minimize side effects and interactions that can increase the risk of falls. - **Emergency Preparedness:** Encourage older adults to have an emergency plan, including easy access to medical alerts or support systems in case of accidents or emergencies.

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