DEVELOPMENTAL CONSIDERATIONS
WHEN PREPARING CHILDREN FOR PROCEDURES

INFANCY: 1-15 months  TRUST vs MISTRUST

Responds to nonverbal behaviors. Becomes quiet when cuddled, patted, or receives other physical contact.
Derives comfort from sound of voice, even if doesn't understand words.

 Stranger anxiety toward end of year. Keep mother in view at all times.

Support head and give meds in semi or sitting position. Meds may be given via nipple, dropper, or syringe. Direct toward side of mouth if using syringe.

Give small amounts of meds slowly. May choke on large amounts. Never give unpleasant meds in milk or other vital foods. Give IM or SQ meds in anterior vastus lateralis. Posterior gluteal should not be used unless has been walking for a year.

 Volume limit of IM for infant is 1 cc.

*SEPARATION is the greatest fear. Allow Mom to stay if possible.

TODDLER: 1-3 years  AUTONOMY vs SHAME AND DOUBT

Egocentric! Explain procedure in terms of what he'll see, hear, taste, feel, smell, etc.

Expect resistance. Restrain adequately.

Language skills limited. Give directions one at a time. Fantasies are prominent. Be direct and concrete. No abstractions. Can't separate fact form fantasy. (ex: Attach literal meaning to "cough your head off."

Give choices when possible, but avoid delays.

Ability to express emotion is limited. Emphasize aspects that need cooperation, e.g., lying still.

Use distraction.

Tell OK to verbally express discomfort.

Perform painful procedures in RX room. Give rewards.

Allow to sit or stand to take meds. Spits out disagreeable tastes. Disguise in SMALL amount of solid or liquid food.

Allow to drink meds from cup he holds.

Use firm and consistent approach. Give immediate praise and tactile reinforcement.

OK to use deltoid muscle for IM after 18 mo.

* SEPARATION from parents still greatest fear.
TODDLER: 3-5 years INITIATIVE vs GUILT
Eager to please. Likes to be the “center of attention.”
Conception of time centers around activities of daily living.
Conception in concrete terms, not abstractly.
Asks question constantly. Why and How favorite words.
Is developing a conscience.
Moves out into the larger social world. Friends important.
DOING is important.
Can make simple choices.
Encourage cooperation with praise and flattery.
Assimilation of new experiences and social role through play.

**HOSPITAL or MEDICAL PLAY is important! Use syringes, masks, IV tubing, etc.
Fantasy still substitutes for facts. Be careful of words.
Use neutral terms. example: Special sleep for anesthesia
Special air for oxygen
Use same explanations as for toddler in terms of what he’ll see, hear, taste, etc.
Can suggest ways of maintaining control.
*MUTILATION is great fear.

SCHOOL AGE: 6-12 years INDUSTRY vs INFERIORITY
Fantasy disappears and factual exchange of information becoming more possible. Explain using correct med. terminology.
Knowledge of how body will be affected can be taught with drawings.
Can obtain cooperation through reasoning. Tell what to expect. Prepare in advance.
Encourage participation. ex: take off tape; put on Band-Aid. Privacy during procedure to maintain self esteem. Ask if wants parent present. Provide drape and gown.
Cooperation encouraged with flattery. Peer group is important.
Rules are important.
Fears body injury. Concern about body integrity. This extends to possessions. Appears to overreact to loss of treasured objects.
ADOLESCENT: 12-18 yrs  IDENTITY vs DIFFUSION

Beginning to take responsibility for health needs.

Often have language and culture all their own. To avoid misinterpretation, need frequent clarification of terms.

Tend to talk freely but can't always be taken at face value.

Quick to reject persons who try to impose values on them or who fake an interest.

Encourage questions. Often more willing to discuss concerns with adult outside family.

Supplement explanations with why procedure necessary and beneficial.

Involve in decision making.

Can accept intrusive procedures when understands reasons for.

Provide privacy. Ask if wants parents present.