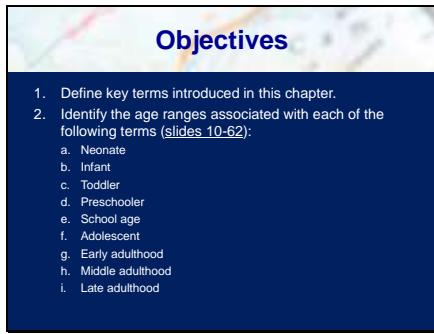


Slide 1

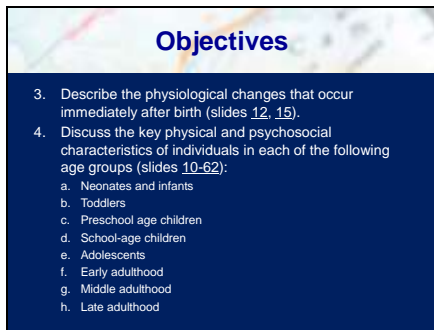


Slide 2



The objectives for this chapter meet and exceed the National EMS Education Standards. Briefly introduce these objectives to your students so they get a feel for what's ahead in the upcoming lesson and can anticipate the emphasis points of your presentation.

Slide 3



The objectives for this chapter meet and exceed the National EMS Education Standards. Briefly introduce these objectives to your students so they get a feel for what's ahead in the upcoming lesson and can anticipate the emphasis points of your presentation.

Slide 4



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Slide 5

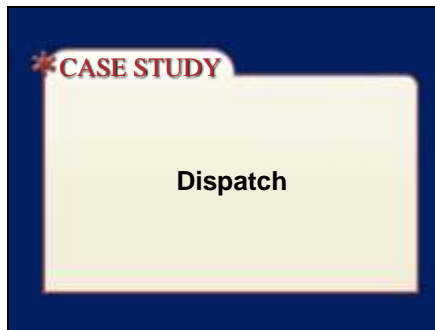


Planning Your Time

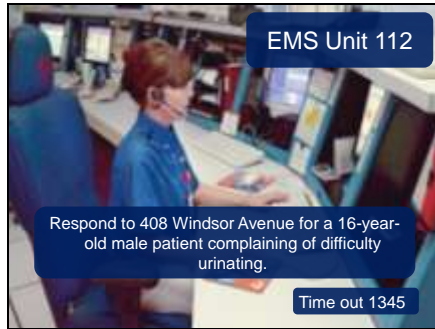
Plan 60 to 75 minutes for this chapter as follows:

- Life Span Development (60 minutes)

Slide 6



Slide 7



Case Study Discussion, continued

- You and your partner are working on EMS Unit 112 this afternoon.
- You are requested to respond to 408 Windsor Avenue.
- You have a 16-year-old male patient who is reported to have difficulty urinating.
- Time out is 1345 hours.

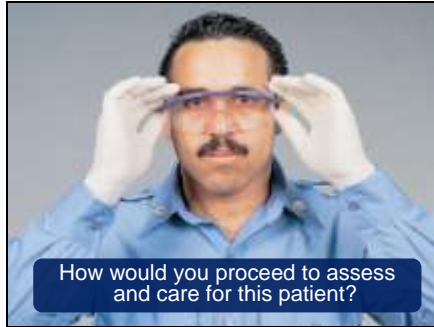
Slide 8



Case Study Discussion, continued

- Upon your arrival, a 37-year-old woman—his mom—answers the door. She states that her son has complained that it hurts when he urinates and that she wants him checked out.
- As you enter the back bedroom, you find an alert and oriented 16-year-old male text-messaging on his cell phone.
- He yells at his mother and asks why she called the ambulance.
- She yells back at him and tells him that he is going to go to the hospital.

Slide 9



Case Study Discussion, continued

- How could the age of the patient impact your approach to him?
- What are typical concerns of children of this age?

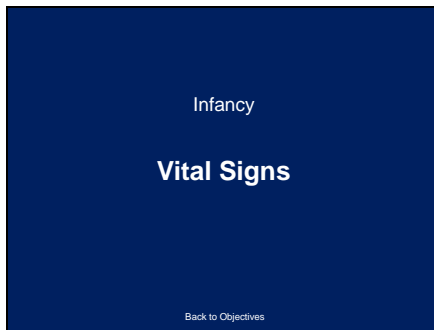
Slide 10



Point to Emphasize

Life span development is generally divided into the following categories: infancy, toddler, preschool age, school age, adolescence, and early, middle, and late adulthood.

Slide 11



Point to Emphasize

Vital signs of the infant vary slightly over the first year. As an infant ages, heart rate and respiratory rate lower and blood pressure becomes higher.

Slide 12



• **Infancy** is the stage of development ranging from birth to one year of age.

• **Respiratory rate (RR)**: At birth, RR is normally 40–60 per minute and a tidal volume of only six to eight mL/kg. After a few minutes of life, RR will drop to 30–40 per minute. By the age of one year, RR will be 20–30 per minute and tidal volume will increase to 10–15 mL/kg.

• **Heart rate (HR)**: At birth, a newborn's HR is normally 140–160 per minute. Within the first 30 minutes after birth, the baby's HR decreases to 100–160 per minute. Throughout infancy, HR settles around 120 per minute.

• **Systolic blood pressure (BP)** increases from 70 mmHg at birth to 90 mmHg by one year of age.

• **Temperature** is normally 98–100 degrees Fahrenheit, which is thermoneutral.

Slide 13



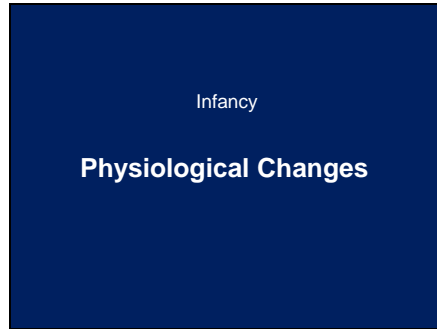
By age one, vital signs are normally:

• **Respiratory rate**: 20–30 per minute

• **Heart rate**: 120 beats per minute

• **Blood pressure**: ~90 mmHg

Slide 14



Points to Emphasize

- Infants and small children are susceptible to airway obstruction and fatigue from labored breathing.
- Infants should be able to sit unassisted and crawl by 12 months of age.

Slide 15




- Weight
- Pulmonary
- Immune system
- Nervous system
- Fontanelles

- At birth, an infant will normally **weigh** 3.0–3.5 kg, with their head accounting for 25 percent of total body weight. Initial birth weight normally drops 5–10% in the first two weeks of life, but lost weight is regained shortly thereafter and will continue to increase throughout infancy with proper nutrition.
- The **pulmonary** system undergoes changes throughout infancy. The airways are shorter, narrower, less stable, and more easily obstructed than those of an adult, making them more susceptible to obstructions. They have fewer alveoli and immature accessory muscles, making them easily susceptible to early fatigue from labored breathing.
- The infant's **immune** system is immature and most immunity is from antibodies received from his mother during pregnancy. Childhood immunizations normally begin after birth and continue throughout childhood.
- The **nervous** system includes special reflexes for blinking, startling, rooting, sucking, swallowing, stepping, gagging, and grasping reflexes.
- **Fontanelles**, or soft spots on the

skull, allow the head to pass through the birth canal during delivery. Normally, the fontanelles will be level to the skull.

Slide 16




By two months...

- Track objects
- Focus on objects 8–12 inches away
- Recognize familiar faces
- Display primary emotions
- Hear and recognize some familiar sounds and voices
- Move in response to stimuli

By **two months**, an infant should be able to:

- Track objects with his eyes.
- Focus on objects 8–12 inches away.
- Recognize familiar faces.
- Display primary emotions and facial expressions.
- Hear and recognize some familiar sounds and voices.
- Move in response to stimuli.

Slide 17



By six months...

- Sit upright in a high chair
- Make one-syllable sounds
- Raise upper body
- Grasp and shake hand toys
- Follow moving objects
- Recognize familiar objects at a distance
- Try to imitate familiar sounds

Talking Points

By **six months**, the infant should be able to:

- Sit upright in a high chair.
- Make one-syllable sounds (e.g., ma, mu, da, di).
- Raise and support his upper body when he is on his stomach.
- Grasp and shake hand toys.
- Push down on his legs and feet when held over a firm surface.
- Follow moving objects with his eyes.
- Recognize familiar objects at a distance.
- Begin to babble and try to imitate familiar sounds.

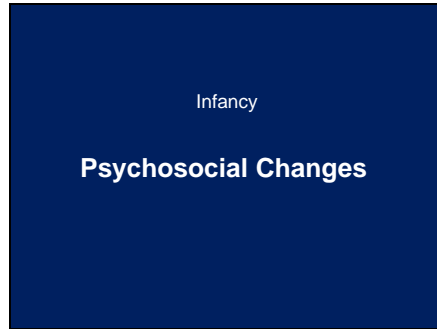
Slide 18



By 12 months, the infant should be able to:

- Walk with help.
- Know his own name.
- Sit without assistance.
- Crawl and creep on his hands and knees.
- Put objects into containers.
- Poke objects with fingers.
- Respond to simple requests and "no."
- Say "mama" or "dada."
- Imitate some words, gestures, and facial expressions.
- Begin to use objects like brushes, cups, or phones correctly.
- Finger feed himself.

Slide 19



Point to Emphasize

Crying is a typical response of infants to strangers.

Discussion Questions

- What are the psychosocial characteristics of infants?
- At what age should you expect pediatric patients to experience separation anxiety?

Slide 20



•You may encounter different responses when you attempt to take an infant away from his parent. In most cases, the infant will protest and act as if in despair and withdrawal when separated from his caregiver. To him, you are not his caregiver, and he will tend to be afraid of you. Crying and restlessness may persist even after the child is returned to the parent. If the infant does not seem anxious or upset when **separated** from his parent, the EMT should consider underlying causes that may be affecting the infant's response.

•**Crying** is how infants communicate with the world around them.

Although the EMT may not recognize a difference in an infant's cry, the parent or caregiver should be able to. An infant normally cries in response to a basic need, anger, or pain. The basic cry normally indicates that the child is hungry, wet, or tired. Once this need is met, the infant normally does not continue to cry.

•By the end of infancy, the baby will have developed **relationships** with his parents and family. He should be able to recognize his favorite things

and people. Smile and speak in a calm voice when assessing a patient in this age group. Try to keep the parents calm, too. If the parent is upset and scared, the infant usually will respond in the same way.

Slide 22

Toddlers and Preschool-Age Children

Vital signs

Point to Emphasize

As they get older, children's respiratory and heart rates decrease toward the range of adult values while their blood pressure increases.

Slide 23



Toddler

- 12 to 36 months
- HR: 80–130 beats per minute
- RR: 20–30 breaths per minute
- BP: 70–100 mmHg
- Temperature: 98.6–99.6 degrees

Talking Points

- A **toddler** is a child who is 12–36 months in age.
- As children age, their heart and respiratory rates tend to decrease while their systolic blood pressure increases.
- Typically, a toddler will have a normal **heart rate** of 80–130 beats per minute.
- He will have a normal **respiratory rate** of 20–30 breaths per minute.
- The toddler's normal systolic **blood pressure** will range from 70–100 mmHg.
- The child's **temperature** will range from 98.6–99.6 degrees Fahrenheit.

Slide 24



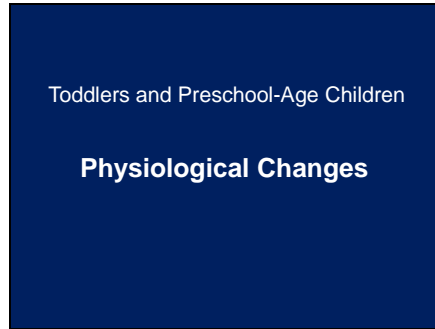
Preschool

- Three to five years old
- HR: 80–120 beats per minute
- RR: 20–30 breaths per minute
- BP: 80–110 mmHg
- Temperature: 98.6–99.6 degrees

Talking Points

- A **preschooler** is a child who is three to five years of age.
- Preschoolers typically have a normal **heart rate** of 80–120 beats per minute.
- Their **respiratory rate** is normally 20–30 breaths per minute.
- The normal systolic **blood pressure** for a preschooler ranges from 80–110 mmHg.
- The body **temperature** of a preschooler will range from 98.6–99.6 degrees Fahrenheit.

Slide 25



Talking Points

- As children get older, they will experience more **physiological** changes.
- It is important for the EMT to recognize what activities toddlers and preschoolers are capable of performing, information that may help in identifying what is normal for a child in this age group.
- Although children are physiologically capable of toilet training by 12 to 15 months, they are normally not psychologically ready until they reach 18 to 30 months. The average age for toilet training completion is 28 months. Although they are toilet trained, most children will continue to experience bedwetting at night until they are six or seven years of age.

Slide 26



Talking Points

- The bones in the **musculoskeletal** system continue to grow and increase in density. By the end of this period, children will have all of their primary teeth. Toddlers and preschoolers continue to increase their muscle mass but their weight gain slows down. They normally shed extra fat and become leaner.
- In the **pulmonary** system, the terminal airways continue to branch and the alveoli continue to grow in number. Passive immunity from the mother is lost, making the child more susceptible to minor respiratory and gastrointestinal infections. However, the child begins to develop his own immunity.
- The **nervous** system continues to develop quickly. The brain is the fastest growing part of his body, and by preschool age the child's brain

has reached 90 percent of its adult weight. During this period, his development allows for effortless walking and other basic motor skills. The child begins to develop fine motor skills, too, such as using his fingers and hands to manipulate objects and scribble.

Slide 27

- Walk alone
- Handle several toys when walking
- Climb up and down furniture or stairs
- Scribble and play with toys
- Find hidden objects
- Sort objects by shape or color



By age three...

Talking Points

By the **age of three**, the child should be able to:

- Walk alone and begin to run.
- Pull or carry several toys when walking.
- Climb up and down furniture or stairs with minimal support.
- Scribble and play with toys.
- Recognize names, faces, voices, objects, and body parts.
- Find hidden objects.
- Sort objects by shape or color.

Slide 28

- Hop, jump, swing, climb, and do summersaults
- Dress and undress without assistance
- Use forks, spoons, and sometimes knives appropriately
- Count ten or more objects
- Trace and draw pictures



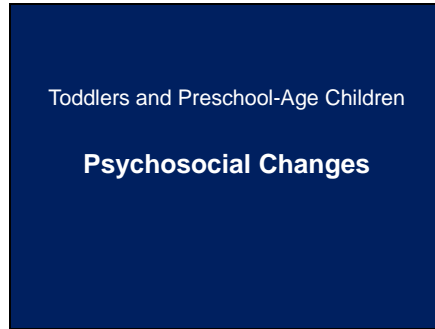
By age five...

Talking Points

By the **age of five**, children should be able to:

- Stand on one foot for more than ten seconds.
- Hop, jump, swing, climb, and do summersaults.
- Dress and undress without assistance.
- Use forks, spoons, and sometimes knives appropriately.
- Count ten or more objects.
- Trace and draw pictures.

Slide 29



Points to Emphasize

- Toddlers and preschoolers experience many **psychosocial** and cognitive changes.
- The basics of language should be mastered by 36 months of age.
- Toddlers and preschoolers often take your words literally.

Slide 30



- Language
- Play
- Never lie

Talking Points

• **Language** takes the place of crying as the sole form of communication. The basics of language are usually mastered by approximately 36 months, and the child can say single words and make simple phrases and sentences. As the child grows, his language will continue to expand and be refined. By 18–24 months, a child can understand cause and effect. Most children will develop separation anxiety at approximately 18 months of age. By age five, a preschooler can say his name and address and tell stories using sentences.

• **Children use play** in a variety of ways. They explore new ideas and objects, identify and resolve simple problems, and learn from engaging in different activities. During this period, children are able to play simple games and follow basic rules. Play time also serves as a social outlet and encourages the children to learn and improve their social skills.

• Children take language literally, so phrases like "take your blood pressure" should be replaced with a phrase that can be **interpreted**

literally, such as "measure your blood pressure." **Never lie to a child** because you will not regain his trust during the short period you will see him.

Slide 32

School-Age Children

Vital Signs

Slide 33



- 6 to 12 years old
- HR: 70–110 beats per minute
- RR: 20–30 breaths per minute
- BP: 80–120 mmHg
- Temperature: 98.6 degrees

Talking Points

- **School-age children** are those between 6 and 12 years of age.
- School-age children have normal **heart rates** ranging from 70 to 110 beats per minute.
- Their normal **respiratory rates** range from 20 to 30 breaths per minute.
- They normally have a systolic **blood pressure** of 80 to 120 mmHg.
- A school-age child's **temperature** is normally 98.6 degrees Fahrenheit.

Slide 34


School-Age Children

Physiological Changes

Talking Points

- As school-age children get older, they continue to grow and change.
- Most children will experience some discomfort when the bones in the musculoskeletal system continue to increase in density and grow larger.

Slide 35

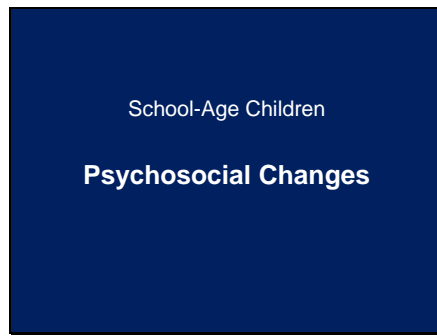


- Loss of primary teeth
- Read and write
- Nocturnal enuresis

Talking Points

- School-age children **lose their primary teeth** and replace them with permanent teeth.
- Their brain function increases in both hemispheres.
- Children in this age group are normally able to **read and write**.
- Although school-age children are able to control their bodily functions better, some still struggle with **nocturnal enuresis**, or involuntary bedwetting at night, after the age of ten.

Slide 36



Point to Emphasize

Friendships are important to school-age children.

Discussion Question

What are some techniques for establishing trust with a school-age child?



Talking Points

- Most children in this age group attend school and develop **relationships** outside of the home. Friendships are formed, especially with the same sex, and become more important during this period. Most children in this age group participate in a variety of social activities and develop problem-solving skills. They are capable of fundamental reasoning and problem solving but have not developed the insight to do so in all situations.
- School-age children develop their own **self-concept**, that is, a personal concept of who they are. They compare themselves with others to help determine their own values and to seek the approval of others. School-age children also begin to develop a sense of self-esteem and morals. They understand how to obey rules and avoid punishment. School-age children understand concepts associated with pain, illness, death, and loss, but most are still uneasy or scared when those situations occur.
- Most school-age children identify **EMTs, firefighters, and law enforcement officers** as people who can help them in a crisis. A school-age child may actually have unrealistic expectations about what he expects you to be able to do, but assure him that you are doing everything you can to help him or his family member. Make sure that you communicate at a level that he can understand.

Slide 39



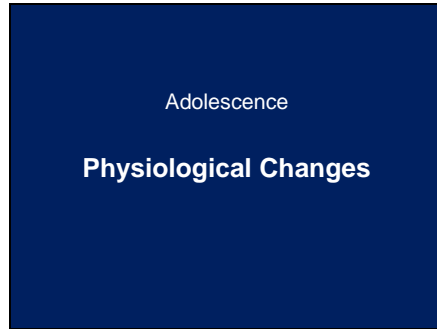
Slide 40

- 13 to 18 years old
- HR: 55–105 beats per minute
- RR: 12–20 breaths per minute
- BP: 100–120 mmHg
- Temperature: 98.6 degrees

Talking Points

- **Adolescence** is the period between 13 and 18 years of age.
- Although most adolescents want to feel and be treated as adults, they are not adults and are continuing to experience physiological and psychosocial changes throughout this period.
- Adolescents have normal **heart rates** between 55 and 105 beats per minute.
- Their normal **respiratory rate** ranges from 12 to 20 breaths per minute.
- They normally have a systolic **blood pressure** of 100 to 120 mmHg.
- An adolescent's **temperature** is normally 98.6 degrees Fahrenheit.

Slide 41



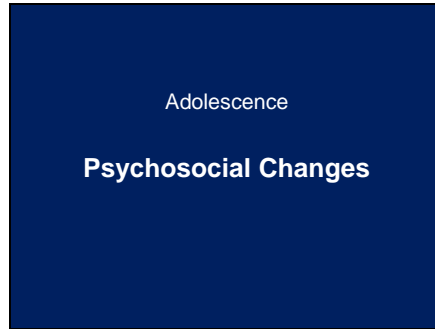
Slide 42



Talking Points

- Most adolescents experience a rapid two to three year **growth spurt**. Their muscle mass and bone growth and development are nearly complete by the end of this period. The adolescent's growth spurt begins distally with the enlargement of their feet and hands and progresses along their extremities. In the final stages of adolescence, the chest and trunk enlarge. Girls are mostly through growing by age 16, while boys are mostly through growing by age 18.
- Adolescents go through **puberty**, during which the sexual organs mature and reproductive maturity is reached. Girls usually begin puberty around age ten, which is about two years before most boys. Males grow facial, pubic, and axillary hair, develop a deeper voice, and more muscular development occurs. Females begin menstruation and their breasts enlarge. They also grow pubic and axillary hair. Their hips will normally widen, and their waist will get smaller.

Slide 43



Talking Points

- The many biological, social, and emotional changes that occur during adolescence can cause family conflicts.
- Most of these conflicts revolve around the adolescent and his parents.
- Adolescents become more argumentative and more aware of the shortcomings of others.

Discussion Question

What are some of the causes of conflict between adolescents and their parents?

Slide 44



Talking Points

- Adolescents often believe they are the focus of others' attention and that they are **invulnerable**. As a result, many participate in risky behaviors.
- They desire to be treated as adults although most are not capable of making their own medical decisions. Adolescents want **privacy** and most will prefer if their parents are not present during the patient interview.
- During this time, adolescents develop their **identity**. They often try to imitate others and experiment with alternative identities in an attempt to find their own. Peer pressure increases during this stage.
- Depression** and suicide are more common in this age group than in any other. Adolescents understand there are consequences to their actions and are capable of discerning what is right and socially acceptable and what is wrong. Antisocial behavior peaks around

eighth or ninth grade.

- They are very concerned with **body image**. How they look and feel about themselves has a profound impact on their sense of identity and self-esteem.

- There is an increased interest in the opposite sex and **dating** and/or sexual activity.

Slide 45



Point to Emphasize

Early adulthood is from 20 to 40 years of age.

Slide 46



- 20 to 40 years old
- HR: 70 beats per minute
- RR: 16–20 breaths per minute
- BP: 120/80 mmHg
- Temperature: 98.6 degrees

Talking Points

- Early adulthood** is defined as the stage of development when a person is 20 to 40 years of age.

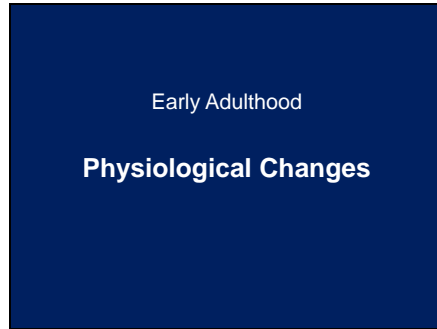
- The average **heart rate** for a person in early adulthood is 70 beats per minute.

- Average **respiratory rate** is 16–20 breaths per minute.

- Average **blood pressure** is 120/80 mmHg.

- Normal **temperature** is 98.6 degrees Fahrenheit.

Slide 47



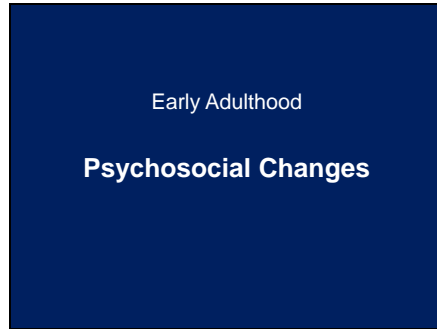
Slide 48



Talking Points

- During early adulthood, all body systems are operating at optimal levels.
- Most people reach **peak physical condition** between 19 and 26 years of age.
- Because of their excellent physical condition, they are capable of risky activity, and hence accidents are the leading cause of death in this age group.
- Once young adults reach their peak, however, their **physical condition begins to slow down**. They gain weight, store fat, and experience decreased muscle tone. Their spinal disks settle.
- During this period, adults also **develop lifelong habits** and routines that will impact the quality of their health and life.

Slide 49



Critical Thinking Discussion

How do you think differences between the age of an EMT and the age of a patient may affect their interaction?

Slide 50



Talking Points

- Upon entering early adulthood, people normally take on more responsibility and become more **independent**. Many young adults choose to leave their parents' homes and make homes of their own.
- During this period, most people develop both romantic and affectionate relationships. Many young adults marry and begin new families.
- Childbirth is most common in this age group. Their new families provide new challenges and stress for the early adults. It is also during this time that many adults finish school and find a **career**. They experience the highest levels of **job stress** during this period.
- Early adults are more capable of coping with their stress than when they were younger. This period is less associated with psychological problems related to well being than other age groups.

Knowledge Application

Given several scenarios of patients of various ages, describe special considerations in the EMT's

approach to the patient, based on the physical and psychosocial characteristics of each age group.

Slide 51



Point to Emphasize

Middle adulthood is from 41 to 60 years of age. People may experience the onset of chronic illnesses in this stage.

Slide 52



Talking Points

• **Middle adulthood** is the stage of development when a person is 41 to 60 years of age.

• The average **heart rate** for people in middle adulthood is 70 beats per minute.

• Their average **respiratory rate** is 16–20 breaths per minute.

• They have an average **blood pressure** of 120/80 mmHg.

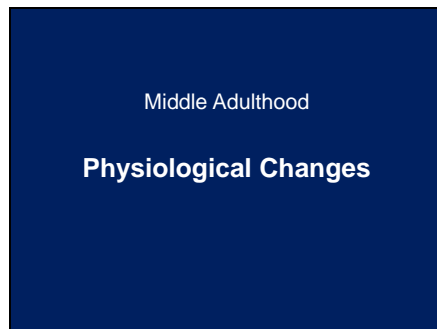
• **Temperature** is normally 98.6 degrees Fahrenheit.

Knowledge Application

Given several scenarios of patients of various ages, determine if the

patient's vital signs should be considered normal or cause for concern.

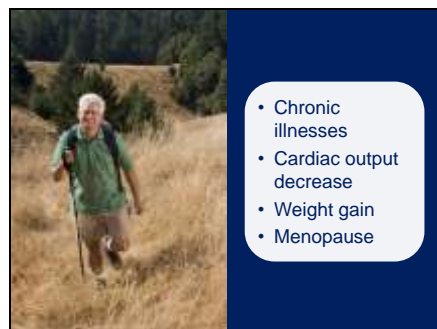
Slide 53



Talking Points

- During middle adulthood, the body is still functioning at a high level but with varying degrees of degradation.
- Body systems are beginning to experience more changes as a result of disease and lifestyle decisions.

Slide 54



- Chronic illnesses
- Cardiac output decrease
- Weight gain
- Menopause

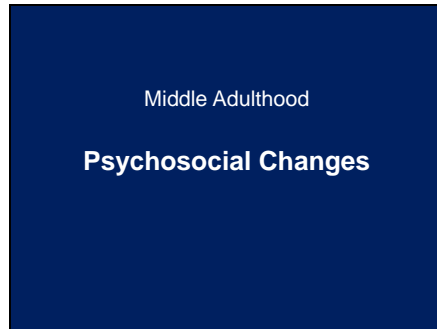
Talking Points

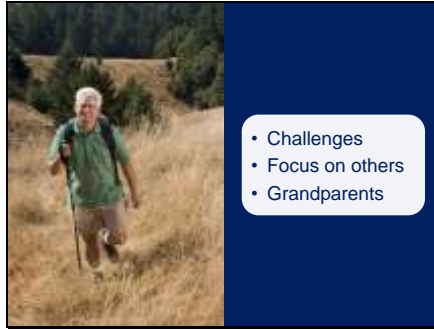
- Adults in this stage are more susceptible to **chronic illnesses** and diseases like diabetes and arthritis.
- It is usually during middle adulthood when cardiovascular health becomes a concern. **Cardiac output decreases** throughout this period. Cholesterol levels increase. This makes people more susceptible to cardiovascular diseases. Cancer is also a concern and strikes this age group frequently. Screenings for various types of cancers are recommended to those this age group.

- Middle-aged adults continue to **gain weight** easily while controlling weight becomes more difficult. Many individuals will have vision changes and require corrective lenses to see properly. Because of environmental and physical changes, most will not hear as well as they did during early adulthood.

- Normally, women in their late 40s and 50s will go through **menopause**, or the permanent end of menstruation and fertility. Many women during this period are prone to a decrease in height as a result of osteoporosis.

Slide 55





Talking Points

•During middle adulthood, people tend to approach problems more as **challenges** than as threats. This is the period of time when many individuals reach their goals and try to find ways to help younger generations.

•Many adults will **focus on others** rather than themselves during this stage. Because of this, some may delay seeking help for health issues. Many of these adults are burdened by financial commitments both for elderly parents and for young adult children.

•Transitions in parenting also occur during this period. As the children leave the home, some adults will experience a feeling of loss known as empty nest syndrome; others will embrace the extra time they didn't have before. Sometimes, grown-up children return home because of economic or social reasons. This can be both positive and negative for the families.

•It is also during this period that many adults will become **grandparents**.

Slide 57



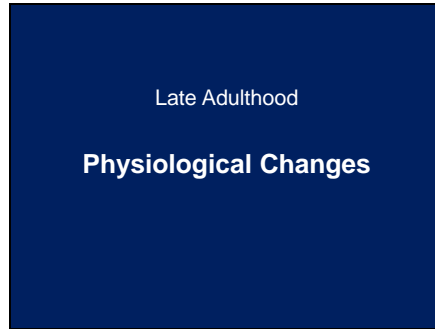
Slide 58



Talking Points

- **Late adulthood** is the stage of development when a person is 61 years of age and older.
- The heart rate, respiratory rate, and blood pressure for a person in late adulthood **depend on the patient's physical and health status**.
- Underlying diseases, poor physical conditioning, and some medications can alter the vital signs for these patients.
- Normal **temperature** in late adulthood is 98.6 degrees Fahrenheit.

Slide 59



Point to Emphasize

In late adulthood, physiological systems decline noticeably, making it more difficult to compensate for disease and injury.

Slide 60



Talking Points

• **Maximum life span** is theoretically 120 years for a human being.

However, an individual's **life expectancy** is the average length of years of life remaining based on the individual's year of birth. Almost everyone will die from disease or injury before reaching the maximum life span. Most body systems become less and less efficient.

• In the **cardiovascular system**, the efficiency of circulation decreases. Blood vessels thicken, resulting in increased peripheral resistance, reducing blood flow to the organs. The workload and size of the heart increases.

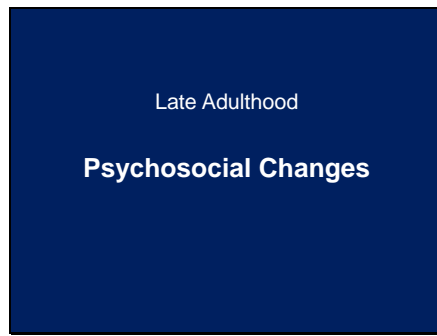
• In the **nervous system**, the brain gets smaller and neurons are lost causing memory, balance, and movement problems. Sleep may be disrupted and reaction time is decreased, making older adults more prone to falls or injury.

• **Sensory changes** include a loss of taste buds, diminished olfactory senses, diminished pain perception, and diminished kinesthetic sense.

• Decreased elimination of **urine** and problems with hydration are common.

- Many adults lose permanent **teeth** and must use dentures. Dentures, or the loss of teeth without them, may also influence speech and communication.

Slide 61



Talking Points

- During late adulthood, people face new challenges that may not have been present throughout the previous stages.
- In some cultures, wisdom is attributed to age.
- The experiences and behaviors developed throughout their lifetime have influenced who they have become.
- These adults tend to reflect on their lives and normally are either satisfied with the outcome or have regrets that may lead to depression or despair.

Critical Thinking Discussion

You have an elderly patient who does not want to leave his home, despite the fact that he is ill and needs to go to the hospital. What might explain his reluctance? What are some ways you can address the patient's reluctance to leave his home?



- Isolation
- Moving
- Loss of independence
- Financial decisions

Talking Points

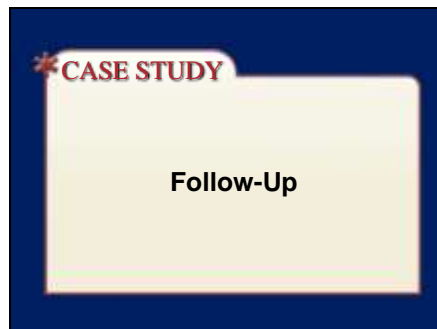
•Some adults have families and friends who can provide support during this period while many others do not. Even those who have support networks may feel alone and **isolated** at this stage.

•Although many adults may have lived in their homes for a great portion of their lives, many during late adulthood must make decisions about **moving**. Many older adults live in assisted-living communities that can help provide social, emotional, and physical support to their residents. However, these communities are expensive and many individuals must sell their homes and possessions in order to reside there.

•Because older adults have been independent and self-reliant for most of their lives, some may feel ashamed or otherwise reluctant to give up their **independence** and ask for assistance.

•Combined with many of the physical changes and illnesses they may have, this can lead to a decline in the older adult's well-being and sense of self worth. Many find themselves not capable of performing activities that they once performed easily, like **financial decisions**.

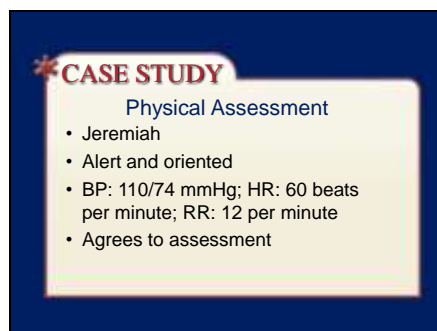
Slide 64



Case Study Follow-Up Discussion

- This case study is continued from the beginning of the presentation.
- Briefly remind students that they are on scene with a 16-year-old male whose mother called an ambulance—without his knowledge—because he was having difficulty urinating. She’s informed him that “he’s going to the hospital.”
- His mother leaves the room.

Slide 65



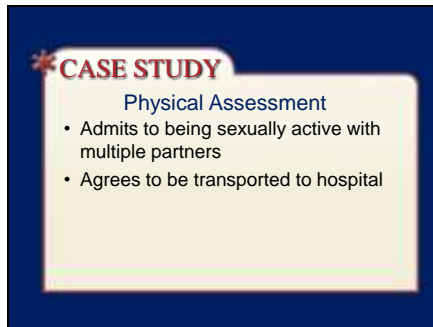
Case Study Follow-Up Discussion, continued

- Your patient identifies himself as **Jeremiah Shively** and states that he really doesn’t want to go to the ED.
- He is **alert and oriented**. Airway is open, and he’s breathing adequately at **12 per minute**.
- His pulse is **60 beats per minute**, and his skin is warm and dry.
- Blood pressure is **110/74** mmHg. Vitals appear within normal limits.
- You begin your patient interview by introducing yourself and explaining that you are there to help him. You know that adolescents want to be treated as adults. You realize that

Jeremiah will be more likely to disclose information to you in private than with his mother in the room, so now is the time to talk.

•You ask him if he is having any problems. He continues to text message and says, “No.” You state his mother called and said he was having pain when he urinates. He then replies, “That’s just what I told her.”

Slide 66



CASE STUDY

Physical Assessment

- Admits to being sexually active with multiple partners
- Agrees to be transported to hospital

Case Study Follow-Up Discussion, continued

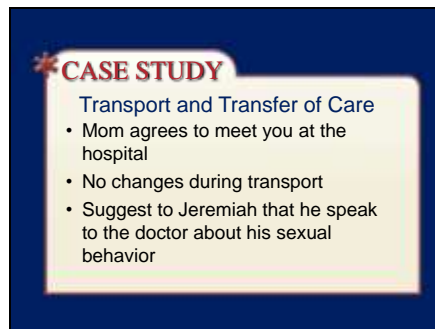
•You attempt to develop a good rapport with Jeremiah. You ask him again if he is having any problems. He states that he isn’t having much pain but more itching and redness. You know you’ll need to ask more personal questions and as you proceed to obtain a history, he **confides that he has been sexually active** and has had unprotected sex with several partners. You know this puts him at risk for sexually transmitted diseases.

•You ask for consent to perform a physical exam and he agrees. You find nothing out of the ordinary for Jeremiah’s age except in the genital area, as he stated. You explain that his mother wants him to be evaluated and that he should be assessed and treated by a physician. You explain the consequences of refusing medical treatment. Knowing that adolescents are capable of reasoning and understanding the consequences of their actions, you ask him if he will go with you to the hospital. Although he’s a minor and cannot provide full

consent or refusal for treatment, it's still important to make him feel that he has an active role. If you address Jeremiah as you would an adult, he might cooperate and agree to go. If he doesn't agree, it will be his parent's decision.

•Fortunately, **he agrees to seek medical attention** and go with you to the ED.

Slide 67



CASE STUDY

Transport and Transfer of Care

- Mom agrees to meet you at the hospital
- No changes during transport
- Suggest to Jeremiah that he speak to the doctor about his sexual behavior

Case Study Follow-Up Discussion, continued

•As you prepare for transport, his mother enters the room with your partner. In order to maintain patient rapport and avoid potential conflicts between mother and son, you inform Mrs. Shively that you have talked to Jeremiah and he has agreed to go with you to the ED and to be seen by a physician as she asked. **Mrs. Shively elects to meet you at the receiving facility.**

•There are **no changes during transport** and upon arrival at the emergency department, you transfer care to the emergency physician and provide a complete report about the call. You place Jeremiah in the hospital bed and quietly **suggest that he speak to the physician** about his risky sexual behaviors.

Case Study Follow-Up Discussion Questions

•How did the EMTs approach possibly make a difference in building rapport versus immediately involving his mom in influencing him to go to the hospital?

•What could you say to the patient before asking personal questions to

minimize his potential embarrassment?

•What kind of conversation starters could be used with a patient of this age to put him at ease during transport?

Slide 68

Critical Thinking Scenario

- Two-year-old female may have eaten some food that was left out overnight
- Patient is alert, in her father's arms, and watching your every move. She clings to him and begins to cry when you approach
- The father is also crying and very upset
- While doing dishes, he saw her drink from an old cup and noticed food missing from a plate left out from last night's dinner

Critical Thinking Discussion

- This critical thinking scenario is intended to challenge your students to think about managing a scene with a toddler who potentially ate some bad food and is accompanied by an extremely upset parent who may be heightening emotions on the scene.
- The scenario continues on the next slide.

Slide 69

Critical Thinking Scenario

Vital signs:

- HR: 110 bpm; radial pulse is regular
- RR: 26 per minute; good chest rise
- Skin is warm and dry
- She has a foul odor on her breath and her dress is wet

Critical Thinking Discussion, continued

Ask students to briefly discuss the scenario before moving on to the series of questions on the next slide.

Critical Thinking Questions

1. Was the young girl's reaction to you normal for her age?
2. What can you do to help build a good rapport with the patient?
3. Based on her developmental stage, what vital signs did you expect this patient to have?

Critical Thinking Discussion, continued

Answers:

- It's very normal for a toddler to have separation anxiety and cling to a parent. Crying is one of a toddler's only forms of communication.
- Allow the child to stay with the parent if at all possible and take extra time to communicate with the patient on a level that she can understand. Allow her to touch your equipment before you use it. Help the father calm down too by exhibiting your confidence, competence, and compassion. His level of anxiety will only exacerbate the child's.
- Normal vital signs for a patient this age would be a heart rate of 80–130 beats per minute, a respiratory rate of 20–30 breaths per minute, and a blood pressure of 70–100 mmHg. A normal temperature is 98.6–99.6. Her vitals are within these ranges but given the anxiety of the child, we might have expected her vitals to be elevated somewhat.

Critical Thinking Questions

4. How will you adjust your assessment techniques to meet this patient's needs?
5. What would you say to the father in this scenario?

**Critical Thinking Discussion,
continued**

Answers:

- Consider assessing the patient while she is being held in the arms of the father. Allow her to look at and touch your equipment before using it. Be calm and reassuring and speak to her at a level she can understand.
- It's important to reassure the father that his daughter's vital signs look good and that she is responding appropriately. Through reassurance, you should encourage him to calm down so as not to exacerbate the anxiety of the patient. Encourage the father to take advantage of transportation to the emergency department or seek medical attention from their pediatrician should he wish to have the patient evaluated by a physician.

**Now, Answer the 6
questions, and turn them
in to your instructor**

