Providing Age-Appropriate Communication

The way the nurse communicates with children and parents will have a great effect on their understanding, learning, and cooperation. The following guidelines will help the nurse understand how to communicate with children at different stages of development. The nurse can also teach parents these guidelines.

**Infant (Birth to 1 Year)**
- Speak softly.
- Communicate through touch.
- Avoid overstimulation.
- Comfort by holding or rocking.
- Encourage parents to participate.
- Be aware that older infants may be fearful of strangers.

**Toddler (1 to 3 Years)**
- Allow the child to complete a thought without interruption.
- Avoid frightening discussions.
- Say specifically what you want the child to do.
- Do not offer a choice if there really is none.
- Speak at the child's eye level.
- Have as few teachers as possible (one nurse).
- Use parallel play or toys to teach.
- Encourage parents to participate.
- Expect that the child will not understand time or “why.”

**Preschooler (3 to 6 Years)**
- Keep instruction brief for short attention span.
- Use simple, direct language.
- Speak with a simple vocabulary.
- Make learning fun.
- Allow the child to act out or express thoughts or feelings.
- Reinforce learning immediately.
- Use body outlines or drawings to explain illness.
- Separate fantasy from reality.

**School-Age Child (6 to 12 Years)**
- Determine the child’s understanding about illness, treatment, and prognosis.
- Dispel myths and fears.
- Give child the opportunity to speak for him- or herself.
- Allow and encourage children to communicate their needs.
- Provide information in clear terms; they are able to learn more about body parts.
- Be aware that children may respond to third-person prompts: “I know a boy who is afraid of the x-ray machine.”

**Adolescent (12 to 20 Years)**
- Show respect by listening and explaining clearly.
- Allow for more independence.
- Give adolescent privacy and opportunity for confidentiality.
- Help adolescents trust adults by being honest about their treatment.
- Use peer support when possible.
- Never use a “baby” voice; speak as to another adult, but be sure language is clear.
- Provide space for questions.

**DIAGONSTING, PLANNING, AND IMPLEMENTING**

Nursing diagnoses for clients with growth and development delays might include, among others:
- Altered Parenting
- Altered Growth and Development
- Situational Low Self-Esteem.

Outcomes for these clients might include the following:
- Client expresses understanding of need for support and joins spina bifida parents group.
- Parent schedules follow-up physical therapy for 20-month-old child who does not walk.
- Teenage client agrees to talk with counselor about abuse by father of her newborn.

When planning and implementing care, the nurse may use the following interventions:
- Consider the client’s age and stage of development. An understanding of what is normal is crucial when providing nursing care.
- Be sensitive to developmental issues. Parents of children with growth or developmental delays may be very anxious about what these delays might mean for the child. Establish a therapeutic relationship by asking open-ended questions and allowing space for the client to express feelings.
- Use age-appropriate communication (Box 11-5). Like other factors, the child’s communication level develops over time. The nurse can improve communication and learning by understanding what is normal for the child’s age and stage of development.