

Management and Care of the Aged

Question 1: In the management and care of the aged

a) Give the Safety and Protection

Safety and protection of elderly individuals is a fundamental aspect of quality care. Key safety measures include:

- **Home Environment Safety**
 - Removing tripping hazards such as loose rugs and clutter
 - Installing adequate lighting, especially in hallways, stairways, and bathrooms
 - Securing electrical cords along walls and away from walkways
 - Installing handrails on both sides of stairways
 - Placing frequently used items within easy reach to avoid stretching or climbing
- **Bathroom Safety**
 - Installing grab bars near toilets and in shower/bathing areas
 - Using non-slip mats in bathtubs and shower floors
 - Considering shower chairs and raised toilet seats for those with mobility issues
 - Ensuring water temperature controls are easily accessible and clearly marked
- **Fall Prevention**
 - Conducting regular fall risk assessments
 - Recommending appropriate footwear with non-slip soles
 - Ensuring walking aids are properly fitted and in good condition
 - Implementing exercise programs that improve strength and balance
 - Reviewing medications that may cause dizziness or affect balance
- **Emergency Preparedness**
 - Installing emergency call systems or providing personal alert devices
 - Creating clear evacuation plans and ensuring accessibility
 - Maintaining an updated list of emergency contacts
 - Regular checking of smoke detectors and carbon monoxide alarms

- **Abuse and Neglect Prevention**

- Training caregivers to recognize signs of abuse or neglect
- Implementing proper screening procedures for care staff
- Establishing reporting protocols for suspected abuse
- Regular supervision and quality assurance checks

b) The Physical Care - Movement and Personal Hygiene

Movement Care

- **Assessment and Planning**

- Conducting thorough mobility assessments to determine capabilities and limitations
- Developing individualized mobility plans based on assessment results
- Regular reassessment as conditions change

- **Transfer Techniques**

- Using proper body mechanics when assisting with transfers
- Employing appropriate transfer aids (transfer boards, mechanical lifts) when necessary
- Training caregivers in safe transfer techniques to prevent injury to both caregiver and care recipient

- **Mobility Promotion**

- Encouraging regular physical activity appropriate to ability level
- Implementing passive range of motion exercises for those with limited mobility
- Proper positioning in beds and chairs to prevent pressure injuries and contractures
- Regular changes in position for those who are bedridden

- **Assistive Devices**

- Ensuring proper fit and maintenance of mobility aids (walkers, canes, wheelchairs)
- Training in the correct use of assistive devices
- Regularly checking equipment for safety and functionality

Personal Hygiene

- **Bathing and Showering**
 - Maintaining privacy and dignity during bathing procedures
 - Using appropriate water temperature and testing before bathing
 - Adapting bathing methods to individual needs (bed baths, shower chairs, hand-held showers)
 - Having all supplies ready before beginning to minimize exposure time
- **Oral Care**
 - Assisting with regular brushing and flossing as needed
 - Special attention to denture care and oral health for those with prosthetics
 - Regular oral health assessments to prevent complications
- **Skin Care**
 - Regular skin inspections, especially in areas prone to breakdown
 - Keeping skin clean and dry, applying moisturizer to prevent dryness
 - Implementing turning schedules for those with limited mobility
 - Using appropriate pressure-relieving devices for those at risk of pressure injuries
- **Toileting**
 - Maintaining dignity during toileting assistance
 - Establishing regular toileting schedules to prevent accidents
 - Proper use and care of incontinence products when necessary
 - Monitoring for signs of urinary tract infections or other complications
- **Grooming**
 - Assistance with hair care, shaving, and nail care as needed
 - Encouraging self-care to the extent possible to maintain independence
 - Attention to personal preferences regarding appearance

Question 2: In your own words, describe Erik Erikson's Epigenetic Theory of Development

Erik Erikson's Epigenetic Theory of Development is a comprehensive framework that describes human psychological development throughout the entire lifespan. The term "epigenetic" refers to the concept that development unfolds according to an inherent plan, with each stage building upon previous ones in a predetermined sequence.

At the core of Erikson's theory is the idea that human development occurs through the resolution of psychosocial crises at eight distinct stages. Each stage presents a fundamental conflict between opposing forces that must be balanced for healthy development. While these stages are age-related, Erikson emphasized that development is a lifelong process, and unresolved conflicts can be addressed later in life.

The epigenetic principle in Erikson's theory highlights that:

1. Development follows a biological blueprint that guides the sequence of stages
2. Each stage has an optimal time period during which the crisis is most prominent
3. The resolution of each stage influences how subsequent stages unfold
4. Development results from the interaction between biological maturation and social/environmental influences

Erikson's eight psychosocial stages are:

1. **Trust vs. Mistrust (Infancy, 0-18 months)** This stage focuses on developing basic trust in caregivers and the world. Consistent, reliable care leads to trust, while inconsistent or neglectful care can result in mistrust and insecurity. The key virtue developed is hope.
2. **Autonomy vs. Shame and Doubt (Early Childhood, 18 months-3 years)** Children begin asserting independence through activities like toilet training, walking, and making choices. Supportive environments foster autonomy, while overly critical or controlling environments lead to shame and doubt. The key virtue is will.
3. **Initiative vs. Guilt (Preschool, 3-5 years)** Children explore their world through play, imagination, and questioning. Encouragement supports initiative, while excessive criticism or restriction can lead to guilt. The key virtue is purpose.
4. **Industry vs. Inferiority (School Age, 5-12 years)** Children develop competence through learning new skills, particularly in school and social settings. Success builds a sense of

industry, while failure or negative comparisons can lead to feelings of inferiority. The key virtue is competence.

5. **Identity vs. Role Confusion (Adolescence, 12-18 years)** Teenagers wrestle with questions of identity, values, and future direction. Successful exploration leads to a coherent sense of self, while confusion about roles and expectations leads to identity diffusion. The key virtue is fidelity.
6. **Intimacy vs. Isolation (Young Adulthood, 18-40 years)** Young adults form deep relationships and commitments. The ability to form intimate bonds leads to fulfilling relationships, while fear of vulnerability can result in isolation. The key virtue is love.
7. **Generativity vs. Stagnation (Middle Adulthood, 40-65 years)** Adults focus on contributing to society and nurturing the next generation, whether through parenting, mentoring, or creating meaningful work. Generativity leads to fulfillment, while self-absorption leads to stagnation. The key virtue is care.
8. **Integrity vs. Despair (Late Adulthood, 65+ years)** Older adults reflect on their lives, either achieving a sense of fulfillment (integrity) or experiencing regret and bitterness (despair). The key virtue is wisdom.

Unlike earlier developmental theories that focused primarily on childhood, Erikson's epigenetic theory recognizes that development continues throughout life. Each stage presents new challenges and opportunities for growth, with the resolution of each crisis contributing to overall psychological well-being and resilience.