5.8: Safety Considerations Across the Life Span

To promote safety for patients of all ages, nurses should be knowledgeable about safety risks according to age and developmental stages because the types and frequencies of accidents vary among age groups. Information from the Centers for Disease Control (CDC) regarding safety tips for each age group is summarized in the following subsections.

Infants and Preschoolers

Drowning is the leading cause of death in children aged 1-3 years. Motor vehicle accidents, falls, choking, and accidental poisoning are also safety concerns for this age group. Infants and toddlers are curious, but they lack the judgement to recognize the dangers of their actions, so childproofing the home and providing adult supervision are essential for this developmental age group. See Figure 5.7 for an image of an infant car seat used to protect infants in the event of a motor vehicle accident. Nurses help educate parents about the proper use, positioning, and installation of car seats.
School-Aged Children

In children aged 4-11, motor vehicle injuries are a major cause of unintentional injury, along with drowning and poisoning. This age group is more aware of dangers and limitations, but adult supervision is still important. The nurse should educate parents of school-aged children about safety seats, booster seats, or shoulder seat belts while riding in the car. 

Bicycle accidents are also a common concern in this age group. Many bike accidents involve the head or face because of the lack of helmet use. Nurses provide health teaching to school-aged children regarding bicycle safety and helmet use. See Figure 5.8 for an image of a girl wearing a bike helmet.
Because this age group is beginning to enjoy more independence, basic instructions and education on how to recognize 
and respond to potentially dangerous situations with strangers should also be provided. Parents should also be 
educated about the AMBER alert system that can be activated if a child is missing and believed to be kidnapped or in 
danger. This AMBER alert system uses the resources of law enforcement and the media to notify the public about a 
possible abduction or a missing child in danger.[6]

Nurses must also be aware of signs of maltreatment and child abuse because millions of children are affected each 
year. Child abuse includes physical, sexual, emotional abuse, and neglect. According to the American Academy of Child 
and Adolescent Psychiatry (AACAP), after abuse or violence, many children develop mental health problems, including 
depression and posttraumatic stress disorder. These children may also have serious medical problems, learning 
problems, and problems getting along with friends and family members. Every state has laws that require health care 
professionals to report suspected child abuse no matter what form this abuse takes.[7]

**Note**

Read more about trauma and child abuse at the AACAP [Trauma and Child Abuse Resource Center](https://med.libretexts.org/Bookshelves/Nursing/Nursing_Fundamentals_(OpenRN)/05%3A_Safety/5.08%3A_Safety_Consider…).

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**Adolescents**

Motor vehicle accidents are the number one cause of death for adolescents. Teens aged 16-19 are three times more 
likely to be in a fatal crash than drivers older than age 20. Adolescent males are twice as likely to die in a motor vehicle 
accident than females of the same age. Texting while driving is a common cause of distracted driving and accidents in 
adolescents. Because much of an adolescent’s time is spent away from the home, it is difficult for parents to control 
many of the decisions that adolescents make. Nurses educate teenagers to use seat belts, obey speed limits, and never
use a cell phone or text while driving. See Figure 5.9 for an image reminding teenage drivers to not text and drive.

Figure 5.9 No Texting While Driving

Traumatic brain injuries (TBI) may occur in this age group due to participation in sports and recreation-related activities. TBI results from a blow, jolt, or hit to the head that causes a disruption in blood function or flow to the brain. Nurses should always be alert for indications of a concussion when a sports injury has occurred. Signs of a concussion requiring immediate medical attention include the following:

- Headache, vomiting, balance problems, fatigue, or drowsiness
- A dazed and confused appearance or difficulty concentrating or remembering; confusion
- Emotional irritability, nervousness, or a change in personality

The CDC has comprehensive information and education materials for parents, coaches, players, and health care providers as part of their “Heads Up” program. [10]

Substance abuse is another significant concern in the adolescent population and includes substances such as tobacco, alcohol, illicit drugs, prescription medication, over-the-counter medications, and bath salts. The National Institutes of Health provides many resources for educating teens and their parents about substance abuse. [11]

 Adults

Intimate partner violence and substance abuse are common safety issues in the adult population.

Intimate Partner Violence

Intimate partner violence (IPV) is widespread in the United States and is the most prevalent adult safety issue. Intimate partner violence includes physical or sexual violence, stalking, and psychological or coercive aggression by current or former intimate partners. Victims can be female or male, and sexual orientation can be heterosexual or LGBTQ+. The nurse is often the initial health care professional in contact with a victim of IPV. Prompt recognition of a potential or actual threat to patient and staff safety is crucial. It is often the nurse’s assessment that plays an important role in identifying a patient experiencing IPV. Compassion and understanding are important to show to this vulnerable
population. Effective communication is necessary to help victims come forward and share their experiences of abuse. IPV is a complex issue, and the patient may not initially consider leaving the abuser as an option. See Figure 5.10 for an image of a sign in a community demonstrating support against domestic violence.

![Figure 5.10 Community Sign Against IPV](image)

See the following hyperlinks for tools and resources to share with patients experiencing IPV. For example, the Danger Assessment Tool is a self-administered survey that is free to use and is available in several languages. Nurses can refer patients experiencing IPV to the National Center on Domestic Violence, the Trauma and Mental Health database for resources, and the National Domestic Violence Hotline for free, confidential support. Most importantly, nurses should assist patients experiencing IPV to create a safety plan.

**Note**

View the tools and resources available at these hyperlinks to share with individuals experiencing intimate partner violence:

- Danger Assessment Tool
- National Center on Domestic Violence, Trauma & Mental Health
- National Domestic Violence Hotline

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**Substance Abuse**

**Substance abuse** is defined by the World Health Organization (WHO) as a maladaptive pattern of using alcohol and/or drugs despite it causing persistent social, occupational, psychological, or physical problems that can be physically hazardous. Substance abuse continues to be a safety issue that affects adults across all socioeconomic levels. In America over 450,000 people died between 1999 and 2018 as a result of an opioid overdose. The abuse of prescription pain medication (such as oxycontin and fentanyl) and heroin is a national crisis that plagues social and economic welfare. Substance abuse not only affects an individual, but also causes harm to their family members. Early identification of substance abuse, rehabilitation interventions, and continued support are key for helping the individual, as well as their family members, in the recovery process. See Figure 5.11 for an image of a heroin needle found in a

![Figure 5.11 Image of a Heroin Needle](image)
Older Adults

According to the Centers for Disease Control and Prevention, falls and motor vehicle accidents are leading causes of injury in older adults. However, several other issues pose significant hazards for this population, such as fires, accidental overdosing on medications (due to poor eyesight and confusion), elder abuse, and financial exploitation. In most reported cases of elder abuse, a caregiver or a person in trusted relationship is the perpetrator. For various reasons such as fear and disappointment, most of these cases go unreported. Abuse, including neglect and exploitation, is experienced by about 1 in 10 people aged 60 and older who live at home. From 2002 to 2016, more than 643,000 older adults were treated in the emergency department for nonfatal assaults and over 19,000 homicides occurred. Read an example of an older adult experiencing financial exploitation in the following box.

Financial Exploitation of an Older Adult

Consider the story of John, a 92-year-old male who lost his wife over a year ago and has been lonely ever since. He lives alone in a large home in the country. John hired a repairman to fix his roof. The repairman befriended John, bringing him homemade cookies and pies and even running errands for him. The repairman often stayed for coffee, and the two of them spent time talking about fishing and gardening. The repairman convinced John to take out a reverse mortgage to pay for additional improvements on his home. Then, knowing John’s bank account numbers and login information, the repairman stole $250,000 that John received for his reverse mortgage.

Most victims of elder abuse are frequently seen in the emergency department several times before they are admitted to the hospital. Nurses must be alert to any indications of elder abuse, such as suspicious injuries or behaviors, and report suspected incidents to local adult protective services agencies. Commons signs of elder abuse or maltreatment include the following:

- Bruises, cuts, burns, or broken bones that are unexplainable or suspiciously explained
- Malnourishment or weight loss
• Poor hygiene, an unkempt appearance, unclean clothing, or dirty, matted hair
• Foul odor from clothing or body
• Anxiety, depression, or confusion
• Unexplained transactions or loss of money
• Withdrawal from family members or friends

Note

Download the Elder Mistreatment Assessment tool from The Hartford Institute for Geriatric Nursing.[21]

View additional resources related to elder abuse using the hyperlinks in the following box.

Note

Additional resources for older adults suspected as being victims of elder abuse:

• NAPSA Help in Your Area
• Financial Exploitation of Older Adults
• National Clearinghouse on Abuse in Later Life (NCALL)

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