CLINICALJUDGE™ · MASTER SERIES

GROWTH & DEVELOPMENT

MILESTONE-BY-MILESTONE COMPARISON · 2026 NGN NCLEX-RN

★ 100% Score Target | Erikson · Piaget · Freud · Kohlberg | Physical Growth | Gross & Fine Motor | Language & Cognition | Play & Fears | Concept of Death | Nutrition by Age | Safety & Anticipatory Guidance | Age-Appropriate Communication | Developmental Red Flags | Adult & Older Adult

COLOR KEY Red Flag / Refer · Developmental Process · Expected Milestone · Anticipatory Priority · Key NCLEX Point · Age Stage · Parent Teaching

1 DEVELOPMENTAL THEORIES COMPARED

THE FOUR THEORISTS SIDE-BY-SIDE

MEMORIZE

AGE STAGE	ERIKSON (PSYCHOSOCIAL)	PIAGET (COGNITIVE)	FREUD (PSYCHOSEXUAL)	KOHLBERG (MORAL)
INFANT 0-1 YR	**Trust vs. Mistrust** — consistent caregiver meets needs	**Sensorimotor** — object permanence develops	Oral	—
TODDLER 1-3 YR	**Autonomy vs. Shame/Doubt** — "me do it," toilet training	Sensorimotor → **Preoperational**	Anal	**Preconventional** — punishment/obedience
PRESCHOOL 3-6 YR	**Initiative vs. Guilt** — explores, imaginative play	**Preoperational** — egocentric, magical thinking, no conservation	Phallic (Oedipus/Electra)	Preconventional — self-interest
SCHOOL-AGE 6-12 YR	**Industry vs. Inferiority** — mastery, accomplishment	**Concrete Operational** — logic, conservation, reversibility	Latency	**Conventional** — good-child / law & order
ADOLESCENT 12-18 YR	**Identity vs. Role Confusion** — who am I, peer focus	**Formal Operational** — abstract & hypothetical thought	Genital	**Postconventional** — social contract
YOUNG ADULT 18-40	**Intimacy vs. Isolation**	Formal operational	Genital	Postconventional
MIDDLE ADULT 40-65	**Generativity vs. Stagnation**	—	—	—
OLDER ADULT 65+	**Ego Integrity vs. Despair**	—	—	—

⚑ KEY NCLEX POINTS

- **Object permanence** (infant) underlies **separation anxiety** — baby now knows caregiver still exists when gone.
- **Preoperational** preschoolers show **magical thinking & egocentrism** — they may believe illness is punishment.
- **Conservation** (matter stays the same despite shape change) appears in the **concrete operational** stage (~7 yr).
- **Abstract reasoning** begins in **formal operational** — only then can a child grasp hypothetical "what-if" health concepts.

2 PHYSICAL GROWTH MILESTONES

GROWTH PROGRESSION FLOW

PATTERN

Cephalocaudal (head → toe) + **Proximodistal** (center → periphery) + **General → Specific** (gross → fine motor)

Growth always proceeds head-to-toe and trunk-to-extremities — head control precedes sitting, which precedes walking.

WEIGHT, LENGTH, HEAD & TEETH HIGH-YIELD

PARAMETER	MILESTONE RULE
Birth weight	~3.4 kg (7.5 lb)
Weight DOUBLES	by **~6 months**
Weight TRIPLES	by **~12 months** (1 year)
Weight QUADRUPLES	by **~2.5 years**
Birth length	~50 cm (20 in)
Length increases ~50%	by **12 months**
Head circumference (HC)	> chest circumference until ~1–2 yr; equal ~1–2 yr
Posterior fontanelle	closes by **2–3 months**
Anterior fontanelle	closes by **12–18 months**
First deciduous teeth	erupt ~**6 months**; 20 teeth by ~30 months
Teeth estimate (6–24 mo)	age in months - 6

⚑ FONTANELLE SIGNIFICANCE

- Bulging/tense fontanelle = ↑ intracranial pressure (or crying). Sunken fontanelle = dehydration.
- Early closure (craniosynostosis) or late closure (hypothyroidism, ↑ICP) is abnormal — refer.

3 GROSS & FINE MOTOR — COMPARED

THE MASTER MOTOR COMPARISON TABLE CRITICAL

AGE	GROSS MOTOR	FINE MOTOR
2 MO	Lifts head ~45° when prone	Hands mostly fisted; follows to midline
4 MO	Steady head control; rolls **front → back**	Brings hands to midline; palmar grasp; reaches
6 MO	Rolls **both ways**; sits with support; bears weight on legs	Transfers object hand-to-hand; raking grasp
8–9 MO	Sits unsupported; crawls; pulls to stand	Emerging **pincer grasp** (thumb-finger)
10–11 MO	Cruises (walks holding furniture)	Neat pincer grasp; bangs two cubes
12 MO	Stands alone; first steps / walks with 1 hand held	Releases object on request; tries to feed self
15 MO	Walks alone well; creeps up stairs	Builds tower of 2 cubes; uses cup
18 MO	Runs (stiffly); walks up stairs with help	Tower of 3–4 cubes; scribbles spontaneously
2 YR	Runs well; jumps; kicks ball; walks up/down stairs (both feet per step)	Tower 6–7 cubes; turns pages; copies vertical line
3 YR	Rides tricycle; walks **up** stairs alternating feet; stands on one foot briefly	Tower 9–10 cubes; copies a **circle**; feeds self well
4 YR	Hops on one foot; walks **down** stairs alternating feet; catches ball	Copies a **cross/square**; uses scissors; laces shoes
5 YR	Skips; jumps rope; balances on one foot ~10 sec	Copies a **triangle**; ties shoes; prints letters/name

⚑ SHAPE-COPY MEMORY HOOK

`3 = circle (O)` `4 = cross/square (+ □)` `5 = triangle (△)` — "age in shapes."

EXPECTED VS. DEVELOPMENTAL RED FLAGS WHEN TO REFER

EXPECTED PROGRESSION

- ✓ Social smile by 2 months
- ✓ Head control by 4 months
- ✓ Sits unsupported by 8–9 months
- ✓ Pincer grasp by ~9–12 months
- ✓ Walks independently by ~12–15 months
- ✓ First meaningful words ~12 months
- ✓ Two-word phrases by 24 months

RED FLAGS — REFER FOR EVALUATION

- ⚑ No social smile by 3 months
- ⚑ Poor head control / not rolling by 6 months
- ⚑ Not sitting by 9 months; no babbling by 9 months
- ⚑ No pincer grasp / not bearing weight by 12 months
- ⚑ Not walking by 18 months
- ⚑ No words by 16 months; no 2-word phrases by 24 months
- ⚑ **LOSS of any previously acquired skill (regression)** at any age
- ⚑ Persistent primitive reflexes beyond expected age

4 LANGUAGE & COGNITION — COMPARED

LANGUAGE MILESTONE COMPARISON

AGE	LANGUAGE / SPEECH	INTELLIGIBILITY
2 MO	Coos, vowel sounds	—
4 MO	Laughs, squeals	—
6 MO	Babbles consonants ("ba-ba")	—
9–10 MO	"Mama / dada" (nonspecific); responds to name	—
12 MO	1–3 meaningful words; "mama/dada" specific	—
18 MO	10–20 words; points to body parts	~25%
2 YR	**2-word phrases**; ~300 words; follows 2-step commands	**~50%**
3 YR	**3-word sentences**; ~900 words; states name/age	**~75%**
4 YR	Tells stories; 4–5 word sentences; many questions	**~100%**
5 YR	Sentences 5+ words; uses future tense; ~2,100 words	100%

⚑ **INTELLIGIBILITY RULE OF FOURS**

`2 yr → 50%` `3 yr → 75%` `4 yr → 100%` understandable to strangers.

COGNITIVE CONCEPTS BY AGE

- **Infant:** object permanence (~8–9 mo) → drives separation/stranger anxiety.
- **Toddler:** ritualism, negativism ("no!"), egocentric; beginning symbolic thought.
- **Preschool:** magical thinking, animism, egocentrism; no concept of conservation; literal thinkers.
- **School-age:** conservation, logical/concrete reasoning, classification, reversibility; collections.
- **Adolescent:** abstract & hypothetical reasoning; idealism; "imaginary audience" & "personal fable" (feel invincible).

5 PLAY · FEARS · CONCEPT OF DEATH — COMPARED

PSYCHOSOCIAL COMPARISON TABLE HIGH-YIELD

AGE	TYPE OF PLAY	PREDOMINANT FEAR	CONCEPT OF DEATH
INFANT	**Solitary** (plays alone); sensorimotor toys, mobiles, mirrors	Stranger anxiety (6–8 mo); separation anxiety	No concept
TODDLER	**Parallel** (plays beside, not with); push-pull toys	**Separation anxiety** (peaks ~18 mo)	No real concept; reacts to caregiver distress
PRESCHOOL	**Associative** (plays together, no rules); dramatic/imaginative play	**Bodily harm / mutilation**, dark, ghosts; magical thinking	Death is **reversible/temporary**; may feel guilt ("my fault")
SCHOOL-AGE	**Cooperative** (organized, rules, teams); games, collections	Failure, loss of control, not fitting in	Death is **final, universal, irreversible** (~9–10 yr)
ADOLESCENT	Peer-group activities, sports, social	**Body image**, peer rejection, being different	Adult understanding; feels personally invincible

⚑ PLAY MEMORY HOOK

"**S**ome **P**eople **A**re **C**razy" → **S**olitary (infant) · **P**arallel (toddler) · **A**ssociative (preschool) · **C**ooperative (school-age).

Therapeutic play & medical-play with dolls help preschoolers process fear of bodily harm.

6 NUTRITION BY AGE — COMPARED

FEEDING MILESTONES

AGE	NUTRITION GUIDANCE
0–6 MO	Breast milk or iron-fortified formula **only**; no water/juice. Iron stores deplete ~4–6 mo.
4–6 MO	Introduce **iron-fortified rice cereal** first, then single-ingredient foods **one at a time, q3–5 days** to monitor for allergy.
6–12 MO	Add pureed/strained fruits, vegetables, meats. Introduce cup. NO honey before 12 mo (botulism); no cow's milk before 12 mo.
12 MO	Whole cow's milk & table foods; **wean from bottle**; vitamin D as needed.
TODDLER	**Physiologic anorexia** & picky eating are normal; offer finger foods & choices. Limit milk to ~16–24 oz/day (prevents iron-deficiency anemia).
PRESCHOOL/SCHOOL-AGE	Balanced diet; food jags normal; model healthy habits; watch portion sizes.
ADOLESCENT	↑ caloric, calcium, iron needs (growth spurt, menses); screen for disordered eating.

⚑ CHOKING HAZARDS (AVOID <4 YR)

Hot dogs, whole grapes, nuts, popcorn, raw carrots, hard candy, chunks of meat/cheese. Cut food small & supervise.

7 SAFETY & ANTICIPATORY GUIDANCE — COMPARED

LEADING INJURY RISKS BY AGE PRIORITY

AGE	TOP SAFETY RISKS	KEY PREVENTION
INFANT	Aspiration/choking, suffocation, falls, MVA	**Rear-facing car seat**; "back to sleep"; small-object & cord awareness; never leave on high surface
TODDLER	**Drowning**, poisoning, falls, burns, MVA	Constant supervision near water; lock chemicals/meds; outlet covers; turn pot handles in; Poison Control number
PRESCHOOL	MVA, drowning, burns, traffic, falls	Booster seat; teach street/stranger safety; supervised play
SCHOOL-AGE	MVA, bike/sports injury, drowning	Helmets & protective gear; seatbelt; water/fire safety education
ADOLESCENT	**Motor vehicle crashes (#1 cause of death)**, substances, risk-taking, suicide	Seatbelt/no texting-driving; substance & mental-health screening; firearm safety

⚑ CAR SEAT PROGRESSION

Rear-facing until **at least age 2** (or max seat limits) → forward-facing with harness → **booster** until ~4'9" (8–12 yr) → seatbelt. Children <13 ride in the **back seat**.

ANTICIPATORY GUIDANCE PRIORITY LADDER

1. **Newborn/Infant:** safe sleep (supine, firm surface, no soft bedding), feeding, car seat, never shake.
2. **Toddler:** childproof home, poison control, supervise water, manage tantrums/toilet training.
3. **Preschool:** stranger safety, dental care, school readiness, limit screen time.
4. **School-age:** bike/sport safety, healthy habits, bullying, responsibility/chores.
5. **Adolescent:** driving safety, substance & sexual health, mental health/self-esteem, autonomy with guidance.

8 AGE-APPROPRIATE COMMUNICATION & HOSPITALIZATION

NURSING APPROACH BY STAGE APPLIED

AGE	COMMUNICATION / CARE APPROACH
INFANT	Consistent caregiver, soothing voice, encourage parental presence; minimize separation to build trust.
TODDLER	Allow **security object**; simple short words; offer limited choices (autonomy); let them handle equipment; expect regression with stress; keep routines/rituals.
PRESCHOOL	Simple/literal explanations just before procedure; **therapeutic & medical play with dolls**; reassure illness is **not punishment**; allow expression; avoid words like "cut/shot."
SCHOOL-AGE	Concrete explanations with diagrams/models; allow questions; respect **privacy & modesty**; involve in care to support sense of industry/control.
ADOLESCENT	Respect **privacy & confidentiality**; be honest; allow autonomy & decision input; acknowledge peer importance; address body-image concerns.

⚑ SEPARATION ANXIETY PHASES (TODDLER)

Protest (cries, clings) → **Despair** (withdrawn, quiet — often misread as "settled/adjusted") → **Detachment/Denial** (appears to cope but is resigned). Encourage parents to stay.

9 VITAL SIGNS BY AGE — QUICK COMPARE

NORMAL RANGES ACROSS THE LIFESPAN

AGE	HEART RATE	RESP RATE	SYSTOLIC BP (APPROX)
NEWBORN	100–160	30–60	60–90
INFANT	90–160	25–40	70–95
TODDLER	80–140	20–30	80–100
PRESCHOOL	70–120	20–25	80–110
SCHOOL-AGE	70–110	18–22	85–120
ADOLESCENT	60–100	12–20	95–120
ADULT	60–100	12–20	<120

Pattern: HR & RR are highest at birth and steadily **decrease** with age; BP steadily **increases** with age.

10 ADULT & OLDER ADULT DEVELOPMENT

ADULTHOOD MILESTONES

YOUNG ADULT (18-40)

Intimacy vs. Isolation. Establishes career, intimate partnerships, independence, and family. Peak physical function.

MIDDLE ADULT (40-65)

Generativity vs. Stagnation. Mentoring, contributing to next generation, "sandwich generation," menopause/andropause, midlife reflection.

OLDER ADULT (65+)

Ego Integrity vs. Despair. Life review, adapting to loss/retirement, finding meaning; risk of depression & isolation.

NORMAL AGING CHANGES (VS. PATHOLOGY)

EXPECTED AGING

- ✓ ↓ skin elasticity, thinner skin, wrinkles
- ✓ Presbyopia (near vision), presbycusis (high-pitch hearing)
- ✓ ↓ muscle mass, ↓ bone density, slower reflexes
- ✓ ↓ renal/hepatic clearance → drug sensitivity
- ✓ Slower processing speed but intact crystallized intelligence

NOT NORMAL — INVESTIGATE

- ⚑ **Acute confusion (delirium)** — often infection/med/metabolic
- ⚑ Significant memory loss disrupting daily life (dementia)
- ⚑ Depression, withdrawal, hopelessness
- ⚑ Unexplained weight loss, falls, incontinence as "new"

⚑ KEY NCLEX POINT

Confusion is **never a normal part of aging**. New-onset confusion in an older adult is a red flag — assess for infection (UTI), hypoxia, dehydration, electrolyte imbalance, or medication effects.

ANTICIPATORY GUIDANCE / PARENT TEACHING CHECKLIST

☑ CONFIRM CAREGIVER UNDERSTANDING

- ☐ Place infant supine to sleep on a firm surface
- ☐ Rear-facing car seat until at least age 2
- ☐ Introduce solids ~6 mo, one new food q3–5 days
- ☐ No honey or cow's milk before 12 months
- ☐ Wean from bottle by ~12–15 months
- ☐ Childproof home before toddler mobility
- ☐ Keep Poison Control number accessible
- ☐ Supervise constantly near water (drowning risk)
- ☐ Cut food small; avoid choking hazards <4 yr
- ☐ Expect toddler negativism, tantrums, picky eating
- ☐ Provide security object during stress/hospitalization
- ☐ Reassure preschooler illness is not punishment
- ☐ Use therapeutic play to prepare for procedures
- ☐ Helmets & protective gear for wheels/sports
- ☐ Respect adolescent privacy & confidentiality
- ☐ Discuss driving, substance, & mental-health safety
- ☐ Recognize developmental red flags & when to refer
- ☐ Keep immunizations current per schedule
- ☐ Promote routine dental & well-child visits
- ☐ Use teach-back to confirm understanding

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