NGN NCLEX 2026 | PEDIATRICS | GROWTH & DEVELOPMENT | HIGH-YIELD

Growth & Development

Erikson · Piaget · Milestones · Age-Appropriate Care across the Lifespan

📚 **SOURCE TRANSPARENCY:** This topic was not present in your uploaded personal notes. Content has been drawn from standard NGN NCLEX 2026 references — Saunders Comprehensive Review, ATI Nursing Education, Lippincott NCLEX-RN, Hockenberry Wong's Nursing Care of Infants & Children, and the AAP Bright Futures Guidelines. All theoretical frameworks reflect current NCSBN 2026 test plan content.

1 Definition & Overview

WHY THIS MATTERS FOR THE NCLEX

Growth

The **quantitative**, measurable physical change in size — height, weight, head circumference, dentition. Plotted on standardized growth charts.

Development

The **qualitative** progression of skills and function — motor, language, cognitive, and psychosocial. Follows a predictable cephalocaudal & proximodistal pattern.

Why It's Tested

NCLEX 2026 expects you to **match interventions, teaching, and safety priorities to the child's developmental stage** — not their chronological age. Wrong-stage interventions are the #1 trap.

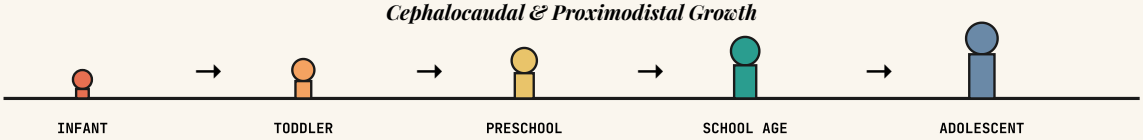
Core Principle

Development is **orderly, sequential, and continuous**. Each stage builds on the last. A child must master one task before progressing — delays cluster.

2 Developmental Frameworks

ERIKSON · PIAGET · FREUD · KOHLBERG

Erikson's Psychosocial Stages (Pediatric Focus)



0-18 MO	1-3 YR	3-6 YR	6-12 YR	12-18 YR
Trust vs. Mistrust	**Autonomy vs. Shame**	**Initiative vs. Guilt**	**Industry vs. Inferiority**	**Identity vs. Role Confusion**
Consistent caregiver = trust	"Me do it" — independence	Imaginative play, "why?"	Mastery, accomplishments	Who am I? Peer group

Piaget's Cognitive Development

0-2 YR	2-7 YR	7-11 YR	11+ YR
Sensorimotor	**Preoperational**	**Concrete Operations**	**Formal Operations**
Object permanence (~8 mo)	Magical thinking, egocentric	Logic, conservation	Abstract thought, hypotheticals

Freud & Kohlberg (Quick Reference)

AGE	FREUD (PSYCHOSEXUAL)	KOHLBERG (MORAL)
Infant 0-1 yr	Oral — sucking, biting	Pre-moral
Toddler 1-3 yr	Anal — toilet training	Preconventional: punishment & obedience
Preschool 3-6 yr	Phallic — Oedipus/Electra	Preconventional: instrumental
School age 6-12 yr	Latency — same-sex peers	Conventional: "good child" → law & order
Adolescent 12-18 yr	Genital — sexual maturity	Postconventional: social contract, ethics

3 Key Developmental Milestones

RED FLAGS = DELAYS PAST EXPECTED AGE 🚨

AGE	GROSS MOTOR	FINE MOTOR / LANGUAGE	SOCIAL / COGNITIVE
2 months	Lifts head when prone	Social smile; cooing	Recognizes parent's voice
4 months	Rolls front to back	Grasps rattle; laughs	Reaches for objects
6 months	Rolls both ways; sits with support	Transfers objects hand-to-hand; babbles	Stranger anxiety begins
9 months	Crawls; pulls to stand	Pincer grasp; "mama/dada" nonspecific	🚨 **Object permanence** (peek-a-boo!)
12 months	Walks with one hand held; cruises	2–3 words with meaning; drinks from cup	Waves bye-bye; plays pat-a-cake
15 months	Walks independently	Builds 2-block tower; 4–6 words	Points to wants
2 years	Runs; walks up stairs (both feet/step)	2-word phrases; ~50-word vocab	Parallel play; "no!" phase
3 years	Pedals tricycle; jumps	3-word sentences; copies circle	Toilet trained (day); knows name & age
4 years	Hops on one foot	Copies cross/square; sentences of 4–5 words	Associative play; magical thinking peaks
5 years	Skips; rides 2-wheel bike with training wheels	Ties shoes (some); prints first name	Cooperative play; ready for school
6–12 yr	Refined coordination; sports skills	Reading, writing, math fluency	Collections & rules; same-sex friend groups
Adolescent	Adult-level coordination; growth spurts	Abstract reasoning; complex language	Identity formation; peer > family influence

4 Priority Nursing Interventions

STAGE-MATCHED CARE · SAFETY FIRST · ABC FRAMEWORK

A

ASSESSMENT-FIRST PRIORITY

- Assess developmental level *before* chronological age
- Use Denver II / ASQ-3 screening tools
- Plot growth on standardized charts every visit
- Screen for autism at 18 & 24 months (M-CHAT)
- Compare current skills to last well-child visit

B

BUILDING TRUST & COMMUNICATION

- Approach infant slowly; allow exam in caregiver's lap
- Toddler: give choices ("red or blue cup?")
- Preschool: use simple words; let them touch equipment first
- School age: explain procedures; respect modesty
- Adolescent: interview privately; ensure confidentiality

C

CARE & SAFETY IMPLEMENTATION

- Match teaching to cognitive stage (concrete vs abstract)
- Stay with child during painful procedures
- Never leave infant/toddler unattended on exam table
- Provide age-appropriate distraction during exams
- Involve family — they are the constant

Age-Appropriate Play (Therapeutic Use)

Solitary Play

INFANT · 0-1 YR

Plays alone with toys; explores own body. Toys: **mobiles, rattles, mirrors, soft blocks**.

Parallel Play

TODDLER · 1-3 YR

Plays *beside* but not *with* others. Toys: **push-pull, stacking, dolls, sand/water**.

Associative Play

PRESCHOOL · 3-6 YR

Plays together without organized goal. Toys: **dress-up, tricycles, crayons, puzzles**.

Cooperative Play

SCHOOL AGE · 6-12 YR

Organized play with rules & goals. Toys: **board games, sports, collections, crafts**.

5 Pharmacology & Immunizations

STAGE-BASED DOSING & CDC 2026 SCHEDULE HIGHLIGHTS

AGE	KEY VACCINES	MED ADMIN CONSIDERATIONS
Birth	HepB #1	Vastus lateralis IM site; max 0.5 mL/site
2 mo	DTaP, Hib, IPV, PCV13, RV, HepB #2	Acetaminophen post-vaccine for fever (NOT prophylactic)
12–15 mo	**MMR, Varicella**, HepA #1, PCV13 booster	🧯 MMR & Varicella = LIVE — delay if immunocompromised or recent blood product
4–6 yr	DTaP, IPV, MMR, Varicella boosters	Deltoid IM acceptable; can use distraction during injection
11–12 yr	**HPV**, Tdap, MenACWY	HPV: 2-dose if started before age 15; 3-dose if 15+
16 yr	MenACWY booster, MenB	Provide adolescent privacy; assess for syncope post-injection

Pediatric Medication Pearls

IM site < 3 yr	**Vastus lateralis** — dorsogluteal NOT used (sciatic nerve damage, muscle underdeveloped). Max 1 mL/site.
IM site ≥ 3 yr	Ventrogluteal or deltoid. Max 2 mL/site in children.
Dosing	Pediatric doses are weight-based (mg/kg) — **always double-check with another nurse**.
Aspirin	🧯 NEVER give to children with viral illness — Reye's syndrome risk.
Acetaminophen	10–15 mg/kg q4–6h; max 5 doses/24h. Use weight-based, not age-based, dosing.

6 Safety Priorities by Age

LEADING CAUSE OF DEATH = UNINTENTIONAL INJURY

INFANT 0-12 MO

- Back to sleep (SIDS)
- Rear-facing car seat
- No honey < 1 yr (botulism)
- No small toys (aspiration)
- Crib slats < 2-3/8"
- Lower crib mattress as baby grows

TODDLER 1-3 YR

- Drowning prevention (1" of water)
- Outlet covers, cabinet locks
- Poison control number posted
- Rear-facing until age 2
- Avoid round/hard foods (grapes, hot dogs)
- Stair gates

PRESCHOOL 3-6 YR

- Booster seat (until 4'9")
- Bike helmet always
- Stranger safety teaching
- Supervised water play
- Sun protection
- Pedestrian safety

SCHOOL AGE 6-12

- Seat belts every ride
- Helmets (bike, skate, sport)
- Firearm safety in home
- Internet/social media monitoring
- Sports injury prevention
- Fire/water safety skills

ADOLESCENT 12-18

- 🚨 MVAs = #1 cause of death
- No texting/driving
- Substance use screening
- Suicide risk assessment
- Safe sex education
- Firearm access screening

7 NCLEX Test Traps

WHAT STUDENTS CONFUSE — WRONG VS. RIGHT THINKING

✕ WRONG	Treating chronological age = developmental age.
✓ RIGHT	Always assess **developmental level** first. A 4-yr-old with delays needs interventions geared to their actual skill level.

✕ WRONG	"Toddlers should share." Marking parallel play as immature behavior.
✓ RIGHT	**Parallel play is normal for toddlers** — they play beside, not with. Sharing emerges in preschool (associative play).

✕ WRONG	Explaining "your heart pumps blood through chambers" to a preschooler.
✓ RIGHT	Preschoolers are **concrete & magical thinkers**. Use dolls, pictures, simple words. Abstract concepts come at age 11+.

✕ WRONG	Choosing "reassure parents that stranger anxiety is abnormal at 8 months."
✓ RIGHT	**Stranger & separation anxiety = normal developmental milestone** at 6–18 months. It signals object permanence.

✕ WRONG	"Just tell the toddler what to do — they need structure."
✓ RIGHT	Toddlers in **autonomy stage** — give 2 choices: "milk or juice?" Avoid yes/no questions that invite "NO!"

✕ WRONG	Interviewing the adolescent with the parent in the room.
✓ RIGHT	**Always interview adolescents privately** at least part of the visit. Address confidentiality and its limits.

✕ WRONG	Telling a school-age child their bone marrow biopsy "won't hurt."
✓ RIGHT	Be **honest about pain**. School-age children value truth and fairness — lying damages trust permanently.

✕ WRONG	Giving the live MMR vaccine right after a blood transfusion.
✓ RIGHT	**Live vaccines delayed** after blood products (passive antibodies neutralize them). Wait per CDC: typically 3–11 months.

8 Patient & Family Education

ANTICIPATORY GUIDANCE BY STAGE

👶 Infant Caregivers

- ✓ Back-to-sleep, never on tummy/side
- ✓ Solids introduced one at a time after 6 mo
- ✓ Reduce stranger/separation anxiety with consistent routines
- ✓ Read & talk often — language exposure matters
- ✓ Childproof BEFORE crawling starts (~6 mo)

🧒 Toddler Caregivers

- ✓ Temper tantrums are normal — ignore safely
- ✓ Negativism & ritualism reflect autonomy
- ✓ Toilet train when child shows readiness (~24–30 mo)
- ✓ Limit screen time; encourage gross motor play
- ✓ Poison Control: 1-800-222-1222

👦 Preschooler Caregivers

- ✓ Magical thinking → fears the dark, monsters — validate, don't dismiss
- ✓ Set consistent limits with simple explanations
- ✓ Encourage imaginative play & storytelling
- ✓ Begin teaching personal safety (body, strangers)
- ✓ Prepare for kindergarten transition

📚 School-Age Caregivers

- ✓ Encourage hobbies/sports for "industry" success
- ✓ Praise effort, not just outcomes
- ✓ Monitor friendships & bullying
- ✓ Begin puberty education before changes start
- ✓ Establish limits on screens & gaming

👨‍🎓 Adolescent

- ✓ You set your own values — explore safely
- ✓ Sleep 8–10 hours; brain still developing
- ✓ Mental health check-ins normalize seeking help
- ✓ Substance refusal skills; safe driving contracts
- ✓ Healthy relationships & consent education

👨‍👩‍👧‍👦 Universal Family Teaching

- ✓ Each child develops at own pace — ranges are wide
- ✓ Skipped/persistent delays in 2+ areas need eval
- ✓ Family routines provide security at every age
- ✓ Model behaviors you want to see
- ✓ Well-child visits track trajectory, not just snapshots

9 Memory Boosters

PATTERN RECOGNITION FOR HIGH-YIELD RECALL

Erikson's Pediatric Stages

"TAIII"

- **T** — Trust (infant)
- **A** — Autonomy (toddler)
- **I** — Initiative (preschool)
- **I** — Industry (school age)
- **I** — Identity (adolescent)

Piaget's 4 Stages

"Some Parents Can't Forget"

- **S** — Sensorimotor (0–2)
- **P** — Preoperational (2–7)
- **C** — Concrete Ops (7–11)
- **F** — Formal Ops (11+)

Play Progression

"Silly Penguins Always Cuddle"

- **S** — Solitary (infant)
- **P** — Parallel (toddler)
- **A** — Associative (preschool)
- **C** — Cooperative (school age)

Toddler Behavior Pattern

"NRT — No Ritual Tantrum"

- **N** — Negativism ("NO!")
- **R** — Ritualism (same cup, same chair)
- **T** — Temper tantrums (frustration)

All three = normal autonomy

Direction of Growth

"Head Before Toes, In Before Out"

Cephalocaudal — head → feet (lift head before sit)

Proximodistal — center → outward (shoulder before finger)

Live Vaccines (Delay if Immunocompromised)

"MMR-V-Y"

- **M** MR (measles, mumps, rubella)
- **V** aricella
- **Y** ellow fever, oral polio, intranasal flu, rotavirus, BCG

10 NCJMM Clinical Judgment Scenario

NEXT GENERATION 6-STEP MODEL WALKTHROUGH

CLINICAL SCENARIO

"A 22-month-old male is brought to the clinic by his mother for a well-child visit. Mom states, 'He's not really talking yet — just a few words. And he won't share with his cousin, which is so embarrassing. He always wants the same blue cup and screams if I give him the red one. Should I be worried?' His weight is at the 60th percentile, height at the 55th. He walks steadily, points to wants, and is currently parallel-playing beside another toddler in the waiting area."

1 RECOGNIZE CUES

22-mo-old with ~6 words, parallel play, ritualism (same blue cup), refusal to share, points to wants, normal growth, age-appropriate gross motor. Mom expresses worry.

2 ANALYZE CUES

Behaviors are **developmentally normal** for a toddler: parallel play (1–3 yr), ritualism & "no sharing" reflect Erikson's autonomy stage. Vocabulary is at lower end but acceptable (expect ~50 words by age 2).

3 PRIORITIZE HYPOTHESES

Most likely: Normal toddler development & maternal need for anticipatory guidance. **Rule out:** language delay (re-screen at 24 mo with M-CHAT & vocabulary count).

4 GENERATE SOLUTIONS

Educate mom on parallel play & ritualism as normal. Teach 2-choice approach. Schedule 24-mo visit. Encourage reading aloud daily. Refer to early intervention only if < 20 words at 2 yr.

5 TAKE ACTION

Reassure mom these behaviors are typical. Demonstrate 2-choice phrasing. Provide written milestone handout. Plot growth on chart. Confirm well-child visit at 24 mo with M-CHAT screening.

6 EVALUATE OUTCOMES

At 24-mo visit: vocabulary expanded to 2-word phrases? Continues parallel → progressing toward associative play? M-CHAT negative for autism risk? Mom verbalizes understanding. Continue routine monitoring.