

Growth &  
Development

*Preschool → Adolescent*

A high-yield, side-by-side review of physical, cognitive, psychosocial & safety milestones — with the clinical judgment cues the NGN loves to test.

HIGH-YIELD

Study Sheet • v1  
Print • A3 • Portrait

AGES 3 - 6 YRS

Preschool



AGES 6 - 12 YRS

School-age



AGES 12 - 18 YRS

Adolescent



Stage 01 • 3-6 years

Preschool

“The magical-thinking years.”

✦ DEVELOPMENTAL THEORIES

CORE

ERIKSON

Initiative vs. Guilt

Encourage choices; avoid shaming.

PIAGET

Preoperational

Egocentric · magical thinking · animism.

FREUD

Phallic

Curiosity about bodies / gender roles.

KOHLBERG

Preconventional

Punishment & reward = right/wrong.

‡ PHYSICAL GROWTH

● Gains **4–5 lb (2 kg)** & **2.5–3 in (7 cm)** per year

● All **20 primary teeth** present; first loss near age 6

● Vision **20/30** by age 4 → **20/20** by age 6

● Bladder control day & night usually complete

🏃 MOTOR & LANGUAGE

● **3 yr:** rides tricycle, jumps, 900 words, 3-word sentences

● **4 yr:** hops on 1 foot, throws overhand, 1500 words

● **5 yr:** skips, ties laces, draws 6-part person, tells stories

● Play = **associative** → **cooperative**, highly imaginative

🧠 FEARS & PSYCHOSOCIAL

● The dark, monsters, ghosts & **body mutilation**

● Separation anxiety still present; fears loss of control

● Time is concrete — “**after lunch,**” not clock time

● Believes illness = punishment (magical thinking)

🛡️ SAFETY PRIORITIES

● **Drowning, burns, falls, poisoning, MVA**

● Booster car seat (≥40 lb, until 4'9"/8–12 y)

Stage 02 • 6-12 years

School-age

“The industry years.”

✦ DEVELOPMENTAL THEORIES

CORE

ERIKSON

Industry vs. Inferiority

Mastery & accomplishment build self-worth.

PIAGET

Concrete Operational

Logic · conservation · reversibility.

FREUD

Latency

Energy shifts to learning & peers.

KOHLBERG

Conventional

“Good-child” & rule-following morality.

‡ PHYSICAL GROWTH

● Gains **4–6 lb** & **2 in (5 cm)** per year — steady

● Loses primary teeth → **permanent teeth** erupt

● **Prepubescent growth spurt:** girls 10–12, boys 12–14

● Fine motor skills refined; handedness established

🧠 COGNITIVE & SOCIAL

● Thinks in **concrete, logical** steps — loves rules & fairness

● Masters reading, math, writing; enjoys collections

● **Same-sex best friends**, clubs, team sports

● Play is **cooperative & competitive**

👁️ FEARS & CONCERNS

● Fear of **failure**, bullying, loss of control

● Fear of the unknown, death, disfigurement

● Body-image awareness begins; **modesty emerges**

● Separation from peers more distressing than parents

🛡️ SAFETY PRIORITIES

● **Bike, skate & sport injuries** — helmets, pads

● Booster seat until 4'9" · rear seat until age 13

● Internet & social-media safety; stranger danger

Stage 03 • 12-18 years

Adolescent

“The identity years.”

✦ DEVELOPMENTAL THEORIES

CORE

ERIKSON

Identity vs. Role Confusion

“Who am I?” — peer group = mirror.

PIAGET

Formal Operational

Abstract · hypothetical · deductive.

FREUD

Genital

Sexual maturation & relationships.

KOHLBERG

Post-conventional

Principled reasoning emerges.

‡ PHYSICAL GROWTH • PUBERTY

● **Girls:** breast bud (thelarche) → pubic hair → **menarche ~12.5 y**

● **Boys:** testicular ↑ → pubic hair → voice change

● **Tanner stages 1–5** guide physical assessment

● Rapid growth spurt; peak muscle & bone mass

🧠 COGNITIVE & SOCIAL

● **Abstract & hypothetical** thinking — can discuss consequences

● **Personal fable** (“it won’t happen to me”) → risk-taking

● **Imaginary audience** → intense self-consciousness

● Peer & romantic relationships central; seeks autonomy

👁️ FEARS & MENTAL HEALTH

● Fear of **rejection, being “different,”** loss of control

● Body image → **eating disorders** (screen girls & boys)

● **Depression / suicide** — 2nd leading cause of death 10–14 y

● Screen with **HEEADSSS** every visit

🛡️ SAFETY PRIORITIES

● **MVAs** = #1 cause of death — seat belts, no

1/2

- Stranger–danger teaching begins
- Bike helmet; supervision near water & streets

VITAL SIGNS

|      |                 |
|------|-----------------|
| HR   | 80–110 bpm      |
| RR   | 22–34 /min      |
| BP   | 90–110 / 55–70  |
| TEMP | 98.6 °F (37 °C) |

★ NGN NCLEX Tip

Use **medical play with dolls**, simple concrete words, and apply **Band-Aids generously** — preschoolers fear their insides “leaking out.”

Explain procedures **right before** they happen. Offer limited choices (“arm or leg?”) to support initiative.

- Firearm safety education with caregivers

VITAL SIGNS

|      |                 |
|------|-----------------|
| HR   | 75–100 bpm      |
| RR   | 18–30 /min      |
| BP   | 90–120 / 57–76  |
| TEMP | 98.6 °F (37 °C) |

★ NGN NCLEX Tip

Use **diagrams, models & step-by-step teaching** — they think concretely. Let them **handle equipment**; it builds industry.

Respect **modesty & privacy**; praise effort, not just outcome. **Assent** should be obtained for procedures.

texting

- Substance use, vaping, firearms, STI / pregnancy
- Helmet laws; water & sport concussion awareness
- Confidentiality honored (limits: harm to self/others)

VITAL SIGNS

|      |                 |
|------|-----------------|
| HR   | 60–100 bpm      |
| RR   | 12–20 /min      |
| BP   | 110–120 / 70–80 |
| TEMP | 98.6 °F (37 °C) |

★ NGN NCLEX Tip

Interview **alone — without parent** for sensitive topics; state confidentiality limits up front.

Use **HEEADSSS**, respect autonomy, involve them in their plan. Address “**how will this affect how I look?**” — it’s their top concern.

NGN

## Clinical Judgment • 6 Cognitive Skills

How the NGN measures you — apply these at every age.

STEP 01

### Recognize Cues

What data is relevant?  
Age–appropriate norms  
vs. abnormal.

STEP 02

### Analyze Cues

What do the cues mean  
in developmental  
context?

STEP 03

### Prioritize Hypotheses

Which concern is most  
urgent? (Airway → safety  
→ develop.)

STEP 04

### Generate Solutions

Choose stage–  
appropriate teaching &  
interventions.

STEP 05

### Take Actions

Implement with family–  
centered, trauma–  
informed care.

STEP 06

### Evaluate Outcomes

Did the child meet the  
milestone / respond as  
expected?

RED FLAGS

## Developmental Red Flags

### ! Preschool (3–6 y)

No 3–word sentences by 3 · can’t ride tricycle by 4 · can’t hop on 1 foot by 5.

### ! School–age (6–12 y)

Academic failure · extreme isolation · persistent enuresis/encopresis · bullying signs.

### ! Adolescent (12–18 y)

No puberty onset by 13 ♀ / 14 ♂ · sudden weight change · SI, hopelessness, withdrawal.

### ! Any age

Regression of milestones · unexplained bruises or injuries inconsistent with history.

## Therapeutic Communication by Stage

### • Preschool

#### DO

Concrete words · medical play · Band-Aids · choice of 2 · parent present.

#### AVOID

“The IV is a little stick” (literal!) · abstract time · long explanations.

### • School–age

#### DO

Diagrams, models, honest info, offer control, praise effort, respect modesty.

#### AVOID

Baby talk · surprise procedures · comparing siblings · ignoring privacy.

### • Adolescent

#### DO

Interview alone · confidentiality (with limits) · HEEADSSS · non–judgmental tone.

#### AVOID

Lecturing · dismissing concerns · siding with parents · violating privacy.