NCLEX 2026 · PEDIATRICS · HEALTH PROMOTION

PEDIATRIC NURSING · GROWTH & DEVELOPMENT

Newborn, Infant & Toddler *Developmental Milestones*

High-yield milestones from birth to 36 months — what's expected, what's a red flag, and what NCLEX loves to trick you on.

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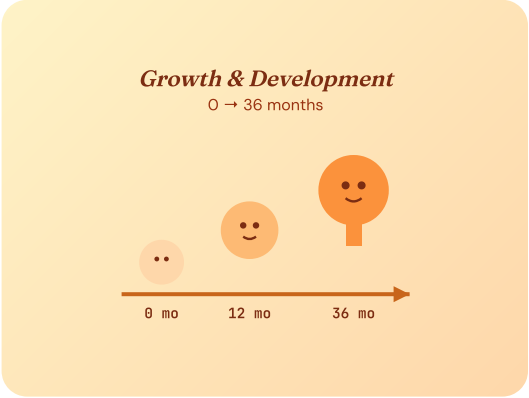
OVERVIEW

Definition & Why It Matters

📊 **Developmental milestones** are predictable behaviors and skills (motor, language, cognitive, social) that children achieve at expected ages — used to screen for normal vs delayed development.

🎯 **Why NCLEX cares:** Anticipatory guidance, safety teaching, screening for delay, and identifying when to refer are core *health promotion* and *psychosocial* competencies.

⏱️ **Key principle:** Milestones follow a predictable *sequence*, but the *timing* varies. A child who skips a stage (e.g., never crawls) is less concerning than one who hasn't reached an expected skill by the upper age limit.



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DEVELOPMENTAL FRAMEWORK

Theory & Direction of Growth

E Erikson

- **Infant (0–1 yr):** Trust vs. Mistrust → met by consistent caregiving
- **Toddler (1–3 yr):** Autonomy vs. Shame & Doubt → "let me do it!"
- **Failure:** mistrust → insecure attachment; shame → low confidence

P Piaget

- **Infant (0–2 yr):** Sensorimotor — learns through senses & movement
- **~9 mo:** object permanence (peek-a-boo!)
- **Toddler (2–7 yr):** Preoperational — egocentric, magical thinking

F Freud

- **Infant (0–1 yr):** Oral stage — everything goes in mouth
- **Toddler (1–3 yr):** Anal stage — toilet training, control
- **NCLEX:** rarely the right answer alone — Erikson is favored

Cephalocaudal

Head → toe. Babies control head before sitting before walking.

Proximodistal

Center → out. Shoulder control before grasp; trunk before fingers.

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SIGNS & SYMPTOMS

Milestones by Age

PHYSICAL MOTOR LANGUAGE SOCIAL / COGNITIVE

0–1 MONTH — Newborn

- Loses 5–10% birth wt, regains by 2 wk
- Sleeps 16–20 hr/day
- Reflexes: Moro, root, suck, grasp
- Lifts head briefly when prone
- Cries to communicate
- Prefers human face, tracks to midline
- Recognizes mother's voice
- Post. fontanel closes ~2 mo

2 MONTHS — Early Infant

- Lifts 45° prone head
- Coos, vowel sounds
- Social smile (key!)
- Tracks past midline

4 MONTHS — Early Infant

- Rolls front → back
- Holds head steady upright
- Brings hands to mouth
- Laughs & squeals

6 MONTHS — Mid Infant

- Doubles birth weight
- Teething begins (lower incisors)
- Sits with support → tripod
- Rolls both ways
- Babbles (ba-ba, da-da)
- Stranger anxiety begins
- Recognizes self in mirror
- Ready for solid foods

9 MONTHS — Late Infant

- Crawls
- Pulls to stand
- Pincer emerging grasp
- "Mama"/"dada" *non-specific*
- Object permanence
- Separation anxiety peaks
- Waves bye-bye, plays peek-a-boo
- ~6–8 teeth

12 MONTHS — 1 Year

- Triples birth wt; length +50%
- Walks with one hand held → alone
- Drinks from cup
- 1–3 words with meaning
- Follows 1-step command + gesture
- Points to wants
- Wean from bottle
- Switch to whole cow's milk

15 MONTHS — Toddler

- Walks **alone well**
- Uses spoon (spills)
- **3–5 words**
- Points to body part on request

18 MONTHS — Toddler

- **Runs** (stiffly)
- Removes clothing
- **10+ words**
- **Temper** begin **tantrums**
- **Ant.** closes **fontanel**
- Bowel/bladder readiness signs
- Engages in **parallel play**
- Negativism ("NO!")

24 MONTHS — 2 Years

- Walks up/down stairs (both feet/step)
- Kicks a ball
- **2-word phrases**, 50+ words
- 50% speech intelligible
- **½ adult height**
- ~20 deciduous teeth
- **Toilet training** begins
- Imitates adults

36 MONTHS — 3 Years

- Pedals **tricycle**
- Stairs **alternating feet**
- Dresses self with help
- **3-word sentences**
- **75% speech intelligible**
- Knows full name & age
- Copies a circle
- Begins **cooperative play**

RED FLAGS — Refer for Evaluation

By 3 mo No social smile	**By 4 mo** No head control	**By 6 mo** Not rolling, no laughing
By 9 mo Not sitting alone, no babbling	**By 12 mo** No gestures (wave, point)	**By 15 mo** No single words
By 18 mo Not walking	**By 24 mo** No 2-word phrases	**Any age** Loss of previously gained skills

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PRIORITY NURSING INTERVENTIONS

Assess · Screen · Teach · Protect

A Assess & Screen

- ✓ **Measure** head circumference, length, weight at each well-child visit; plot on growth curve
- ✓ **Screen** with *Denver II* (gross/fine motor, language, personal-social)
- ✓ **Use ages & stages** questionnaires + parental concern as a screening tool
- ✓ **Refer** any concerning delay for early intervention — *do not "wait and see"*

S Safety First (ABCs)

- ✓ **SIDS:** place on *back to sleep*, firm mattress, no soft bedding/toys, no co-sleeping
- ✓ **Car seat:** *rear-facing* until at least 2 yr *and* over manufacturer limit
- ✓ **Aspiration:** no popcorn, nuts, hot dogs, grapes, hard candy < 4 yr
- ✓ **Drowning:** never leave alone in bathtub — even 1 inch of water
- ✓ **Burns/falls:** water heater <120°F; gates at stairs once mobile

T Therapeutic Care

- ✓ **Promote trust** (infant) by responding consistently to cries
- ✓ **Support autonomy** (toddler) with limited choices & routines
- ✓ **Allow security object** (blanket, lovey) during hospitalization
- ✓ **Involve caregiver** for procedures — separation anxiety peaks 9–18 mo
- ✓ **Use play** as developmentally appropriate communication

N Nutrition & Growth

- ✓ **Breast milk or iron-fortified formula** until 12 mo — *no cow's milk < 1 yr*
- ✓ **Solids at 4–6 mo** when head control + tongue thrust gone; one new food q3–5 days
- ✓ **No honey < 1 yr** — botulism risk 🧯
- ✓ **Whole milk 12 mo → 2 yr**; then low-fat is OK
- ✓ **Limit juice < 1 yr** (none recommended); <4oz/day after

★

NCLEX Priority Rule

If the question asks "which finding requires *immediate* intervention?" — choose the answer that involves *airway, breathing, circulation, or loss of a previously achieved milestone.* Missed timeline by a month? Reassure & teach. Lost a skill? Refer now.

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PHARMACOLOGY

Immunizations & Supplements

AGE	VACCINE	MECHANISM / WHY	NURSING CONSIDERATIONS
Birth	HepB (#1)	Prevents perinatal Hep B transmission	Give in vastus lateralis; OK with mild illness
2 mo	DTaP, IPV, Hib, PCV13, RV, HepB	Diphtheria, tetanus, pertussis, polio, etc.	Expect low-grade fever, fussiness — *not* a contraindication next dose
4 mo	Repeat 2-mo set (no HepB)	Builds antibody titer	RV is *oral* live virus — hold if SCID/immunocompromised
6 mo	Repeat + first annual flu	First flu = 2 doses, 4 wk apart	Vastus lateralis; rotate sites
12–15 mo	MMR, Varicella, HepA, PCV13, Hib	Live virus vaccines (MMR/Var)	Hold MMR/Var if pregnant in home? *No* — safe; hold if *severely immunocompromised*
15–18 mo	DTaP (#4)	Booster	Document, monitor for reactions 15–20 min post

💧 Vitamin D

400 IU/day for *all breastfed* infants from birth; formula-fed need it if <32 oz/day. Prevents rickets.

🩸 Iron

Preterm: from 2 wk. **Term breastfed:** from 4 mo. Solids should include iron-rich foods at 6 mo (fortified cereal, meats).

🦷 Fluoride

Start at **6 mo** if water is non-fluoridated. Use *smear* of fluoride toothpaste once teeth erupt; pea-size after age 3.

⛔ Pediatric Medication "Never" List

No aspirin (Reye syndrome) · **No honey < 1 yr** (botulism) · **No OTC cough/cold < 4 yr** (cardiac/respiratory risk) · **No codeine < 12 yr** (respiratory depression).

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⚠ NCLEX TEST TRAPS

Where Students Lose Points

1

TRAP

"The 14-mo old isn't walking — refer for PT now."

TRUTH

Normal walking range is 9–18 mo. *Reassure & reassess.* Refer only if not walking by **18 MONTHS**.

2

TRAP

Separation anxiety = pathologic; teach parent to leave quickly without saying goodbye.

TRUTH

Separation anxiety is *normal*, peaks 9–18 mo. Teach parents to **SAY GOODBYE BRIEFLY** & return predictably — sneaking out worsens it.

3

TRAP

Parallel play means the toddler has poor social skills.

TRUTH

Parallel play (playing *beside*, not with) is the **DEVELOPMENTALLY NORMAL** play pattern for toddlers. Cooperative play emerges in preschool age.

4

TRAP

"Posterior fontanel still palpable at 6 weeks — call HCP."

TRUTH

Posterior closes by **2 MONTHS**, anterior by **18 MONTHS**. Bulging = ↑ ICP (urgent). Sunken = dehydration. Open at expected age = normal.

5

TRAP

Switch to skim milk at 12 mo to limit weight gain.

TRUTH

Use **WHOLE MILK** 12 mo → 24 mo. Fat is needed for *brain & myelin* development. Low-fat is appropriate after 2 yr.

6

TRAP

Start toilet training at exactly 18 months for all toddlers.

TRUTH

Start when the child shows **READINESS SIGNS**: stays dry 2 hr, recognizes urge, can pull pants up/down, expresses desire — usually 18–24 mo, but *not* a fixed date.

TRAP

TRUTH

Tantrums are

7

Temper tantrums = behavioral disorder; teach parent to punish.

NORMAL AUTONOMY

expression (Erikson). Teach: *ignore safely, stay consistent, offer limited choices, don't reason during the tantrum.*

8

TRAP

Hold all vaccines if the child has a low-grade fever or runny nose.

TRUTH

Mild illness is *NOT* a contraindication. Hold only for MODERATE-SEVERE ILLNESS, ANAPHYLAXIS TO PRIOR DOSE, OR SPECIFIC LIVE-VIRUS CONTRAINDICATIONS (e.g., severe immunocompromise).

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PATIENT & FAMILY EDUCATION

Anticipatory Guidance

Newborn / Early Infant

- **Back to sleep** every sleep — alone, on back, in a crib
- **Tummy time** while awake & supervised → builds neck & trunk strength
- **Feed on demand** 8–12×/day (breast) or every 3–4 hr (formula)
- **Wet diapers:** ≥6/day after day 4 = adequate hydration
- **Bath:** 2–3×/wk until cord falls off (5–14 days); sponge only

Mid–Late Infant

- **Introduce solids 4–6 mo:** iron-fortified cereal first, single foods every 3–5 days
- **No honey, cow's milk, or choking foods** < 1 yr
- **Babyproof now:** outlet covers, cabinet locks, stair gates
- **Encourage exploration:** safe floor time supports motor & cognitive growth
- **Read & talk daily** — every word grows the language map

Toddler 1–2 yr

- **Wean from bottle** by 12–15 mo to prevent dental caries
- **Limit screen time** — none < 18 mo (video chat OK); <1 hr/day age 2
- **Offer choices,** not open questions: "Red cup or blue?" not "Want a cup?"
- **Discipline:** brief *time-out* (1 min per year of age); no spanking
- **Expect ritualism & negativism** — both are healthy autonomy

Toddler 2–3 yr

- **Reading & play** daily — encourage drawing & pretend play
- **Toilet training:** child-led pace, praise success, no punishment for accidents
- **Dental:** first visit by age 1 or when first tooth erupts (whichever first)
- **Sleep:** 11–14 hr including 1 nap; consistent bedtime routine
- **Stranger safety + safe touch** teaching begins now in simple terms

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MEMORY BOOSTERS

Mnemonics & Pattern Tips

2 • 4 • 6

"Two, Four, Six" Infant Rule

- **2 mo:** social **S** mile, holds head **45°**
- **4 mo:** **R** olls front-to-back, holds head steady
- **6 mo:** **S** its (tripod), **D** oubles birth wt

9 • 12

"Nine to Twelve" Year-One Rule

- **9 mo:** **C** rawls, **P** incer grasp, **O** bject permanence
- **12 mo:** **W** alks, says 1–3 **W** ords, **T** riples birth wt

TODDLER

Behavior of the 1–3 yr old

- **T** – Tantrums (normal autonomy)
- **O** – Oppositional ("NO!")
- **D** – Dawdles (slow, ritualistic)
- **D** – Demands routine
- **L** – Limit-tests every boundary
- **E** – Egocentric thinking
- **R** – Regresses under stress

SAFE

Infant Safety Priorities

- **S** – Sleep on back (SIDS prevention)
- **A** – Aspiration risks (round foods, small toys)
- **F** – Falls & fire (never leave on elevated surface)
- **E** – Educate on car seat (rear-facing to 2 yr)

🔢 High-Yield Numbers — Memorize These

2× / 6 mo Doubles birth weight by 6 months	**3× / 12 mo** Triples birth weight by 12 months	**2 mo** Posterior fontanel closes	**18 mo** Anterior fontanel closes
6 / 6 Teething ~6 mo; first 6–8 teeth by year 1	**2 yr** Rear-facing car seat until at least age 2	**½** 2-yr-old = half adult height	**75 %** 3-yr-old speech intelligible to strangers