

STUDENT NAME Kali Barnes

DEVELOPMENTAL STAGE Infant: Birth to 12 months

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- weight increase rapidly, 1-1/2lbs a month, birth weight doubles by 4-5m, and triples by 12m.
- height increases 1 inch every month for the first six months, and grows 1/2 an inch every month in the second six months, first six months the height increases mostly in the trunk, second six months height increases in the legs.
- head circumference increases in size, this is a good sign on brain growth, 1/2 an inch a month in the 1st 6m, 1/4 an inch a month in the 2nd 6m (posterior fontanel closed at 2m, anterior fontanel closes by 12-18m), back to sleep, tummy time when awake.
- motor progress systematically, both cephalocaudal and proximodistal.
- gross motor (full body movements): (0-6m): has marked head lag (1m), rolls from back to side (4m), sits erect with support (4m), can turn over from belly to back (5m); (6-12m): sits erect momentarily (7m), sits steadily unsupported (8m), puts self in standing position/creeps on hands and knees (9m), stands while holding furniture by falling down (10m), cruises or walks by holding onto furniture with both hands (11m), walks with one hand held (12m)
- fine motor (skilled movements of hand): (0-6m): grasp reflex strong (birth), holds rattle but doesn't reach for it (3m), grasps objects voluntarily (5m), grasps feet and puts to mouth (6m); (6-12m): bangs cubes on table (7m), reaches for objects out of reach (8m), crude pincer grasp (9m), grasps ball by handle (10m), puts one object after another in a container (11m), can turn pages of a book/mag at one time (12m).

Cognitive Development

- language/vocalization: (0-6m): cries to express displeasure, squeals to show displeasure, laughs out loud, making cooing vowel sounds, begins to imitate sounds: (6-12m): "talks" when others are talking, responds to simple commands and comprehends "no, no", uses one or more words with meaning such as "mama" or "dada", understands simple sommands "where's your belly?"
- socialization/cognitive: (0-6m): loves to be touched, held, talked to, cooed, and smiled at, experiments with making faces, enjoys watching faces, watches what goes on around them: (6-12m): solitary play (when placed next to other infants will play seperately), may seem antisocial or anxious when parents leave towards end of first year, seperation anxiety which peaks between 10-18m.
- SENSORIMOTOR STAGE (birth-2)

Psychosocial Development

- Stage 1 (birth-1)
- Crisis: trust vs mistrust
- Virtue: Hope

Age-Appropriate Activities

- solitary play, stimulation is important for psychological growth
- birth-3m: soft/cuddle toys, plastic mirror, rattles, mobiles, play music, rock infant, take for walks
- 3-6m: squeaky toys, teething rings, different tecture toys, pat-a-cake, peek-a-boo, reading
- 6-9m: safe place to creep and crawl, bathtub toys, large soft blocks, baging toys together, talking/singing
- 9-12m: safe place for exploration, push-pull and motion toys, building blocks, plastic bowls and containers

Health Promotion

Immunizations

- stress importance to parents
- unprotected child may become sick
- delayed vaccines may lead to serious illness
- may need vaccines to go to school
- contraindications for immunizations: severe febrile illness, and immunocompromised infants should not get live vaccines (MMR, Varicella)

Health Screening

Nutrition

- human milk or formula only
- pacifier can be used
- no solid foods before 6m, GI system not ready and can predispose to allergies
- second 6m can have solid foods, first food is usually baby cereal it has a lot of iron
- introduce foods 4-7 days apart to see if allergy develops

Injury Prevention

- aspiration: anything that fits in toilet paper roll can be aspirated, check toys/carpet, baby powder is hazardous
- suffocation: latex ballons, plastic bags, cords, cribs, loose sheets, pillows, toys
- motor vehicle injuries: face rear from birth to 20lbs, back seat is safest
- falls: never place children unattended on raised surfaces without guardrails
- poisoning: remove all toxic agents, store properly
- burns: keep hot things out of reach
- drowning: can occur in less than 2 inches of water, child needs supervision around/in tubs, toilets, small buckets of water

STUDENT NAME Kali Barnes

DEVELOPMENTAL STAGE Toddler: (1-3yrs)

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- weight: gain 4-8 lb per yr. avg weight of 2yr old 27lbs, birth weight quadrupled by 2 1/2
- height: 3in per yr. legs grow more than trunk, 34in avg. height for 2yr old, adult is 2x 2yr old height
- gross motor: (15m): walks w/ help, creeps up stairs, kneels w/o support, cannot turn corners or stop w/o falling. (18m): runs clumsily, falls, walks upstairs w/hld holding hand, sits self in chair, throws ball overhead w/o falling, push/pulls toys: (24m): goes up and down stairs alone- 2 feet at a time, runs w/ wide stance, picks up object w/o falling, kicks ball w/o falling: (30m): jumps with both feet, jumps from chair or step, stands on one foot momentarily, takes few steps on tip-toes
- fine motor: (15m): consistently throwing objects on floor, builds 2 block tower, puts small objects in holes, scribbles, uses cup but rotates spoon: (18m): build 3-4 block tower, turns 2-3 pages at a time, manages spoon w/o rotation: (24m): builds 6-7 block tower, turns one page at a time, turns doorknobs, unscrews lids, can imitate drawing lines and circles: (30m): builds 8 block towers, good hand finger coordination, holds crayon with fingers rather than fist, can draw simple lines and strokes

Cognitive Development

- language/vocalization: (15m): says 4-8 words, asks for words by pointing, understands simple commands, uses head shaking gesture to mean "no", uses no even when agreeing: (18m): says 10+ words, points to common objects, forms word combinations, says "no" to everything, anger when scolded then wants to be held: (24m): vocab 300 words, uses I/my/you, gives first name, states need for toilet/food/drink, talks a lot: (30m): gives first last name, names colors
- socialization/ cognitive: (15m): tolerates some separation from parent, less likely to fear strangers, imitates parents, kisses and hugs parent, may kiss picture books: (18m): express emotions, temper tantrums, great imitator, awareness of ownership, may develop dependency on objects: (24m): stage of parallel play, pulls people to show things, dress self no regard for left or right or front and back: (30m): separates easily from parent, knows sex difference and own sex, can toilet self-needs help wiping

SENSORIMOTOR STAGE (birth-2)

Psychosocial Development

- stage 2: (1-3yr)
- autonomy vs shame and doubt
- virtue: will

Age-Appropriate Activities

- starts with parallel play then progresses to cooperative play
- push-pull toys, rocking horse, toys that can be ridden safely, reading from picture books, shovel and bucket, puzzles with large simple pieces, interlocking blocks, "talking" dolls and animals, toy telephones, music, balls, water toys, bubbles, clay, toys to mimic housework

Health Promotion

Immunizations

Health Screening

Nutrition

- three meals a day and 2 snacks
- well balanced meals to provide all nutrition needed by and energetic toddler
- may have physiologic anorexia (about 18m)- become picky and fussy eaters with strong taste preferences
- like to eat with their fingers and like food of different shapes and sizes
- ritualism: like the same dish, cup, or spoon everytime: may reject food due to not same plate or food is touching other food
- by 12m child eats the same as the rest of the family

Injury Prevention

- traffic: impulsive, unable to delay gratification, increase mobility: teach street rules, hold hand when crossing street, do not run from behind cars
- burns: fascination w/ fire, can reach by climbing, pokes fingers in holes and openings, can open doors and drawers, unaware of cause and effect: teach meaning of hot, turn cook handles to the back, put matches and candles out of sight and out of reach, beware of hot liquids
- falls: like to explore, can open doors and lean out windows, immature depth perception: constant supervision, teach how to use stairs, lock basement doors, use gates, use window guards, appropriate clothing and shoes, keep sharp objects out of reach
- suffocation: explores with senses, likes to bite on and taste things, eats on the run: do not allow balloons or plastic bags, inspect toys for loose parts, avoid popcorn, nuts, small hard candies, gum, large chunks of meat, debone fish and chicken, know Heimlich and CPR, vomiting turn on side
- poisoning: can open containers, increased mobility and curiosity, learns by trial and error: store cleaning materials and other harmful objects in locked areas, use child-proof caps and packaging, keep number for poison control, wash fruits and veggies
- drowning: lacks depth perception, does not realize danger, loves water: watch while around water, life jackets, teach water safety and swimming skills early, supervise tub baths
- animal/human bites: immature judgment: will bite others when not able to express feelings, teach to avoid animals, do not allow abuse of household pets, supervise closely

STUDENT NAME Kali Barnes

DEVELOPMENTAL STAGE Preschooler: 3-5yrs

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- weight: increases by 5lbs a yr
- height: 2 1/2-3in a yr, elongation of the legs
- gross motor: (3yr) rides bicycle, jumps off bottom step, broad jumps, goes up stairs with alternating feet, tries to dance but balance not adequate; (4yr) skips and hops on one foot, catches ball reliably, throws ball overhead, walks down stairs using alternating feet; (5yr) skips and hops on alternate feet, throws and catches ball well, jumps rope, walks backward, balances on alternate feet with eyes closed
- fine motor: (3yr) builds tower with 8-10 blocks, builds bridge with 3 blocks, can copy a circle, imitate a cross, name what was drawn, may draw circle with facial features; (4yr) uses scissors successfully to cut out pictures, can lace shoes but not able to tie bow, copies a square, traces cross or diamond, adds three parts to a stick figure; (5yr) ties shoelaces, uses scissors, simple tools, pencil work, prints a few letters, numbers or words, can copy a diamond or triangle, adds 7-8 parts to a stick figure

Cognitive Development

- language: (3yr) vocab of 900, uses telegraphic speech "get milk", complete sentences of 3-4 words, talk incessantly regardless of if anyone is paying attention; (4yr) vocab 1500+ words, questioning is at its peak, tells exaggerated stories, knows simple songs, names colors; (5yr) vocab 2100+ words, uses sentences of 6-8 words with all the parts of speech, names of coins, names 4+ colors, can follow three commands in succession
- socialization: (3yr) dress self almost completely, increased attention span, feeds self completely, may have fears- esp. of the dark, knows own gender and that of others, parallel play; (4yr) very independent, selfish and impatient, aggressive physically and verbally, takes pride in accomplishments, show off dramatically, still has many fears, associative play; (5yr) less rebellious, more settled and eager to get down to business, independent but trustworthy, fewer fears, eager to do things right and please, has manners, play is associative- will follow rules but may cheat to avoid losing.
- PREOPERATIONAL STAGE (2-7yr)
- stress and aggression: limited capacity to cope, look into reason for behavior

Psychosocial Development

- stage 3: (3-6yrs)
- initiative vs guilt
- virtue: purpose

Age-Appropriate Activities

- associative play: group play in similar or identical activities but w/o rigid organization or rules
- play activities for physical growth and refinement of motor skills- jumping, running, climbing
- manipulative, constructive, creative, and educational toys provide for quiet activities, fine motor development, and self-expression
- imitative, imaginative, and dramatic play is huge with this age group
- time spent watching TV limits other meaningful activities, such as reading, physical activities, and socialization
- may have an imaginary friend
- school preparation

Health Promotion

Diabetes mellitus: Appropriate therapeutic play activity

- know best way a four yr old would learn something new
- got with first answer
- Remember to make things kid friendly/fun

Immunizations

Health Screening

Nutrition

- aimed at consuming a variety of nutrient-dense foods
- balancing energy intake with energy expenditure to maintain a healthy weight
- nutritional needs vary depending on age, gender, activity level, and state of health
- some still have food habits, age 4 peaks another period of picky eating
- buy 5 children will be agreeable to try new foods, especially when encouraged by another child or an adult

Injury Prevention

- can teach the child at this point
- less prone to falls due to improved gross and fine motor skills, coordination, and balance
- less reckless. listen more to parental rules
- aware of potential dangers- hot objects, sharp objects, dangerous heights, have stopped putting things in mouth as means of exploration
- pedestrian motor vehicle injuries increase because of activities- playing in parking lots, driveways, streets, riding bikes, running after balls, forgetting safety regulations when crossing the street
- injury prevention tips from toddlers also apply to this age group
- reinforce bike helmets

STUDENT NAME Kali Barnes

DEVELOPMENTAL STAGE School age (6-12)

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- by end of stage girls surpass boys in height and weight
- weight: 6-12 will double in weight
- height: 2in per yr
- 6yr: (physical/motor): active age, finger food, knows hand is tool, likes to draw, print and color; (adaptive): uses utensils properly, cut/fold/give paper, reads from memory, likes simple games, giggles a lot, no ownership of wrong doing
- 7yrs: (physical/motor): more cautious with new activities, repeats performances to master them; (adaptive): uses table knife for cutting, brushes hair w/o help, may steal, likes to help, less resistant and stubborn
- 8-9yrs: (physical/motor): fluid movement, often graceful and poised, on the go, increased smoothness and speed in fine motor control, dresses self completely, likely to overdo; (adaptive): makes common use of tools, uses household and sewing utensils, helps with household chores, looks after own needs at table, likes pictorial magazines, likes school, afraid of failing a grade, is more critical on self, takes music and sport lessons
- 10-12yrs: (physical/motor): girls- pubescent changes may begin to appear, body lines soften and round out, boys- slow growth in height and rapid weight gain, may become obese in this time; (adaptive): cooks and sews in small ways, raises pets, washes and dries own hair, can be left alone at home for an hour or so, is successful in looking after own needs or those of other children left in care

Begins with shedding of first deciduous tooth and ends at puberty with getting permanent teeth

Cognitive Development

- 6yr: develops concept of numbers, knows morning vs afternoon, obeys triple commands in succession, know L from R hand, identifies ugly and pretty, attends 1st grade
- 7yrs: notices certain items are missing from pictures, repeats three numbers backwards, develops concept of time, attends second grade
- 8-9yrs: gives similarities and differences between 2 things from memory, counts back from 20-1, knows days/weeks/months/days, describes common objects in detail, can make change with money, reads books, can grasp concepts of parts and whole, attends 3rd and 4th grade
- 10-12yrs: writes brief stories, uses phone for practical purposes, responds to magazine, radio and other advertising, reads for information and enjoyment, attends 5th to 7th grade

PREOPERATIONAL STAGE (2-7yrs)
CONCRETE OPERATIONAL STAGE (7-11yrs)
FORMAL OPERATIONS STAGE (12-adulthood)

Psychosocial Development

- 6yrs: can share and cooperate, has need for children of own age, will cheat to win, engages in rough play, jealous of younger siblings, does what adults are seen doing, more independent, has own way of doing things, increased socialization
- 7yrs: becoming a real member of family, takes part in group play, boys and girls prefer playing with their gender, spends a lot of time alone, does not require companionship
- 8-9yrs: easy to get along with at home, likes the reward system, dramatizes, more sociable, better behaved, interested in boy-girl relationships but will not admit it, likes to compete and play games, develops modesty, compares self with others, enjoys clubs, organizations, and group sports
- 10-12yrs: loves friends, chooses friends more selectively, enjoys convo, beginning interest in opposite sex, likes family, demonstrates affection

- Stage 4 (6-12yrs)
- Industry vs Inferiority
- virtue: competence

Age-Appropriate Activities

- clubs and peer groups: conformity is the core of the group structure, the group share like interests, bullying can occur: physical, psychological, sexual, verbal
- rules and rituals: children see the needs for rules
- team play: more complex form of play that evolves from the need for peer interaction, teaches children to modify or exchange their goals for goals of the group
- quiet games and activities: enjoy many quiet and solitary activities, messy organization; get more organized as they grow
- lies, cheats, and steals, has stress and fear

Health Promotion

Immunizations

Health Screening

Nutrition

Injury Prevention

- latchkey children: elementary children left to care for themselves before or after school w/o adult supervision
- motor vehicle accidents: poor seatbelt use
- bike/scooter/skateboards/sport safety: wear helmet, watch for traffic
- teach to swim
- pedestrian safety
- adult supervision for activities
- encourage exercise and school age activities

STUDENT NAME Kali Barnes

DEVELOPMENTAL STAGE Adolescent (12-20yrs)

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- adolescence is the transition between child and adulthood
- girls puberty starts between 8-13 and is over in 4 years
- boys puberty starts between 9-14 and is over in 3.5 years
- estrogen is feminizing hormone, small quantities in childhood, and is secreted slowly until age 11
- progesterone prepares the body for pregnancy, thickening the uterine lining
- androgens: masculinizing hormones
- puberty girls: breast changes, rapid increase in height and weight, growth of pubic hair, appearance of axillary hair, menstruation (begins 2 yrs after first sign), abrupt deceleration of linear growth: delayed puberty: if breasts development had not occurred at age 13, in menarche had not occurred within 4 yrs of onset of breast development
- puberty boys: enlargement of testicles, growth of hair- pubic, axillary, upper lip, face, elsewhere on body, rapid increase in height, changes in larynx and consequently the voice, nocturnal emissions, abrupt deceleration of linear growth: delayed puberty: no enlargement of testes or scrotal changes by 13 1/2 to 14 yrs of age, if genital growth not complete 4 yrs after testicles begin to enlarge

Cognitive Development

- identity: (11-14yrs): preoccupied with rapid body changes, trying out various roles, gauges attractiveness by acceptance or rejection of peers, conformity to group norms, decline in self-esteem: (15-17yrs): modifies body image, self-oriented, tendency towards inner experience and self-discovery, rich fantasy life, idealistic, able to perceive future implications of current behavior and decisions: (18-20yrs): body image and gender role definition nearly secured, mature sexual identity, increase in self-esteem, comfortable with physical growth, social roles defined and articulated
- sexuality: (11-14yrs): self exploration, limited dating, usually group, limited intimacy: (15-17yrs): multiple plural relationships, trial-and-error identification of heterosexual, homosexual or bisexual attractions: (18-20yrs): forms stable relationships and attachment to others, dating as a romantic pair, intimacy involves commitment rather than exploration and romance
- psychological health: (11-14yrs): wide mood swings, intense day dreaming, anger outwardly expressed with moodiness, temper outbursts, and verbal insults: (15-17yrs): tendency toward inner experiences more introspective, tendency to withdraw when upset, feelings of inadequacy common, difficult asking for help: (18-20yrs): more consistency of emotion, anger more likely to be concealed

FORMAL OPERATIONS STAGE (12-adulthood)

Psychosocial Development

- relationships with parents: (11-14yrs): defining independence-dependence boundaries, strong desire to remain dependent on parents while trying to detach, major conflicts over parental control: (15-17yrs): major conflicts over independence and control, low point in parent-child relationship, greatest push of emancipation, final irreversible emotional detachment from parents: (18-20yrs): emotional and physical separation from parents completed, independence from family with less conflict, emancipation nearly secured
- relationships with peers: (11-14yrs): seeks peers affiliations to counter instability generated by rapid change, upsurge of close, idealized friendships, struggle for mastery within peer group: (15-17yrs): strong need for identity to affirm self-image, behavior standards set by peer group, acceptance by peers extremely important, exploration of ability to attract opposite sex: (18-20yrs): peer group recedes in importance in favor of individual friendship, testing romantic relationships, relationships characterized by giving and sharing
- stage 5: (12-18yrs)
- identity vs role confusion
- virtue: fidelity

Age-Appropriate Activities

Health Promotion

Health promotion of adolescents: Teaching about puberty
 • Know physical changes of boys + girls • Know mental changes of boys + girls • Know delayed puberty signs

Immunizations

Health Screening

Nutrition

Injury Prevention

- lap and shoulder belts in cars
- helmets on bikes, and motorcycles
- protective gear for sports
- learn CPR and first aid
- wear sunscreen
- safe storage and use of firearms
- avoid tobacco, alcohol and drug use
- abstinence, resisting sexual pressures, saying no
- STD prevention and protection
- assess for depression, suicidal ideation and self harming behavior
- teach stress management and relaxation techniques

STUDENT NAME Kali Barnes

DEVELOPMENTAL STAGE Young adult (18-30yrs)

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

Cognitive Development

Psychosocial Development

Age-Appropriate Activities

- FORMAL OPERATIONS STAGE (12-adulthood)
- cognitive development of high-order cognitive operations have been completed, continues to refine and expand use of these cognitive operations
- usually caught wanting to prolong the irresponsibility of adolescence and wanting to assume adult commitments

- Stage 6: (18-30yrs)
- intimacy vs isolation
- Virtue: love
- significant relationships with marital partners and friends
- MAJOR DEVELOPMENT TASK: form an intense, lasting relationship or commitment to another person, a cause, and institution, or creative effort
- a period of psychosocial development

DIFFERENTIATION OF SELF FROM THE NUCLEAR FAMILY IN WHICH ONE GREW UP: starting a family, getting married, forming own beliefs, not having kids, staying single

- achievement of this developmental task results in: capacity for mutual love and respect between two people, intimacy goes beyond sexual contact between two people, intimacy is achieved when an individual has developed the capacity for giving oneself to another
- Non-achievement of this developmental task results in: withdrawal, social isolation, aloneness, no career is established

Health Promotion

Immunizations

Health Screening

Nutrition

Injury Prevention

STUDENT NAME Kali Barnes
 DEVELOPMENTAL STAGE Middle adult (30-65yrs)

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- physical changes vary from person to person depending on diet, exercise, rest, stress, genetics, and whether health problems or disabilities develop
- nerve impulses travel slow across neurons, causing decrease in reaction time

Cognitive Development

- **FORMAL OPERATIONS STAGE (12-adulthood)**
- cognitive development does not advance
- degree in which intellectual functioning is maintained appears to be a function of ongoing mental stimulation and variation in life experience

Psychosocial Development

- stage 7: (30-65yrs)
- generativity vs stagnation
- virtue: care
- significant relationships are in the workplace, community and family
- **MAJOR DEVELOPMENTAL TASK:** achieve the life goals established for oneself while also considering the welfare of future generations
- work is crucial, occupied with creative and meaningful work and with issues surrounding family
- significant task is to perpetuate culture and transmit values of the culture through the family and working to establish a stable environment

Age-Appropriate Activities

- **MIDLIFE CRISIS- OCCURS WHEN FACED WITH A DISCREPANCY BETWEEN YOUTHFUL AMBITIONS AND ACTUAL ACHIEVEMENTS:** feels like they haven't achieved much, children start to leave home, parenting complete
- achievement of task results in: sense of gratification, generativity is achieved when the individual expresses satisfaction with this stage of life, demonstrates responsibility for leaving the world a better place in which to live
- nonachievement of task: lack of concern for welfare of others, becomes withdrawn, isolated, highly self-indulgent with no capacity of giving of the self to others, does not achieve degree of maturity required to derive gratification out of a personal concern for the welfare of others

Health Promotion

Immunizations

Health Screening

- prostate, breast, cervical, colon, cardiovascular, pulmonary, skin, cancer

Nutrition

Injury Prevention

STUDENT NAME Kali Barnes

DEVELOPMENTAL STAGE Late adulthood (65yrs-death)

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- chronological age cannot be used as a predictor of physical and cognitive decline
- physical and cognitive aspects of aging are a result of changes in the ability of individual cells to perform specialized functions
- loss of bone density and mass, visual and hearing acuity decrease, taste and sense of smell decrease, skin changes

Cognitive Development

- **FORMAL OPERATIONS STAGE** (12yrs-adulthood)
- brain cells shrink or grow dormant
- short term memory less reliable

Psychosocial Development

- stage 8: (65-death)
- integrity vs despair
- virtue: wisdom
- significant relationship with all of mankind
- MAJOR DEVELOPMENT TASK: review ones life and derive meaning from both positive and negative events while achieving a positive sense of self
- achievement of task: sense of self worth and self acceptance as one reviews the life goals, accepting some were achieved and some were not, derives a sense of dignity from life experiences, does not fear death, ego integrity is achieved when individuals have successfully completed the developmental task of other stages and have little desire to make major changes in how their lives have progressed
- nonachievement of task: sense of self-contempt and disgust, would like to start over, feels worthless and helpless, anger, depression, loneliness are evident, focus may be on past failures of perceived failures, impending death is feared, thoughts of suicide may prevail

Age-Appropriate Activities

- people in 60s and 70s like to make next 20-30yrs about quality

Health Promotion

Older adults: health promotion Education for older adults

- Teach that it is normal to have slowed reaction times
- Teach to exercise
- Teach good foods to eat

Immunizations

Health Screening

- health problems: cardiovascular, pulmonary, renal, cancer

Nutrition

Injury Prevention



Individual Performance Profile

N201 Growth and Development 2022

Individual Name:	KALI BARNES	Individual Score:	81.3%
Student Number:	7415664		
Institution:	Margaret H Rollins SON at Beebe Medical Center		
Program Type:	Diploma		
Test Date:	08/30/2023		

Overall Performance

Assessment Name	# Points	Individual Score	Individual Score (% Correct)										
			1	10	20	30	40	50	60	70	80	90	99
N201 Growth and Development 2022	16	81.3%	<div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> ▲ </div>										

Individual Performance Profile

N201 Growth and Development 2022



Outcomes

Acute/Chronic	No of Points	Individual Score	Description
Acute	4	75.0%	A disease, condition or injury characterized by a relatively sudden onset of symptoms that are usually severe. An episode of acute disease results in: recovery to a state comparable to the client's condition of health and activity before the disease; progression into a chronic illness; or death.
Chronic	2	50.0%	A disease or condition that persists for 6 months or more, or in which a cure is not expected. Chronic diseases generally cannot be prevented by vaccines or cured by medication, nor do they just disappear.

Bloom's Taxonomy	No of Points	Individual Score	Description
Apply	7	57.1%	Use information in a variety of situations.
Understand	4	100.0%	Explain the meaning of information.
Remember	5	100.0%	Recall relevant information.

Body Function	No of Points	Individual Score	Description
Cognition and Sensation	10	80.0%	The anatomical structures (brain, central and peripheral nervous systems, eyes and ears) and body functions that support perception, interpretation, and response to internal and external stimuli.
Immunity	1	100.0%	The anatomic structures (spleen, thymus, bone marrow and lymphatic system) and body functions related to inflammation, immunity, and cell growth.
Ingestion, Digestion, Absorption & Elimination	1	100.0%	The anatomical structures (mouth, esophagus, stomach, gall bladder, liver, small and large bowel, rectum, and anus) and body functions that support ingestion, digestion, and absorption of food and elimination of solid wastes from the body.
Reproduction	1	0.0%	The anatomical structures (breasts, ovaries, fallopian tubes, uterus, vagina, vulva, testicles, prostate, scrotum, and penis) and body functions that support reproductive functions.



Individual Performance Profile

N201 Growth and Development 2022

BSN Essentials	No of Points	Individual Score	Description
Information Management and Application of Patient Care Technology	1	100.0%	The need for nurses to be able to use computer-based information management systems and patient care technology in the provision of client care.
Clinical Prevention and Population Health	8	87.5%	The need for nurses to be able to identify health related risk factors and facilitate behaviors that support health promotion, and disease and injury prevention, while providing population-focused care that is based on principles of epidemiology and promotes social justice.
Baccalaureate Generalist Nursing Practice	6	83.3%	The need for nurses to be able to practice as a generalist using clinical reasoning to provide care to patients across the lifespan and healthcare continuum and to individuals, families, groups, communities, and populations.

Clinical Areas	No of Points	Individual Score	Description
Fundamentals	3	66.7%	Ability to apply fundamental nursing principles and skills to basic needs of clients. Topics include foundational client care concepts (ie: medical and surgical asepsis, infection control, physical assessment, therapeutic communication, medication administration, pain management integral to the delivery of safe, ethical, and legal nursing practice.
Nursing Care of Children	12	83.3%	Ability to apply nursing knowledge to clinical problems experienced by children. Topics include basic concepts (e.g., medication administration, physical assessment, nutritional needs), care of children with various system disorders, care of children experiencing pediatric emergencies (e.g., accidental poisoning, respiratory arrest), and care of children with psychosocial disorders.
Nutrition	1	100.0%	Ability to apply nursing knowledge to normal nutrition and diet therapy. Topics include the collection of data regarding nutritional status; implementation of actions to promote normal nutrition or dietary modification in response to illness; and evaluation of the client's response to diet therapy.

NCLEX RN	No of Points	Individual Score	Description
RN Health Promotion and Maintenance	16	81.3%	The nurse directs nursing care to promote prevention and detection of illness and support optimal health.

NLN Competency	No of Points	Individual Score	Description
Human Flourishing	16	81.3%	Human flourishing is reflected in patient care that demonstrates respect for diversity, approaches patients in a holistic and patient-centered manner, and uses advocacy to enhance their health and well-being.



Individual Performance Profile

N201 Growth and Development 2022

Nursing Process	No of Points	Individual Score	Description
RN Assessment	1	100.0%	The assessment step of the nursing process involves application of nursing knowledge to the collection, organization, validation and documentation of data about a client's health status. The nurse focuses on the client's response to a specific health problem including the client's health beliefs and practices. The nurse thinks critically to perform a comprehensive assessment of subjective and objective information. Nurses must have excellent communication and assessment skills in order to plan client care.
RN Analysis/Diagnosis	3	100.0%	The analysis step of the nursing process involves the nurse's ability to analyze assessment data to identify health problems/risks and a client's needs for health intervention. The nurse identifies patterns or trends, compares the data with expected standards or reference ranges and draws conclusions to direct nursing care. The nurse then frames nursing diagnoses in order to direct client care.
RN Planning	5	80.0%	The planning step of the nursing process involves the nurse's ability to make decisions and problem solve. The nurse uses a client's assessment data and nursing diagnoses to develop measurable client goals/outcomes and identify nursing interventions. The nurse uses evidenced based practice to set client goals, establish priorities of care, and identify nursing interventions to assist the client to achieve his goals.
RN Implementation/Therapeutic Nursing Intervention	7	71.4%	The implementation step of the nursing process involves the nurse's ability to apply nursing knowledge to implement interventions to assist a client to promote, maintain, or restore his health. The nurse uses problem-solving skills, clinical judgment, and critical thinking when using interpersonal and technical skills to provide client care. During this step the nurse will also delegate and supervise care and document the care and the client's response.
Priority Setting	No of Points	Individual Score	Description
Priority Setting	3	100.0%	Ability to demonstrate nursing judgment in making decisions about priority responses to a client problem. Also includes establishing priorities regarding the sequence of care to be provided to multiple clients.
QSEN	No of Points	Individual Score	Description
Patient-Centered Care	10	90.0%	The provision of caring and compassionate, culturally sensitive care that is based on a patient's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values.
Evidence Based Practice	6	66.7%	The use of current knowledge from research and other credible sources to make clinical judgments and provide client-centered care.



Individual Performance Profile

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Thinking Skills	No of Points	Individual Score	Description
Foundational Thinking	9	100.0%	The ability to comprehend information and concepts. Incorporates Blooms Taxonomy categories of Remembering and Understanding.
Clinical Application	7	57.1%	The ability to apply nursing knowledge to a clinical situation. Incorporates Blooms Taxonomy category of Applying.

Topics To Review

N201 Growth and Development 2022 (3 items)

- Diabetes Mellitus: Appropriate Therapeutic Play Activity
- Health Promotion of Adolescents (12 to 20 Years): Teaching About Pubescent Changes
- Older Adults (65 Years and Older): Health Promotion Education for Older Adults