

Growth and Development

STUDENT NAME Sophia Fitter

DEVELOPMENTAL STAGE Infant Birth-12 months

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- Weight: rapid growth**
 1 1/2 lbs per month
 (4-6m: 10 lbs; 12m: 21-22 lbs)
- Height: length increases**
 ↑ by 1 inch/month (0-6 months)
 1st 6m - increase trunk
 ↑ by 1/2 inch/month (7-12 months)
 2nd 6m - lengthening of legs
- Head circumference: rapid increase**
 ↑ 1/2 in/month 1st 6 months
 ↑ 1/4 in/month 2nd 6 months
- posterior fontanel closes by 2 months
 - anterior fontanel closes by 12-18 months
 - * do not always place in one position back to sleep/prone when playing

Cognitive Development

- Language/Vocalization:**
- 0-6 months -
 - cries/squeals
 - laughs out loud
 - making cooing vowel sounds
 - begin to imitate sounds
 - 6-12 months -
 - "talks" when others are talking
 - responds to simple commands and comprehends "no-no"
 - uses one or more words like "mama" or "dada"
 - understands command "where's your belly"
- Socialization/Cognitive:**
- 0-6 months -
 - loves to be touched, held, talked to, cooed, & smiled at
 - experiments with making faces
 - watches what goes on around him
 - 6-12 months -
 - solitary play
 - may seem antisocial or anxious when parents leave toward end of 1st year
 - separation anxiety which peaks between 10-18 months

Psychosocial Development

- Gross Motor Skills:**
- 0-6 months -
 - marked head lag (1 month)
 - rolls from back-side (4 months)
 - sits erect with support (4 months)
 - can turn over from belly to back (5 months)
 - 6-12 months -
 - sits erect momentarily (7 months)
 - sits steadily unsupported (8 months)
 - pulls into standing position (9 months)
 - holds onto furniture (10 months)
 - crawls by holding furniture (11 months)
 - walks with one hand held (12 months)
- Fine Motor Skills:**
- 0-6 months -
 - armpit reflex strong (at birth)
 - actively hold rattle (3 months)
 - grasp objects voluntarily (5 months)
 - grasp feet/put into mouth (6 months)
 - 6-12 months -
 - Bangs cubes on table (7 months)
 - reaches for out-of-reach objects (8 months)
 - crude pincer grasp (9 months)
 - grasp ball by handle (10 months)
 - puts the object into another container (11 months)
 - can turn pages of a book (12 months)
 - many at once (12 months)

Age-Appropriate Activities

- Birth - 3 months:
 - soft/cuddle toys
 - plastic mirrors
 - rattles - play music
 - mobiles - rock infant
 - take for walks
- 3-6 months:
 - reading/looking at a book
 - squeaky toys
 - teething rings
 - different texture toys
 - pat-a-cake
 - peek-a-boo
- 6-9 months:
 - banging toys together
 - safe place to crawl
 - bath tub toys
 - large soft blocks
 - talking/singing
- 9-12 months:
 - safe place for exploration
 - push-pull and motion toys
 - building blocks
 - plastic bowls and containers

Health Promotion

- immunocompromised infants should not receive live vaccinations
- important to get infant vaccinated (↑ risk of illness if not)
- approved rear facing car seat

Immunizations

- Birth: Hep B**
- 2 months:**
- DTAP
 - RV
 - IPV
 - Hib
 - PCV
 - Hep B
- 4 months:**
- DTAP
 - RV
 - IPV
 - Hib
 - PCV
- 6 months:**
- DTAP
 - IPV
 - PCV
 - Hep B
 - RV
 - Hib
- 6-12 months:**
- Influenza

Health Screening

- Birthweight: were up to 10% in the first 3-4 days
- 4 months: place objects into mouth
- 5 months: rolling from front to back
- 6 months: rolling from back to front
- 9 months: pulling to stand, creep on hands & knees instead of crawling

Nutrition

- First year: human milk or infant formula **ONLY**
- pacifier can be used for non-nutritive sucking
- Addition of solid foods should not be before 6 months (incompatible w/ GI)
- head control is well developed (able to feed themselves)
- infant cereal is usually 1st food (↑ in iron)
- introduce one food at a time (4-7 days in between foods - if allergy develops, will be able to identify cause)

Injury Prevention

- Aspiration of foreign objects
 - Everything goes into mouth
 - fits into TP hole → can be aspirated
 - check toys/carpet
 - Baby powder can be hazardous if aspirated - use with caution
- suffocation
 - non-food items cause majority of deaths in infants
 - latex balloons, plastic bags, cords, cribs, loose sheets, pillows, toys
- motor vehicle injury
 - face rear from birth - 20 lbs (backseat)
- Falls
 - never leave child unattended on raised surface without guardrails
- poisoning
 - remove all toxic agents
 - plants, button-sized batteries, passive smoke
- Burns
 - no hot water
 - food: warmed in microwave
 - sunburn
 - electrical outlets
 - infant sleepwear must be flame retardant
- Drowning
 - 2-inch water is drownable
 - supervised around water

ACTIVE LEARNING TEMPLATE: Growth and Development

STUDENT NAME sophia fitter
 DEVELOPMENTAL STAGE toddler 1-3 years REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- Weight:
- slows
 - 4-6 lbs/year average
 - Average weight gain at 2 years - 27 lbs
 - Birth weight x 4 by 2.5 years
- Height:
- 3 inches/year
 - elongation in legs rather than trunk
 - average height of a 2 year old: 34 in
 - adult height is 2x that
 - fontanelle close by 18 months
 - head & chest circumference are equal by 1-2 years

Cognitive Development

- piaget: sensorimotor stage transitions to the preoperational stage around year 2
- object permanence becomes fully developed
- demonstrates memories of events
- playing house is evident
- language increases to between 50 and 300 words by 2 years
- 1 year - 1 word sentences
- 2 years - multiword sentences by combining 2-3 words
- 3 years - several words to make up simple sentences

Psychosocial Development

- autonomy vs. shame & doubt
- independence
- negativism
- routines
- moral development
- egocentric
- gender identity by 3

Age-Appropriate Activities

- filling empty containers
 - playing with blocks
 - looking at books
 - push-pull toys
 - tossing balls
 - finger paints
 - crayons
 - temper tantrums result when frustrated with restrictions on independence
 - toilet training
 - discipline should be consistent with well defined boundaries
- * best to ignore temper tantrums by means of behavior modification

Health Promotion

- immunizations, nutrition, sleep & rest, injury prevention

Immunizations

- 12-15 months:
 - poliovirus
 - haemophilus influenzae type B
 - pneumococcal conjugate vaccine
 - MMR
 - varicella
- 12-23 months:
 - Hep A
- 15-18 months:
 - diphtheria
 - tetanus
 - acellular pertussis
- 12-36 months:
 - yearly influenza

Health Screening

Nutrition

- establish eating habits
- taste preference
- fussy eaters
- 24-28 oz milk/day
- trans & saturated fats should be avoided
- finger foods
- regular meal times
- always supervise eating
- 1 cup of fruit daily
- 11-12 hr sleep/day with 1 nap

Injury Prevention

- aspiration from small objects, clothing hazards, balloons
- bodily harm from sharp objects, firearms, animals, stranger safety
- burns from water, fire, electrical outlets, use sunscreen
- drowning: supervise when around water
- falling from unlinked windows or doors, crib, safety gate

ACTIVE LEARNING TEMPLATE: **Growth and Development**

STUDENT NAME sophia fitter
 DEVELOPMENTAL STAGE preschooler 3-5 years REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development	Cognitive Development	Psychosocial Development	Age-Appropriate Activities
<ul style="list-style-type: none"> - weight: 2-3kg/yr - height: 6-9cm/yr 	<ul style="list-style-type: none"> - preoperational phase - social awareness - magical thinking - animism - centration - understand time - can speak sentences with 4-5 words - vocab increases to 2100 words 	<ul style="list-style-type: none"> - initiative vs. guilt - moral development - feels good about self - recognize difference in appearance - compares to others - no stranger anxiety - less social anxiety 	<ul style="list-style-type: none"> - playing ball - puzzles - tricycles - dress up - hand puppets - painting - reading books - sand box - skating <p>- playing with a doll to stimulate acting out feelings the child may be feeling.</p>

Health Promotion

- immunizations
- nutrition
- sleep & rest
- injury prevention

Immunizations	Health Screening	Nutrition	Injury Prevention
<p>4-6 years:</p> <ul style="list-style-type: none"> - DTAP - MMR - varicella - IPV <p>3-6 years:</p> <ul style="list-style-type: none"> - yearly flu vaccine 		<ul style="list-style-type: none"> - 1200-1400 kcal/day - 13-19g of protein/day - <10% saturated fat - 5 servings of fruits and vegetables - 1 hr of physical activity/day - 12 hr sleep/day 	<ul style="list-style-type: none"> - bodily harm from firearms, stranger safety, helmets - burns from hot water, smoke detectors, use sunscreen - supervise during water activities/baths - motor vehicle: use approved car seat

Growth and Development

STUDENT NAME Sophia fitter
 DEVELOPMENTAL STAGE school - Age child 6-12 years REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development	Cognitive Development	Psychosocial Development	Age-Appropriate Activities
<ul style="list-style-type: none"> height and weight assumes a slower but steady pace girls and boys differ very little in size by the end of this stage girls tend to surpass boys in height & weight weight: from 6-12 will almost double in weight height: 2in / year permanent teeth erupt teeth continue to ossify 6- active age returns to finger feeding, draw, print, color 7- cautious to new activities repeats new skills to master 8-9- fluid movement always on the go dresses self completely 10-12- pubescent changes may begin to appear body lines soften and round out boys may gain weight during this time 	<ul style="list-style-type: none"> concrete operations conservation tell time sees perspective of others can solve problems <p>6- develop concept of number morning vs. afternoon left vs. right</p> <p>7- concept of time repeats numbers backwards</p> <p>8-9- similarity vs. differences days of the week/month change w/ month</p> <p>10-12- reads for practical information or own enjoyment writes brief stories</p>	<ul style="list-style-type: none"> industry vs. inferiority no understanding of rules in early school years can judge intentions, understand points of view later school age <p>6- more independent, mimics adult behavior</p> <p>7- doesn't require companionship real member of family group</p> <p>8-9- likes reward system more social better behaved</p> <p>10-12- chooses friends more selectively enjoys conversation attracted to opposite sex</p>	<ul style="list-style-type: none"> board games hopscotch jump rope ride bikes build models sports playing in groups making crafts building models engage in hobbies solve jigsaw puzzles play board/ card games join organized competitive sports <p>6-9 yrs</p> <p>9-12 yrs</p>

Health Promotion

safety & injury prevention: latchkey children - unsupervised children during before and after school hours
 motor vehicle accidents - proper seat/belt use
 Teach to swim - Encourage exercise and school age activities
 pedestrian safety 18% obese
 Adult supervision for activities 18% overweight

Immunizations	Health Screening	Nutrition	Injury Prevention
<ul style="list-style-type: none"> - if not given by ages 4-5: 1 give by 6) • DTap • poliovirus (inactivated) • MMR • varicella - yearly seasonal influenza - 11-12: <ul style="list-style-type: none"> • Tdap • HPV • meningococcal vaccine 	<ul style="list-style-type: none"> - screen for scoliosis 	<ul style="list-style-type: none"> - adult food portion - watch for overweight and obesity - give nutritious snacks - avoid using food as reward - emphasize physical activity - avoid skipping meals - 9 hrs of sleep needed at 11 years 	<ul style="list-style-type: none"> • bodily harm from firearms, stranger safety, helmets • burns from hot water, smoke detectors, use sun-screen • drowning: supervise around water • motor vehicle: use approved seat/restraint

Growth and Development

STUDENT NAME sophia fitter

DEVELOPMENTAL STAGE Adolescent 12-20 years

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

girls: puberty begins between ages 8-13 and is completed in about 4 years
 Boys: puberty begins between 9-14 and is completed in 3.5 years

During puberty:
 Estrogen: feminizing hormone. Found in low quantities during childhood and is secreted slowly increasing amounts until age 11.
 Progesterone: prepares the body for pregnancy; causes uterine lining to thicken.
 Androgens: masculinizing hormones
 - visible evidence of sexual maturation is achieved in an orderly sequence

Cognitive Development

- Formal operations
- Able to think through more than 2 categories of variables concurrently
- Highly imaginative/idealistic
- use logic to form decisions
- Able to understand how actions influence others
- think in terms of abstract possibilities and hypothetical situations

← growth spurts in height occur towards the end of midpuberty for boys (10-30 cm)

Psychosocial Development

- Identity vs. role confusion
- variations of emotions are common during adolescence
 - * stability comes during late adolescence
- Becomes close with same sex friends in early stage
- self exploration occurs through masturbation
- transition from friends to intimate relationships
- sexual identity is formed in late adolescence
- uses moral principles
- image established or used throughout life

Age-Appropriate Activities

- non violent video games
- non violent music
- sports
- caring for a pet
- career training programs
- reading
- social interactions

Health Promotion

Immunizations

13-18 years require catch up doses of any recommended immunizations not received at 11-12 years

- yearly seasonal influenza vaccine

16-18:

- MCV4 booster if first dose was received by 13-15

Health Screening

- school scoliosis screenings

Nutrition

- rapid growth and high metabolism (additional calcium, iron, protein & zinc are needed)
- over eating / under eating present challenges
- encourage healthy food selections for meals and snacks

- sleep habits may change with puberty
- sleep deprivation is a concern

Injury Prevention

- bodily harm
 - keep firearms locked up
 - proper use of sporting equip.
 - Be aware of changes in mood
- Burns
 - Teach fire safety
 - avoid tanning beds
- Drowning
 - Teach to swim
 - Don't swim alone
- motor vehicle injuries
 - Drivers ED classes
 - seatbelt
 - NO cell phones
 - No substances while driving
- substance use
 - monitor for indications
 - discuss risk of smoking

Growth and Development

STUDENT NAME sophia fitter

DEVELOPMENTAL STAGE Young Adult 18-30 years

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- form an intense, lasting relationship or commitment to another person, a cause, an institution, or a creative effort
- growth has concluded around age 20
- physical senses peak
- muscle functions optimally at ages 25-30
- time for childbearing is optimal
- pregnancy related changes occur

Cognitive Development

- cognitive development of high order cognitive operations have been completed
- continues to and expand use of these cognitive operations.
- virtue: love
- critical thinking improves skill, memory peaks in the 20's
- increased openness to change
- value/harms of friends are relevant

Psychosocial Development

- intimacy vs. isolation
- one or more commitments and responsibilities
- occupational choices relate to goals/dreams
- personalize values and beliefs
- base reasoning on ethical fairness principles

Age-Appropriate Activities

- traveling
- cycling
- swimming
- yoga
- involvement in activities of children
- thoughts about the future
- vacation planning
- returning to school

Health Promotion

At risk for alterations in health from substance abuse, unplanned pregnancies, STI, infertility, work related injuries or exposures, violent death & injury

Immunizations

Annual influenza
tetanus
DTaP
Pertussis

Health Screening

- routine medical care
- education on contraception & regular physical activity
- good nutrition is encouraged

Nutrition

monitor for adequate nutrition and proper physical activity
monitor calcium intake in women

Injury Prevention

- avoiding drugs/alcohol leading to substance use disorders
- No driving after drinking and seatbelt
- smoke/carbon monoxide detectors in house
- helmet during recreational activities that could cause potential head injury

Growth and Development

STUDENT NAME sophia fitter

DEVELOPMENTAL STAGE Middle adult 30-65 years REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- Achieve the life goals established for oneself while also considering the welfare of future generations
 - physical changes vary from person to person depending on diet, exercise, rest, stress, genetics, and whether health problems or disabilities develop
 - Nerve impulses travel slowly across neurons, causing a decrease in reaction time
-
- skin turgor/moisture
 - sub q fat
 - gray hair
 - visual acuity
 - sense of taste
 - skeletal muscle mass

Cognitive Development

- cognitive development does not advance
 - intellectual functioning is maintained through a function of ongoing mental stimulation and variation in life experience
- virtue: care
- memory is intact
 - stored knowledge remains

Psychosocial Development

- generativity vs. stagnation
- have concern for others
- consider parenting an important task
- contribute to well being of next generation

Age-Appropriate Activities

- work is more crucial
- occupied with creative and meaningful work and with issues surrounding family
- working to establish a stable environment
- sexual desires

Health Promotion

Obesity, DM2, cancer, cardiovascular disease, psychosocial stressors, substance use

Immunizations

Annual flu vaccine
tetanus
Tdap
Hep A & B
MMR
HPV
pneumococcal
meningococcal

Health Screening

- dual energy xray absorptiometry (DXA) screening for osteoporosis
- eye exam for glaucoma
- mental health screening

Nutrition

- obtain adequate protein, limit fat & cholesterol, increase intake of whole grains & fresh fruits/vegetables

Injury Prevention

- avoid drugs
- avoid driving during or after alcohol consumption
- wear seatbelt
- secure firearms in safe location

Growth and Development

STUDENT NAME sophia fitter

DEVELOPMENTAL STAGE late adult 65 years - death REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development	Cognitive Development	Psychosocial Development	Age-Appropriate Activities
Dry wrinkly skin Disability to adjust to cold temp reduced cardiac output ↑ risk for resp. infections Hypertension slow reaction time ↓ digestive enzymes ↓ bladder capacity ↓ sensitivity to insulin	maintain cognitive function but lose speed health, # of stressors, lifelong mental health are influencers of cognitive development poor nutrition / structural brain changes result in several cognitive disorders: Dementia Depression	Ego integrity vs. despair Adapt and adjust to changes related to environment / family structure / living environment Face death self-concept development Body image changes social development	remains socially active & overcome isolation maintain sexual health participate in activities encourage reminiscence perform physical activities within RM

Health Promotion



Immunizations	Health Screening	Nutrition	Injury Prevention
influenza DTAP Tetanus pertussis varicella pneumococcal Hep A & B meningococcal	Annual: Hearing fecal occult blood test for colon cancer Rectal & prostate-specific antigen DXA for osteoporosis Eye exams mental health exams cholesterol & DM q 3 years	↑ intake of vitamin D, B12, E, folate, fiber, & calcium ↑ fluid intake take multivitamins - limit sugar, alcohol, & sodium	implement use of bed rails / grab bars get rid of throw rugs eliminate clutter in walkways remove cords from walkways teach correct use of meds canes, walkers (etc) possibility ensure adequate lighting eyewear / hearing aids