

Posterior fontanel closes by 2 months of age.
 Anterior fontanel closes by 12 to 18 months of age.

ACTIVE LEARNING TEMPLATE:

Growth and Development

STUDENT NAME Stevie Lynn Bell

DEVELOPMENTAL STAGE Infant

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- Rapid Weight growth occurs during first year. 1.5 lbs of weight expected per month.
- Birth weight doubles by 4 to 6 months, on average is about 11 lbs.
- Birth weight triples by 12 months. The average weight is 21-22 lbs.
- Height: Infants grow about 1 in per month for the first 6 months of life. Birth length increases by 50% by 12 months.
- Head Circumference: An infant's head circumference increases by 2cm per month during the first 3 months.

Cognitive Development

- Infants progress from reflexive to simple repetitive to imitative activities.
- Separation, object permanence and mental representation are the three important tasks accomplished in this stage.
- Language Development: - crying is the first form of verbal communication
- infants cry for 1-1 1/2 hours up to 3 weeks of age.

Psychosocial Development

- Erikson: Trust vs mistrust: - Achieving this is based on the quality of the caregiver. The infant begins to learn delayed gratification failure to learn gratification leads to mistrust.
- Trust is developed by meeting comfort, feeding, stimulation, and caring needs.
- Separation-individuation occurs during the first year as infants distinguish themselves and their primary caregiver.

Age-Appropriate Activities

- Play should provide interpersonal contact and educational stimulation.
- Infants have short attention spans and will not interact with other children during play. Appropriate toys are rattles, soft stuffed toys, teething toys, nesting toys, playing pat-a-cake, playing with balls, reading books, mirrors, brightly colored toys and playing with blocks.

Health Promotion 1cm for the next 4 to 6 months and then 0.5 per month during the second 6 months.

Immunizations, Nutrition, Sleep and rest, injury prevention

Immunizations

- Birth: hepatitis B (Hep B)
- 2 months: diphtheria, and tetanus toxoids and pertussis (DTap), rotavirus vaccine (RV), inactivated poliovirus (IPV), Haemophilus influenzae type B (Hib), pneumococcal vaccine (PCV, and Hep B)
- 4 months: DTaP, IPV, Hib, PCV
- 6 months: DTap, IPV (12 months to 18 months), PCV, and Hep B (12 months to 18), RV, Hib
- 6 to 12 months: Seasonal influenza vaccination yearly

Health Screening

- Regular wellness Screenings

Nutrition

- Infants should solely receive formula or breast milk until 6 months of age.
- Vitamin D is recommended for the first few days of life to prevent rickets and vitamin D deficiency.
- After 6 months, 100% fruit juice should be limited to 4 to 6 oz per day.
- Solids are introduced around 6 months of age.

Injury Prevention

- Aspiration of foreign objects: Hold the infant for feedings, do not prop bottles.
- Anchor heavy objects and furniture so they cannot be overturned on top of the infant.
- Avoid warming formula in microwave
- ~~to~~ Electrical outlets should be covered.
- Infants should not be left unattended in bathtubs.
- Place safety gates at the top and bottom of stairs.

STUDENT NAME Stevie Lynn BellDEVELOPMENTAL STAGE Toddler

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development	Cognitive Development	Psychosocial Development	Age-Appropriate Activities
<ul style="list-style-type: none"> • Anterior fontanelles close by 18 months. • Weight: At 30 months of age, toddlers should weigh four times their birth weight. Toddlers gain approx. 1.8 to 2.7kg per year. • Height: Toddlers grow about 3in per year. • Head circumference and chest circumference are usually equal to 2 years of age. 	<p>Piaget: Sensorimotor stage transitions to the Preoperational stage around 2 years of age.</p> <ul style="list-style-type: none"> - The concepts of object permanence increases. - Toddlers have and demonstrate memories of events that relate to them. - Domestic mimicry (Playing house) is evident. - Preoperational thought does not allow for toddlers to understand other view points, but it does allow them to symbolize objects. 	<p>Erikson: autonomy versus shame and doubt.</p> <ul style="list-style-type: none"> - Independence is paramount for toddlers, who are attempting to do everything for themselves. - Ritualism or routines provide a sense of comfort for toddlers. - Moral development is closely associated with cognitive development. - Toddlers develop gender identity by 3 years of age. 	<ul style="list-style-type: none"> • Filling and emptying containers. • Water toys and clay • Playing with blocks • Looking at books • Push pull toys • Tossing balls • Finger paints • Large piece puzzles • Thick crayons

Health Promotion

Immunizations, Nutrition, Sleep and rest, Dental health, injury prevention.

Immunizations	Health Screening	Nutrition	Injury Prevention
<ul style="list-style-type: none"> • 12 to 16 months: inactivated poliovirus (third dose between 6 to 18 months); Haemophilus influenzae type B; pneumococcal conjugate vaccine; measles, mumps and rubella and varicella. • 12 to 23 months: Hepatitis A (Hep A), given in two doses 6 months apart. • 15 to 18 months: diphtheria, tetanus and acellular pertussis. • 12 to 36 months: yearly seasonal inactivated influenza vaccine; live attenuated influenza vaccine by nasal spray (must be 2 or older) 	<ul style="list-style-type: none"> • Regular wellness screenings 	<ul style="list-style-type: none"> • Toddlers should consume 16 to 24oz of milk per day. • Juice consumption should be limited to 4 to 6oz per day. • Trans-fatty acids and saturated fats should be avoided. • Diet should include 1 cup of fruit daily. • Food serving size should be 1tbsp for each year of age. 	<ul style="list-style-type: none"> • Small objects that can be lodged in the throat should be avoided. • Parents should know emergency procedure for choking. • Firearms should be in locked box. • Toddlers should be taught stranger danger. • Pot handles should be turned to the back of the stove. • Toddlers should not be left unattended in bathtubs. • Safety gates • Toddlers should be rear facing until the age of 2.

Growth and Development

STUDENT NAME Stevie Lynn Bell

DEVELOPMENTAL STAGE Preschooler

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development	Cognitive Development	Psychosocial Development	Age-Appropriate Activities
<p>Weight: Preschoolers should gain about 2 to 3kg per year.</p> <p>Height: Preschoolers should grow about 2.5in to 3.5in per year.</p>	<p>Piaget: preoperational phase. The preconceptual thought transitions to the intuitive thought phase around 4 years old and lasts until 7.</p> <ul style="list-style-type: none"> • Make judgements based on visual appearance. Including magical thinking, Animism, centration and time. • Vocabulary increases to more than 2,100 words by the end of 6th year. • Speaks in 3 to 4 word sentences at 3 and 4 years of age. 4 to 5 words at 4 to 5 years of age. 	<p>Erikson: initiative vs. guilt.</p> <ul style="list-style-type: none"> • Become energetic learners even though they don't have all the physical abilities. • Guilt can occur when they believe they have done misbehaved or when they can't complete a task. Kohlberg: moral development. 2 to 4 have a basic understanding and moral judgement. 4 to 6 takes action to satisfy personal needs. • Generally do not exhibit stranger anxiety and have less separation anxiety. • Changes in routine can be tolerated. 	<ul style="list-style-type: none"> • Playing ball • Putting puzzles together • Riding tricycles • Playing pretend and dress up activities • Role playing • Hand Puppets • Painting • Reading books • Sand boxes • Computer Programs • Musical toys

Health Promotion
 Play, Safety and injury Prevention, Preparation for School, Injury Prevention, Stress and aggression, Nutrition, Sleep and rest.

Preschool age children are imaginative thinkers and have trouble distinguishing between real or false.

<p>Immunizations</p> <p>4 to 6 years:</p> <ul style="list-style-type: none"> • DTaP Diphtheria and tetanus toxoids and pertussis (DTaP); measles, mumps and rubella (MMR); Varicella and inactivated Poliovirus (IPV) <p>3 to 6 years: Yearly seasonal influenza vaccine; or live, attenuated influenza vaccine by nasal spray.</p> <p>Follow the current CDC recommendations for admin of Covid-19 vaccine to children 3 to 6 years of age.</p>	<p>Health Screening</p> <ul style="list-style-type: none"> • Yearly wellness Screening 	<p>Nutrition</p> <ul style="list-style-type: none"> • Aimed at consuming a variety of nutrient dense foods. • Balancing energy intake with energy expenditure to maintain a healthy weight. • Preschoolers who are mildly active require a caloric intake range from 1200-1400 kcal/day • Require 13 to 19g/day of protein in addition to 700 to 1000 mg/day of calcium and 14 to 25g/day of fiber. 	<p>Injury Prevention</p> <ul style="list-style-type: none"> • Motor vehicle injury. i. Federally approved restraints. ii. In car seat or booster until 4ft 9in or 8-12 years old. iii. Back Seat Still. iv. Supervise when outside. may run into road after a ball. • Still at a high risk of burns and drowning.
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Growth and Development

STUDENT NAME Stevie Lynn Bell

DEVELOPMENTAL STAGE School Age Child

REVIEW MODULE CHAPTER _____

• Growth spurts in height occur towards the end of midpuberty. Boys grow 4 to 12 in.

EXPECTED GROWTH AND DEVELOPMENT

Physical Development	Cognitive Development	Psychosocial Development	Age-Appropriate Activities
<p>Weight: School age children will gain about 2 to 3 kg per year. Height: School age children will grow about 2 in per year.</p> <ul style="list-style-type: none"> • Preadolescence is typically when prepubescence occurs. • Rapid growth in height and weight occurs. • Onset of physiologic changes begin around the age 9. • Bones continue to ossify. • Immune system improves. • Permanent teeth erupt. • Bladder capacity differs but remains greater in girls than boys. • Differences in the rate of growth and maturation shows between boys and girls. 	<p>Piaget: Concrete Operations: Transition from Perceptual to Conceptual thinking.</p> <ul style="list-style-type: none"> • Masters the concepts of conservation: <ul style="list-style-type: none"> - Conservation of mass is understood first, followed by weight and then volume. • Learn to tell time • Classifies more complex information • Able to see the perspective of others. • Able to solve problems 	<p>Erikson: Industry vs. inferiority: Children should be taught that not everyone will master every skill. Moral development.</p> <p>Early School age years:</p> <ul style="list-style-type: none"> • Do not understand the reasoning behind rules and expectations for behaviors. <p>Later School age years: Able to judge the intentions of an act rather than just its consequences.</p> <p>Peers groups play an important in social development. Peer Pressure begins to take effect.</p>	<p>Ages 6 to 9</p> <ul style="list-style-type: none"> • Play simple board and number games. • Play hopscotch • Jump rope • Collect rocks, stamps, cards, coin or stuffed animals • Ride bicycles • Build simple models • Join organized sports <p>Ages 9 to 12</p> <ul style="list-style-type: none"> • Make crafts • Build models • Collect things/engage in hobbies. • Solve jigsaw puzzles • Play board and card games • Join organized competitive sports
<p>Health Promotion: • Visible sexual maturation is minimal in boys during preadolescence.</p>			
<p>Immunizations, Health Screenings, Nutrition, Sleep and rest, Dental health and injury prevention</p>			

Immunizations	Health Screening	Nutrition	Injury Prevention
<ul style="list-style-type: none"> • If not given between 4 and 5 years of age, children should receive the following vaccine by 6 years of age: diphtheria and tetanus toxoids and Pertussis (DTap); inactivated Poliovirus; measles, mumps and rubella (MMR) and Varicella. • Yearly seasonal influenza vaccine and at the age of 11 to 12 years old tetanus and diphtheria toxoids and pertussis vaccine (Tdap), HPV and meningococcal vaccine 	<ul style="list-style-type: none"> • Yearly wellness screening • Scoliosis screening 	<ul style="list-style-type: none"> • Need quality nutritious snacks • Obesity is an increasing concern of this age group. • By the end of the school age years, children should eat adult portions of food. • Avoid using food as reward. • Emphasize physical activity. • Ensure that child consumes a balanced diet. • Limit eating fast food. • Avoid skipping meals. 	<ul style="list-style-type: none"> • Teach to swim • Bike / scooter / skateboards / sports safety - wear helmet, watch for traffic • Adult supervision for activities. • Pedestrian Safety • Encourage exercise and school age activities. • Keep firearms in locked cabinets • Teach safety precautions for children to take while cooking

Growth and Development

STUDENT NAME Stevie Lynn Bell

DEVELOPMENTAL STAGE Adolescent

REVIEW MODULE CHAPTER _____

In males, Sexual maturation occurs in the following order: Testicular enlargement, Pubic hair growth, Penile enlargement, Axillary hair growth, Facial hair growth and voice changes.

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

- The final 20% to 25% of height is achieved during Puberty.
- Acne can appear during adolescence.
- Females stop growing at about 2 to 2.5 years after the onset of menarche. They grow 2 to 8 in and gain 7 to 25 kg. Males stop growing at around 18 to 20 years. They grow 4 to 12 in and gain 7 to 30 kg.
- In females: Breast development, Pubic hair, Axillary growth and menstruation.

Cognitive Development

- Piaget: formal operations
- Able to think through more than two categories of variables concurrently.
 - Capable of evaluating the quality of their own thinking.
 - Able to maintain attention for longer periods of time.
 - Highly imaginative and idealistic
 - Increasingly capable of using formal logic to make decisions
 - Think beyond current circumstances
 - Able to understand how actions of an individual influence others.

Psychosocial Development

- Erikson vs role confusion: Adolescents often try different roles and experiences to develop a sense of personal identity and come to view themselves as unique individuals.
- Swings or variations in emotions are common during early adolescence
 - Withward expression of emotions.
- Sexual identity
- Begin with close, same sex friendship during early adolescence.
 - Transition from friendships to intimate relationship.
 - Autonomy.
 - Adolescents view themselves as invincible to bad outcomes of risky behavior.

Age-Appropriate Activities

- Nonviolent video games
- Nonviolent music
- Sports
- Caring for a pet
- Career training programs
- Reading
- Social interaction (movies, school dances, social media, and electronic messaging)

Health Promotion

Immunizations, Health Screenings, Nutrition, Sleep and rest, dental health, Sexuality and injury prevention.

Immunizations

- Yearly seasonal influenza vaccine.
- Meningococcal vaccine: 2nd dose at 14 years of age if received at 11-12 years of age.

Health Screening

- Scoliosis (annual screening)
- Annual height and weight for BMI calculations, BP checks for hypertension screening.
- Hemoglobin and Hematocrit
- Universal lipid screenings.
- Screenings for STI's if sexually active.

Nutrition

- During times of rapid growth, additional Calcium, iron, protein and Zinc are needed.
- Inadequate intake of folic acid, vitamin B12, vitamin A, iron, Calcium and Zinc is common.
- Overeating and undereating present challenges during adolescent years.
- Overweight and obesity rates are of particular concern; anorexia and bulimia are common.

Injury Prevention

- Adolescents should have annual psychological screenings to identify depression, anxiety, suicidal ideations and substance use.
- Keep firearms unloaded in a locked cabinet.
- Teach proper use of sports equipment
- Insist on helmet use and or pads.
- Beware of mood changes and monitor for self harm.
- Discuss bullying and cyberbullying
- Teach fire safety
- Teach adolescents to swim.

Growth and Development

STUDENT NAME Stevie Lynn Bell

DEVELOPMENTAL STAGE Young Adult

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development	Cognitive Development	Psychosocial Development	Age-Appropriate Activities
<ul style="list-style-type: none"> • Growth has concluded around age 20. • Physical Senses peak. • Cardiac output and efficiency peak • Muscle function optimally at ages 25 to 30. • Time for childbearing is optimal. • Pregnancy related changes occur. 	<p>The young adult years are an optimal time for education, both formal and informal.</p> <ul style="list-style-type: none"> - Critical thinking skills improve - Memory Peaks in the 20's. - Ability for creative thought increases. - Values/ norms of friends (social groups) are relevant. - Decision making skills are flexible with increased openness to change. <p>Piaget: Formal operations.</p>	<p>According to Erikson, young adults must achieve intimacy vs Isolation.</p> <ul style="list-style-type: none"> - Young adults can take on more adult commitments and responsibilities - Occupational choice related to high goals/dreams or exploration experimentation. • They can base reasoning on ethical fairness principles (justice) • Leave home and establish independent living situation • Question their ability to parent. 	<ul style="list-style-type: none"> • Traveling • Swimming • Swimming

Health Promotion

Young adults are at risk for alterations in health from: Substance use disorders, Periodontal disease due to poor oral hygiene, Unplanned pregnancies: a source of high stress, STIS, infertility, work related injuries or exposures and violent death injury.

Immunizations	Health Screening	Nutrition	Injury Prevention
<ul style="list-style-type: none"> • Annual influenza • + tetanus, diphtheria and pertussis 	<ul style="list-style-type: none"> • Young adults should follow age related guidelines for screening. • Encourage selecting a primary care provider for ongoing, routine medical care. • Provide education about contraception and regular physical activity. 	<ul style="list-style-type: none"> • Monitor for adequate nutrition and proper physical activity. • Monitor calcium intake in females • See myplate.gov for nutritional recommendations 	<ul style="list-style-type: none"> • Avoid alcohol and tobacco products and illicit drugs which can lead to substance use disorders. • Wearing a seat belt when operating a vehicle. • Avoid driving a vehicle during or after drinking alcohol or taking substances that impair sensory and motor functions.

STUDENT NAME Stevie Lynn BellDEVELOPMENTAL STAGE Middle Adult

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development

Decreases in the following:

- Skin turgor and moisture.
- Subcutaneous fat.
- Melanin in hair (graying).
- Visual acuity, especially for near vision.
- Auditory acuity, especially for high pitched sounds.
- Sense of taste.
- Skeletal muscle mass.
- Height, Calcium / bone density, Blood vessel elasticity, Respiratory vital capacity, Glucose tolerance.

Cognitive Development

Piaget: Formal Operations:

- Reaction time and speed of performance slows slightly.
- Memory is intact.
- Crystallized intelligence remains (stored knowledge).
- Fluid intelligence (how to learn and process new information) declines slightly.

Psychosocial Development

According to Erikson, middle adults must achieve generativity vs Stagnation.

- Have concern for others.
- Consider parenting an important task.
- Religious maturity.
- Often have advanced moral development.
- Menopause, depression, sexuality.
- Sex drive can decrease as a result of declining hormones, chronic disorders or medications.

Age-Appropriate Activities

- Cycling
- Swimming

Health Promotion

Especially at risk for alterations in health due to obesity, type 2 diabetes mellitus, Cardiovascular disease, Cancer, Substance use disorder and Psychosocial stressors.

Immunizations

- Annual influenza vaccine.
- Tetanus
- Diphtheria, Zoster, pneumococcal and pertussis.

Health Screening

- Dual energy x-ray absorptiometry (DXA) screening for osteoporosis
- Eye examination for glaucoma and other disorders every 2 to 3 years or annual depending on provider.
- Mental health screening for anxiety and depression.

Nutrition

- Obtaining adequate Protein.
- Increasing the consumption of whole grains and fresh fruits and vegetables.
- Limiting fat and cholesterol
- Increasing vitamin D and Calcium supplementation, (especially for females)

Injury Prevention

- Avoid substances, including alcohol, that can lead to substance disorders
- Wear a seatbelt when operating a vehicle.
- Wear a helmet while bike riding, skiing and other recreational activities that increase risk
- Install smoke and carbon monoxide detectors.

ACTIVE LEARNING TEMPLATE: Growth and Development

STUDENT NAME Stevie Lynn Bell

DEVELOPMENTAL STAGE Late Adult

REVIEW MODULE CHAPTER _____

EXPECTED GROWTH AND DEVELOPMENT

Physical Development	Cognitive Development	Psychosocial Development	Age-Appropriate Activities
<p>Decrease in skin turgor, subcutaneous fat. Thinning and graying of hair. Thickening of finger nails and toenails.</p> <ul style="list-style-type: none"> - increased BP - reduced CO - Decreased peripheral circulation - slower reaction time - Decreased bladder capacity - Decalcification of bones. 	<p>Piaget: Formal Operations. Slowed neurotransmission, vascular circulation impairment, disease states, poor nutrition and structural brain changes can result in</p> <ul style="list-style-type: none"> - Delirium - Dementia - Depression 	<p>Erikson: Integrity vs despair</p> <ul style="list-style-type: none"> • Adapts to changes - Finding ways to maintain a good quality of life. - Becoming more dependent on others for activities of daily living - Find ways to remain socially active and overcome isolation - Maintain sexual health. 	<p>Gardening Sewing</p>

Health Promotion

Health risks Cardiovascular disease, factors affecting mobility, mental health disorders

Immunizations

Diphtheria, tetanus, Pertussis, varicella, seasonal influenza, Herpes Zoster and Pneumococcal individuals.

• Hep A and B

• Meningococcal infections for high risk individuals

• tetanus booster every 10 years.

• Starting at age 60, you should

have a single dose of the Herpes Zoster vaccine.

ACTIVE LEARNING TEMPLATES

Health Screening

• Hearing annually

• fecal occult blood test.

• Digital rectal and Prostate specific antigen (males)

• DXA

• Eye exam for glaucoma and other disorders

• Mental health screening for depression

• Cholesterol screening annually

• Diabetes screening every 3 years

• Visual acuity screening every year

Nutrition

• Increase intake of vitamins D, B12, E, folate, fiber and calcium.

• Increase fluid intake to minimize the risk of dehydration and prevent constipation.

• Take a low dose multivitamin along with mineral supplementation

• Limit sodium, fat, refined sugar and alcohol intake.

Injury Prevention

• Install bath rails, grab bars and handrails on stairway

• Remove throw rugs

• Properly use mobility aids

• Ensure adequate lighting.

• Wear glasses and hearing aids if needed.

• Remove extension and phone cords from walkways and hallways

• Eliminate clutter from walkways and hallways.

• Pneumococcal vaccine at 65 and then every 3 years

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	100.0%	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.
Pediatric Nursing	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 N201 Growth and Development 2022

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)

Health Promotion of Adolescents (12 to 20 Years): Teaching About Pubescent Changes

Health Promotion of Preschoolers (3 to 6 Years): Magical Thinking

Older Adults (65 Years and Older): Health Promotion Education for Older Adults