

# Growth and Development

STUDENT NAME Rachel DietzDEVELOPMENTAL STAGE Infancy: Birth to 1 year REVIEW MODULE CHAPTER \_\_\_\_\_

## EXPECTED GROWTH AND DEVELOPMENT

### Physical Development

- Rapid growth during 1st year.
- weight gain 1.5 lb per month
- 4-6 months - average 16 lbs
- by 12 months - average 21-22 lbs
- may have asymmetry head tilt 4-12 mon.
  - Back sleep
  - prone when playing due to bones flattening
- 1st 6 months height increases mainly in trunk
- 2nd 6 months height increases in legs - getting ready to walk.
- short leg / legs bowed
- head circumference ↑ 1/2 in per month 1st 6 months
- 2nd 6 months ↑ 1/4 in per month

### Cognitive Development

- loves to be touched, held, talked to, cooed, and smiled at.
- experiment w/ making faces
- enjoys watching faces
- watches surroundings
- cries to express displeasure
- imitates sound
- uses one words like mam / dada

### Psychosocial Development

- Trust vs mistrust
- may seem antisocial or anxious when parents leave
  - solitary play
  - separation anxiety peaks 10-18 months

### Age-Appropriate Activities

- marked head lag (1 mon)
- rolls from back to side (4 mon)
- sits erect w/ support (4 mon)
- sits steadily (7 mon) unsupported
- pulls self to standing (9 mon)
- stand holding furniture, falls into a sit (10 mon)
- crawling w/ furniture (11 mon)
- walks one hand held (12 mon)

## Health Promotion

- nocturnal sleep patterns 3 to 4 months
- infants sleep 14 to 15 hrs, 9 to 11 overnight (4 months)
- by 12 mon, most sleep through night + 1-2 naps daily

### Immunizations

- Birth: Hep B
- 2 mon: DTaP, RV, IPV, Hib, PCV and Hep B
- 4 mon: DTaP, RV, IPV, Hib, PCV
- 6 mon: DTaP, IPV (6-18 mon), PCV, Hep B (6-18 mon), RV, Hib
- 6-12 mon: flu vaccine (IM)

### Health Screening

- get pediatrician

### Nutrition

- 1st year human milk / infant formula (ONLY)
- pacifier for non-nutritive sucking
- no solid foods till 6 months when teeth are developing and hand/eye/head coordination are better suited for feeding self.
- infant cereal has increased iron
- introduce 1 food at a time w/ 4-7 days between to determine allergy.

### Injury Prevention

- keep sharp objects out of reach
- anchor heavy objects, furniture to wall, if child climbs
- Not left unattended
- everything goes in mouth
- if it fits in a toilet paper roll it can be aspirated
- hold bottle during feedings.
- seats on ground
- check bath water
- sun screen
- flame retardant sleeper

# Growth and Development

STUDENT NAME Rachel Dietz

DEVELOPMENTAL STAGE Toddler: Age 1 to 3 year

REVIEW MODULE CHAPTER \_\_\_\_\_

## EXPECTED GROWTH AND DEVELOPMENT

### Physical Development

- weight slows considerably
- average 4 to 6 lb per year
- height: 3 in per year
- elongation of legs rather than trunk
- average 2 year old 34 in

### Cognitive Development

- 15 mon
- says 4-6 words
- asks by pointing
- 16 mon
- says 10+ words
- forms word combination
- no to everything
- 24 mon
- 300 words
- uses I, me, you
- gives name
- verbalizes needs
- 30 mon
- names colors
- gives first last name

### Psychosocial Development

- less likely to fear strangers
- imitating parents - cleaning house
- temper tantrums
- pulls people to show things
- awareness of ownership
- notices sexes

### Age-Appropriate Activities

- 15 mon
- walks with out help
- kneels no support
- 16 mon
- runs clumsily, falls often
- pushes and pulls
- throws ball over head
- 24 mon
- up and down stairs alone
- runs well
- picks up w/o falling
- 30 mon
- jumps betn feet
- jumps from step
- stands on one foot temporarily
- few steps on tip-toes

## Health Promotion

injury causes more death between 1-4 than any other age group, due to unrestricted freedom of movement

### Immunizations

- general vaccines = MMR, IPV, fw

### Health Screening

- dentist by 1 year
- flossing / brushing by adults
- fluoride to supplement not in drinking wtr.

### Nutrition

- 3 meals a day + 2 snacks
- may be picky or fussy
- finger eating
- ritualism like same plate / cup
- by 12 months old eat same as rest of family
- AVOID:**
- popcorn, nuts, small hard candies, gum, large chunks of meat, debone fish and chicken

### Injury Prevention

- rear facing in car till 2 years
- back seat
- hold hand crossing street
- can open doors and drawers
- likes to explore
- explores with senses (asphyxiation risk)
- drowning - lacks depth perception

# Growth and Development

STUDENT NAME Rachel Dietz

DEVELOPMENTAL STAGE Preschool: Age 3-6 year

REVIEW MODULE CHAPTER \_\_\_\_\_

## EXPECTED GROWTH AND DEVELOPMENT

### Physical Development

- weight ↑ 4.5 to 6.5 lb per year
- height 2.5 to 3.5 in per year
- elongation of legs rather than trunk

### Cognitive Development

- ③ 900 words
- telegraphic speech
- complete sentences 3-4 words
- ④ 1500+ words
- questioning at peak
- names color
- knows simple songs
- ⑤ 2100+ words
- sentences 6-8 words
- can follow 3 command in success

### Psychosocial Development

- ③ parallel play
- knows own gender & others.
- ④ Associative play
- selfish & impatient
- very independent
- takes pride in accomplishments
- ⑤ less rebellious
- has manners
- eager to do right
- play - associative follows rules, but may cheat to avoid losing.

### Age-Appropriate Activities

- ③ rides tricycle
- jumps off bottom stair
- balance for few sec.
- ④ skips/hops one foot
- catches ball reliably
- throws ball overhand
- ⑤ throws/scatters well
- jump rope
- walks backward heel to toe.

## Health Promotion

- pedestrian motor vehicle injuries ↑ b/c of activities like playing in parking lot, driveways, streets, riding bikes. - reinforce helmets

### Immunizations

- ④-⑥: diphtheria and tetanus toxoid and pertussis; measles, mumps, rubella, IPV, varicella
- ③-⑥: influenza vaccine,

### Health Screening

- vision routine
- detect/treat myopia & amblyopia

### Nutrition

- balance energy intake w/energy expenditure to maintain healthy weight
- age 4 peaks picky eaters
- age 5 agreeable to new foods, more when encouraged
- 1200-1400 calories

### Injury Prevention

- aware to potential problems.
- listens to parental rules
- less prone to falls
- helmets
- drowning still prevalent
- high seat still
- in car seat or booster until 4<sup>th</sup> grade 8-12 years

# Growth and Development

STUDENT NAME Rachel Dutz

DEVELOPMENTAL STAGE School-Age: Age 6-12 year

REVIEW MODULE CHAPTER \_\_\_\_\_

## EXPECTED GROWTH AND DEVELOPMENT

### Physical Development

- weight 6-12 will double
- gains 4.5 to 6.5 lb per year
- 2 in per year in height.
- slow development but steady pace.

### Cognitive Development

- ⑥ • concept of numbers
- knows morning vs. afternoon
- knows L & R hands
- ⑦ • repeats 3 numbers backwards
- develops concept of time
- second grade
- ⑧-9 • counts backwards 20-1
- knows days, weeks, months, and date
- 3rd / 4th grade
- ⑩-12 • writes brief stories
- use telephone practically
- 5th / 6th grade

### Psychosocial Development

- ⑥ • can share / cooperate
- need of children of own age
- will cheat to win
- does what sees adults do.
- ⑦ • real member of family
- group play
- spends lots of time alone
- ⑧-9 • easy to get along with
- reward system
- likes to compete / play games
- compares self to others
- ⑩-12 • has friends
- selectively chooses them

### Age-Appropriate Activities

- ⑥-9 • board games, hopscotch, jump rope, collections, ride bikes, build simple models
- ⑩-12 • make crafts, read books, build models, develop hobbies, play video games, team sports

### Health Promotion

- elementary children left to care for selves before/after school.
- bullying noticed begins during this age

★ develops self confidence, productivity and sense of accomplishment  
 • if not encouraged may develop sense of inferiority ★

### Immunizations

- diphtheria
- tetanus
- pertussis
- HPV
- Hep A and B
- measles
- mumps
- rubella
- varicella
- seasonal flu
- polio
- pneumococcal
- meningococcal

### Health Screening

- shedding baby teeth, ends at puberty.
- scoliosis

### Nutrition

- encourage exercise due to increase rate of overweight / obese.
- adult food
- avoid fast food
- skipping meals

### Injury Prevention

- increase in scooters / skateboards / bikes: wear helmet
- teach to swim
- pedestrian safety
- stranger safety
- helmet
- wear light reflective clothing.

# Growth and Development

STUDENT NAME Rachel DietzDEVELOPMENTAL STAGE Adolescence: Age 12 to 20 years REVIEW MODULE CHAPTER \_\_\_\_\_

## EXPECTED GROWTH AND DEVELOPMENT

### Physical Development

- secretion of sex hormones
- breast changes and enlargement of testes.
- growth of pubic hair.
- menstruation usually 2 years after first sign.
- voice changes
- penile enlargement

### Cognitive Development

- able to think through more than 2 categories
- evaluate quality of own thinking
- highly imaginative and idealistic
- understand how actions influence
- think beyond current circumstances

### Psychosocial Development

- identity v.s role confusion
- try different roles and experiences to develop a sense of personal identity & come to view themselves unique
- become part of peer group that greatly influences behavior

### Age-Appropriate Activities

- views on religion become more personalized
- accept or reject traditional beliefs of family
- non violent video games
- sports
- caring for pets
- nonviolent music
- reading
- social interaction

## Health Promotion

- injuries kill more adolescents | US → 48% 12-19 years old.
- bodily harm and self harm.

### Immunizations

- sti prevent and protection
- annual influenza vaccine
- meningococcal vaccine 2nd dose @ 16 years 1st dose at 11-12 years

### Health Screening

- scoliosis
- annual height/weight, BMI, BP
- H/H
- universal lipids screening
- STIs

### Nutrition

- rapid growth and high metabolism, increase quality of nutrients
- over eating and under eating challenges
- overweight/obese are concerns, as well as eating disorders in this age group.

### Injury Prevention

- helmets
- seat belts
- PPE for sports/work
- learn CPR/first aid
- SPF 15 or higher
- safe storage/use of fire arms

STUDENT NAME Rachel DietzDEVELOPMENTAL STAGE Young Adult : Age 18 to 30 years REVIEW MODULE CHAPTER \_\_\_\_\_

## EXPECTED GROWTH AND DEVELOPMENT

### Physical Development

- growth concluded at 20
- physical sense peak
- cardiac output / efficiency peak
- muscles function optimal 25-30 years old
- time for child bearing optimal
- pregnancy related changes occur

### Cognitive Development

- optimal time for education
- critical thinking improved
- memory peaks
- creative thoughts increase
- values/norms of friends are relevant
- decision making are flexible w/ increased openness for change.

### Psychosocial Development

- Intimacy v.s isolation
- more adult commitment and responsibility
- high goals / dreams
- exploration / experimentation

### Age-Appropriate Activities

- personalize values / beliefs
- base reasoning on ethical fairness (justice)
- avoidance of substance use
- formation of family
- leave home, independent living
- experience ↑ anxiety / depression after birth of baby, aversion being a parent.

## Health Promotion

at risk for: substance use disorders, STIs, unplanned pregnancy, infertility, violent death/injury, work-related injuries/exposures.

### Immunizations

- annual influenza vaccine
- tetanus
- diphtheria
- pertussis
- Hep A, B
- measles, mumps, rubella, HPV, pneumococcal, meningococcal

### Health Screening

- select primary care provider
- education on contraception / regular physical activities.
- Obtain:
- weight
- height
- VS
- f Hx
- Screening on stress

### Nutrition

- monitor adequate nutrition and physical activity
- monitor calcium intake for females

### Injury Prevention

- Avoid alcohol, drugs, tobacco
- avoid driving while under influence
- wear seat belt
- wear helmet
- secure fire arms safely
- installing smoke and carbon monoxide detectors

STUDENT NAME Rachel DietzDEVELOPMENTAL STAGE middle age : Age 30 to 65 years REVIEW MODULE CHAPTER \_\_\_\_\_

## EXPECTED GROWTH AND DEVELOPMENT

### Physical Development

- Decrease in:
- skin turgor / moisture
  - sub q fat
  - melanin in hair
  - hair
  - vision
  - audition
  - taste
  - skeletal muscle mass
  - height
  - bone density (Ca)
  - glucose tolerance
  - gastric secretions
  - large intestine
  - muscle tone
  - blood vessel elasticity

### Cognitive Development

- reaction time / speed of performance slow slightly
- memory intact
- crystallized intelligence remains
- fluid intelligence

### Psychosocial Development

- generativity vs stagnation
- use life as an opportunity for creativity and productivity
- concern for others
- parenting important skill
- strive to do well
- adjust changes in physical appearance and abilities

### Age-Appropriate Activities

- empty nest syndrome
- maintain / strengthen intimacy
- assist aging parents, adult kids, grand kids
- sandwich generation -

## Health Promotion

obesity, type 2 diabetes, CVD, cancer, substance use disorders, psychosocial stressors.

### Immunizations

- vaccines given to help catch up on incomplete series or provide additional protection to high risk individuals

### Health Screening

- DXA for osteoporosis
- eye exams q 2-3 years
- mental health exams for anxiety / depression

### Nutrition

- added protein
- increase whole grain, fruits, veggies
- limit fat and cholesterol
- increase vitamin D and calcium

### Injury Prevention

- avoid substance use
- wear seat belts
- avoid driving under influence
- safe weapon storage
- helmets
- smoke / carbon monoxide detectors

# Growth and Development

STUDENT NAME Rachel Duetz

DEVELOPMENTAL STAGE older adult: Age 65 to death REVIEW MODULE CHAPTER \_\_\_\_\_

## EXPECTED GROWTH AND DEVELOPMENT

### Physical Development

Decreased:

- skin turgor
- subq fat
- chest wall movement
- cardiac output
- peripheral circulation
- slower reaction time
- senses
- inability to hear high pitch
- digestive enzymes
- height
- B cells

Increased:

- BP
- dental problems
- auto antibodies

### Cognitive Development

- Some decline w/ speed
- Slowed neurotransmission
- Delirium
- Dementia
- Depression

### Psychosocial Development

- Integrity vs despair
- adjust to lifestyle changes related to retirement
  - family structure
  - deal with losses
  - face death

### Age-Appropriate Activities

- finding ways to maintain good quality of life
- retirement
- more dependent on others

## Health Promotion

- hypertension, CAD, arthritis, osteoporosis, falls, depression, dementia, suicide, stroke, DM, cancer, incontinence, chronic pain

### Immunizations

- Diphtheria, tetanus, pertussis, fw, herpes zoster, pneumococcal
- Hep A & B, meningococcal for high risk individuals

### Health Screening

- annual
- hearing
  - fecal occult blood test
  - rectal/prostate exam
  - DXA
  - eye exam
- periodic
- mental health
  - cholesterol
  - DM screening 3 years or 1-2 if blood glucose ↑

### Nutrition

- low income
- transportation difficulty
- impaired mobility
- social isolation
- constipation
- metabolic rates and activity decline
- high protein
- increase vitamin D, B12, E, folate, fiber, calcium, fluid
- limit fat, sodium, cholesterol

### Injury Prevention

- bath rails
- remove throw rugs
- adequate lighting
- wires to walls
- eye glasses
- practice safe medication use
- remove clutter from floors