NCLEX Developmental Stages – Infancy to Adolescence Practice Exam (Sample)

Study Guide

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Questions

1. **What is a common behavior observed in 4-year-olds that may concern parents?**
   - **A. Masturbation**
   - **B. Bedwetting**
   - **C. Thumb-sucking**
   - **D. Fear of darkness**

2. **Which statement about Kohlberg's theory of moral development needs further teaching?**
   - **A. "Moral development occurs only during adolescence."**
   - **B. "Individuals move through all 6 stages in a sequential fashion."**
   - **C. "Empathy is a key component of moral reasoning."**
   - **D. "Moral decisions can be context-dependent."**

3. **What is an appropriate nursing response to parents concerned about their 16-year-old sleeping late on weekends?**
   - **A. "This might be a sign of underlying depression."**
   - **B. "Adolescents love to sleep late in the morning."**
   - **C. "You should set stricter rules about bedtime."**
   - **D. "This is unusual for someone their age."**

4. **What is a common emotional reaction of a 6-month-old infant when a parent leaves the room?**
   - **A. They smile and wave goodbye.**
   - **B. They show no reaction at all.**
   - **C. They cry and reach out for the parent.**
   - **D. They fall asleep immediately.**

5. **Which intervention is most appropriate for a 16-year-old recovering from an appendectomy to ensure normal growth and development?**
   - **A. Encourage isolation to prevent infection**
   - **B. Allow the child to participate in activities with peers when condition permits**
   - **C. Restrict all physical activities for two weeks**
   - **D. Limit visits from friends to allow for rest**

6. What statement indicates that a parent needs further teaching about managing a toddler's physiological anorexia?

A. "I should offer snacks throughout the day."

B. "I should allow my child to eat when she is hungry."

C. "I should feed my child if she will not eat."

D. "I should try different foods to encourage eating."

7. At what age should children typically begin to walk independently?

A. 8 months

B. 12 months

C. 15 months

D. 18 months

8. Where should a nurse place a blood pressure cuff on a school-age child for an accurate reading?

A. At the wrist

B. 2/3 the distance between the antecubital fossa and the shoulder

C. At the elbow

D. On the thigh

9. What poses the greatest safety hazard in the home of a mother with a 1-year-old and a 3-year-old?

A. Sharp kitchen utensils

B. High furniture

C. Toys with small loose parts in the playroom

D. Open electrical outlets

10. What psychosocial concept is primarily focused on developing a sense of trust in the first year of life?

A. Autonomy vs. shame and doubt

B. Trust vs. mistrust

C. Initiative vs. guilt

D. Industry vs. inferiority

Answers

1. A
2. B
3. B
4. C
5. B
6. C
7. B
8. B
9. C
10. B

Explanations

1. What is a common behavior observed in 4-year-olds that may concern parents?

A. Masturbation

B. Bedwetting

C. Thumb-sucking

D. Fear of darkness

A common behavior observed in 4-year-olds that may concern parents is masturbation. At this developmental stage, children are beginning to explore their bodies and may engage in behaviors that they do not fully understand. Masturbation can be a natural part of their development as they become more aware of their bodies and personal boundaries. Parents might feel anxious about this behavior due to cultural or societal norms that view it as inappropriate or taboo. They may not realize that, in many cases, this behavior is not a sign of problematic issues but rather a normal exploration during early childhood. Other behaviors such as bedwetting, thumb-sucking, and fear of darkness are also common in young children, but they may not elicit the same level of concern as masturbation can. Bedwetting is often a developmental milestone that may continue for several years, while thumb-sucking can be a comfort mechanism and is typically seen in younger children. Fear of darkness is a routine emotional response as children begin to understand the concept of fear and is not unusual for children of this age.

2. Which statement about Kohlberg's theory of moral development needs further teaching?

A. "Moral development occurs only during adolescence."

B. "Individuals move through all 6 stages in a sequential fashion."

C. "Empathy is a key component of moral reasoning."

D. "Moral decisions can be context-dependent."

The statement that individuals move through all 6 stages in a sequential fashion needs further teaching because moral development, according to Kohlberg's theory, is not strictly linear. While Kohlberg proposed specific stages (pre-conventional, conventional, and post-conventional) that individuals may progress through, not everyone progresses through all stages or follows the exact sequence he outlined. People might skip stages, regress, or demonstrate characteristics of multiple stages simultaneously based on their experiences, education, and situational influences. This reflects the complexity of moral reasoning and acknowledges that moral development can be influenced by social and cultural factors, meaning it is not a rigid progression from one stage to the next. Understanding this nuance is crucial for comprehending the dynamics of moral development as children and adolescents grow.

3. What is an appropriate nursing response to parents concerned about their 16-year-old sleeping late on weekends?

A. "This might be a sign of underlying depression."

B. "Adolescents love to sleep late in the morning."

C. "You should set stricter rules about bedtime."

D. "This is unusual for someone their age."

An appropriate nursing response to parents concerned about their 16-year-old sleeping late on weekends is to acknowledge that it is typical behavior for adolescents to have altered sleep patterns. During this developmental stage, many adolescents experience biological changes that affect their sleep cycles, leading to a natural inclination to stay up later and sleep in longer on weekends. This pattern can be attributed to several factors, including social activities, hormonal changes, and the need for more sleep as their bodies are still growing and maturing. Highlighting that this behavior is common among teens helps to normalize their experiences while also providing reassurance to the parents. It supports the understanding that while it may seem concerning, sleeping late during weekends is often part of normal adolescent life and not necessarily a cause for alarm. This perspective provides parents with insight into adolescent development and encourages open communication about sleep habits rather than fostering a sense of worry or immediate intervention.

4. What is a common emotional reaction of a 6-month-old infant when a parent leaves the room?

A. They smile and wave goodbye.

B. They show no reaction at all.

C. They cry and reach out for the parent.

D. They fall asleep immediately.

At 6 months of age, infants typically begin to develop attachments to their primary caregivers, which leads to a strong emotional response when separated from them. When a parent leaves the room, a common reaction is for the infant to cry and reach out for the parent. This behavior is indicative of separation anxiety, which usually starts to emerge between 6 to 8 months of age. Infants at this stage are beginning to understand object permanence—the concept that objects and people continue to exist even when they are out of sight—making their emotional reactions to separation more pronounced. The other options do not accurately represent the expected behavior of a 6-month-old. An infant smiling and waving goodbye suggests a level of understanding and social engagement that typically isn't present at this early age. Showing no reaction might indicate a lack of attachment or a greater degree of maturity than is common for this developmental stage. Falling asleep immediately could occur, but it's less likely to be a typical reaction specifically linked to a parent's departure, as the emotional bond usually provokes a more responsive behavior.

5. Which intervention is most appropriate for a 16-year-old recovering from an appendectomy to ensure normal growth and development?

A. Encourage isolation to prevent infection

B. Allow the child to participate in activities with peers when condition permits

C. Restrict all physical activities for two weeks

D. Limit visits from friends to allow for rest

Encouraging a 16-year-old to participate in activities with peers when their condition allows is vital for supporting their emotional and social development during recovery. At this age, peer relationships play an essential role in overall growth and self-identity. Being among friends can help the teen feel supported, reduce feelings of isolation, and encourage a positive mindset during recovery. Additionally, participating in age-appropriate activities can promote physical healing, as mobility and normal social interactions are key components of adolescent development. Isolating a teen to prevent infection can inadvertently lead to feelings of loneliness and anxiety, which may hinder emotional well-being. Restricting all physical activities for two weeks could also impede recovery and does not account for the need for gradual re-introduction to normal activities as they heal. Limiting visits from friends, while well-intentioned to allow for rest, can also isolate the teen and negatively impact their mood and motivation to recover. Therefore, allowing social interaction in a balanced way is ideal for their growth and development post-surgery.

6. What statement indicates that a parent needs further teaching about managing a toddler's physiological anorexia?

A. "I should offer snacks throughout the day."

B. "I should allow my child to eat when she is hungry."

C. "I should feed my child if she will not eat."

D. "I should try different foods to encourage eating."

The statement indicating a need for further teaching about managing a toddler's physiological anorexia is that the parent believes they should feed their child if she will not eat. During the toddler stage, it is common for children to experience periods of decreased appetite or physiological anorexia, which is a normal part of their growth and development. Encouraging a child to eat when they are not hungry can disrupt their natural appetite regulation and lead to unhealthy eating habits. Instead, parents should focus on offering healthy food choices and allowing their child to self-regulate their intake. It is essential for toddlers to learn to listen to their bodies and recognize hunger cues without pressure to eat when they are not interested. The other options reflect appropriate strategies for managing a toddler's feeding and understanding their changing appetite. Providing snacks throughout the day can support their nutritional needs, allowing the child to eat when hungry respects their natural hunger cues, and introducing various foods encourages a diverse palate—all of which are constructive approaches in line with healthy feeding practices for toddlers.

7. At what age should children typically begin to walk independently?

A. 8 months

B. 12 months

C. 15 months

D. 18 months

Children typically begin to walk independently around 12 months of age. This milestone is a significant part of their physical development and is influenced by a combination of strength, coordination, and balance. At this age, many children can pull themselves up to standing, cruise along furniture, and, supported by their developing musculature and neural pathways, take their first unassisted steps. It's important to acknowledge that development can vary, and some children may begin to walk slightly earlier or later than the 12-month mark. However, the average onset of independent walking is commonly recognized as being around this age. As children approach their first birthday, opportunities for movement and exploration play a vital role in encouraging this milestone.

8. Where should a nurse place a blood pressure cuff on a school-age child for an accurate reading?

A. At the wrist

B. 2/3 the distance between the antecubital fossa and the shoulder

C. At the elbow

D. On the thigh

For accurate blood pressure measurement in a school-age child, the cuff should be placed at the appropriate position to ensure it is snug yet not too tight. The correct placement is approximately 2/3 the distance between the antecubital fossa (the bend of the elbow) and the shoulder. This means the cuff should cover the mid-arm section, which allows for the blood pressure artery to be properly compressed when measuring. This positioning is essential for obtaining a reliable reading, as improper placement can lead to inaccurate blood pressure measurements, affecting the assessment of the child's cardiovascular health. The other placements mentioned do not provide the necessary alignment or compression of the artery required for an accurate reading. The wrist is too distal, and placing the cuff at the elbow or on the thigh may not adequately assess the child's blood pressure due to their anatomical positioning and the sizes of their arms compared to the cuff. Thus, ensuring the cuff is positioned correctly on the upper arm at the right distance is essential for accurate assessments.

9. What poses the greatest safety hazard in the home of a mother with a 1-year-old and a 3-year-old?

A. Sharp kitchen utensils

B. High furniture

C. Toys with small loose parts in the playroom

D. Open electrical outlets

Toys with small loose parts pose a significant safety hazard in the home of a mother with a 1-year-old and a 3-year-old. At these developmental stages, particularly around the age of 1, children are naturally inclined to explore their environment by putting objects in their mouths. Items with small or loose parts can easily be swallowed or become a choking hazard for both the 1-year-old and the 3-year-old, who may still not understand the risk associated with small objects. This age group is also at a developmental stage where they are advancing their motor skills, leading to increased curiosity and the tendency to manipulate their surroundings. Therefore, ensuring that play areas do not contain toys or items with small components is critical for preventing choking incidents. In contrast, while sharp kitchen utensils, high furniture, and open electrical outlets certainly pose risks, they are not as immediate or pervasive as the risks associated with small parts in toys. For instance, sharp kitchen utensils may be kept out of reach, high furniture may not be a play area for a toddler, and open electrical outlets can generally be covered. However, toys are often widely accessible, making it essential to prioritize the management of small, detachable parts in play environments for children in this age group

10. What psychosocial concept is primarily focused on developing a sense of trust in the first year of life?

A. Autonomy vs. shame and doubt

B. Trust vs. mistrust

C. Initiative vs. guilt

D. Industry vs. inferiority

The psychosocial concept of "Trust vs. mistrust" is crucial for infants, particularly in the first year of life. This stage is the foundational period where infants learn to trust their caregivers and the world around them based on the consistency and reliability of their care. When caregivers are responsive and nurturing, infants develop a sense of security and trust that their needs will be met; this lays the groundwork for their ability to form relationships in the future. During this stage, if an infant experiences neglect or inconsistency in care, they may develop mistrust, which can lead to difficulties in developing future relationships and emotional regulation. As the first developmental stage according to Erik Erikson's psychosocial theory, it emphasizes the importance of a secure attachment between the infant and their caregivers, which impacts overall emotional and social development throughout the individual's life. The other concepts mentioned, such as autonomy vs. shame and doubt, initiative vs. guilt, and industry vs. inferiority, pertain to later developmental stages and focus on different challenges and achievements in a child's growth, making them less relevant to the specific focus on trust in the first year of life.