

NCLEX PEDIATRIC GROWTH AND DEVELOPMENT PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. How should crossing percentiles on a growth chart be interpreted?**
 - A. It is normal
 - B. It indicates measurement error
 - C. It means the child is healthy
 - D. It may indicate abnormal growth velocity and warrants further assessment
- 2. By 18 months, which combination of motor abilities is typical?**
 - A. Walks independently; runs; builds a short block tower (2–3 blocks)
 - B. Walks with assistance only
 - C. Sits and crawls alternately
 - D. Hops on one foot
- 3. Which fontanelle closes earliest in infancy?**
 - A. Anterior fontanelle
 - B. Posterior fontanelle
 - C. Both close at the same time
 - D. None of the fontanelles close
- 4. Hiding fears in school-age children may lead to phobias.**
 - A. False
 - B. Not relevant
 - C. True
 - D. It can occur but not always.
- 5. By around 2 years, approximately how many words are in a toddler's vocabulary?**
 - A. 10–20 words
 - B. 50+ words
 - C. 100+ words
 - D. 200+ words
- 6. When introducing solid foods, what should the initial amount be?**
 - A. Begin with one tablespoon of food
 - B. Mix foods together
 - C. Eliminate a refused food from the diet
 - D. Introduce each new food 4–7 days apart

- 7. An 18-month-old boy insists on saying no and shows rapid mood swings when scolded, then wants to be held. How should the nurse interpret this behavior?**
- A. This is normal behavior for his age.
 - B. This is unusual behavior for his age.
 - C. He is not effectively coping with stress.
 - D. He needs more attention.
- 8. A 14-month-old attempts to insert a paper clip into an electrical outlet after having been shocked. What is the best interpretation of this behavior?**
- A. Her cognitive development is delayed.
 - B. Toddlers are not very developed.
 - C. This is typical because of inability to transfer knowledge to new situations.
 - D. This is not typical because toddlers should know better.
- 9. Which pain scale is validated for nonverbal infants and young children?**
- A. FLACC scale
 - B. Wong-Baker FACES Pain Rating Scale
 - C. Numeric Rating Scale 0-10
 - D. Visual Analog Scale
- 10. Which stage of psychosocial development is most relevant to adolescents?**
- A. Identity vs. Role Confusion
 - B. Trust vs Mistrust
 - C. Autonomy vs Shame
 - D. Industry vs Inferiority

Answers

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

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Explanations

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1. How should crossing percentiles on a growth chart be interpreted?

- A. It is normal
- B. It indicates measurement error
- C. It means the child is healthy
- D. It may indicate abnormal growth velocity and warrants further assessment**

Monitoring growth percentiles is about watching growth velocity, not just a single number. When a child's plotted points cross percentile lines over time, it signals a change in how quickly they are growing, which can indicate an underlying issue. If growth slows so the child slides from a higher percentile to a much lower one over several visits, that suggests abnormal growth velocity and needs further assessment—looking at nutrition, chronic illness, or hormonal problems. The same idea applies if there's a rapid upward jump in percentiles, which can also reflect atypical growth patterns or early puberty and deserves evaluation. While a one time crossing can sometimes be due to measurement variation, persistent crossing across visits is the red flag that prompts deeper investigation.

2. By 18 months, which combination of motor abilities is typical?

- A. Walks independently; runs; builds a short block tower (2–3 blocks)**
- B. Walks with assistance only
- C. Sits and crawls alternately
- D. Hops on one foot

At about 18 months, kids typically have moved to walking independently and may start running, while also showing emerging fine motor skills like stacking a small tower of blocks (around 2–3 blocks). This combination—independent walking, the ability to run, and the capacity to build a short block tower—fits what many children do at this age because they're gaining both mobility and hand–eye coordination. Walking with assistance indicates not yet independent walking. Sits and crawls alternately suggests slower or inconsistent progression in gross motor skills. Hopping on one foot is a later milestone, usually seen well after 18 months.

3. Which fontanelle closes earliest in infancy?

- A. Anterior fontanelle
- B. Posterior fontanelle
- C. Both close at the same time
- D. None of the fontanelles close**

Fontanelles are soft spots on the infant's skull that allow for brain growth and skull expansion during the first years of life. The one at the back of the head, the posterior fontanelle, is small and closes earliest—usually by about 2 to 3 months of age. The larger anterior fontanelle at the top front remains open much longer and typically closes around 12 to 18 months (up to 24 months in some children). So the earliest closing fontanelle is the posterior one. Saying that none of the fontanelles close isn't accurate, since the posterior one typically closes within the first few months.

4. Hiding fears in school-age children may lead to phobias.

- A. False
- B. Not relevant
- C. True**
- D. It can occur but not always.

In school-age children, unmanaged fears can evolve into phobias when the child hides or avoids what scares them rather than expressing and processing the fear. When fears are not verbalized or addressed, the child doesn't receive support or coping strategies, so the anxiety can become chronic and more intense. Avoidance provides short-term relief but reinforces the fear cycle, making the fear more persistent and irrational over time. If a child consistently avoids a situation, and the fear disrupts daily functioning or lasts for months, it aligns with how a phobia can develop. So, it's plausible—and supported by pediatric psychology—that hiding fears can contribute to phobic responses in some children.

5. By around 2 years, approximately how many words are in a toddler's vocabulary?

- A. 10–20 words
- B. 50+ words**
- C. 100+ words
- D. 200+ words

Language development at around 2 years shows a rapid expansion in expressive vocabulary. By this age, most toddlers have about 50 words in their spoken vocabulary and begin putting words together into simple two-word phrases, such as "more juice" or "mommy go." This milestone reflects the shift from a few individual words to functional communication that supports needs and social interaction. So 50+ words is the typical target for around two years. The other options represent earlier or later stages: 10–20 words is closer to the earlier toddler stage, while 100+ or 200+ words align with later preschool years as vocabulary continues to grow rapidly.

6. When introducing solid foods, what should the initial amount be?

- A. Begin with one tablespoon of food**
- B. Mix foods together
- C. Eliminate a refused food from the diet
- D. Introduce each new food 4–7 days apart

Starting solid foods should begin with a very small amount to gauge tolerance and reduce choking risk. The initial amount commonly recommended is about one tablespoon of a smooth, single-ingredient food offered on a spoon. This small amount lets you observe how the infant handles swallowing solids, any gag reflex response, and overall acceptance, without overwhelming the baby. As tolerance is shown, you can gradually increase the amount over days. Mixing foods together makes it harder to identify which ingredient might cause a reaction and can complicate texture development early on. If the baby refuses a food, it's not necessary to eliminate it completely right away; many infants need multiple exposures to accept new flavors and textures. Introducing each new food 4–7 days apart is a practice used to monitor for allergies, but it doesn't address how much to start with.

7. An 18-month-old boy insists on saying no and shows rapid mood swings when scolded, then wants to be held. How should the nurse interpret this behavior?

- A. This is normal behavior for his age.**
- B. This is unusual behavior for his age.
- C. He is not effectively coping with stress.
- D. He needs more attention.

Toddlers around this age are learning to assert independence while still needing close reassurance. At about 18 months, saying no and having quick mood shifts are common ways they test limits, and after being scolded, wanting to be held reflects a normal need for comfort and security. This pattern fits typical developmental progress as they navigate autonomy versus clinginess. The appropriate nurse response is to set clear, brief limits, offer simple choices within safe boundaries to support a sense of control, and provide calm, comforting reassurance after discipline. This isn't a sign of poor coping or a need for more attention; it's a normal part of growth.

8. A 14-month-old attempts to insert a paper clip into an electrical outlet after having been shocked. What is the best interpretation of this behavior?

- A. Her cognitive development is delayed.
- B. Toddlers are not very developed.
- C. This is typical because of inability to transfer knowledge to new situations.**
- D. This is not typical because toddlers should know better.

Toddlers learn primarily through concrete exploration and have a limited ability to transfer learning from one situation to a new one. At 14 months, a child is still in the early stages of cognitive development and is driven by curiosity and the desire to manipulate objects. Even after being shocked by a outlet, the child may not generalize that danger to all similar situations, so attempting to insert a paper clip into an outlet can occur again. This behavior reflects normal development—their thinking is concrete, and impulse control is still growing, not a sign of delay or "not very developed." In practice, it's a cue to reinforce safety: keep outlets covered, remove small metal objects from reach, supervise closely, and redirect curiosity with safe alternatives while offering simple, age-appropriate explanations as they grow older.

9. Which pain scale is validated for nonverbal infants and young children?

- A. FLACC scale**
- B. Wong-Baker FACES Pain Rating Scale
- C. Numeric Rating Scale 0-10
- D. Visual Analog Scale

Nonverbal infants and young children can't tell you how much pain they're in, so you rely on observable behaviors to assess it. The FLACC scale does this with five domains—face, legs, activity, cry, and consolability—and assigns 0 to 2 for each, totaling 0 to 10. It's validated for children from about 2 months up to 7 years and is specifically tailored for those who cannot verbalize their pain, providing a reliable, behavior-based measure that can guide analgesia and track changes over time. Scales that require the child to express pain or map it to numbers or faces aren't appropriate for this group. The Wong-Baker FACES scale depends on the child identifying a facial expression that matches their pain level, which isn't feasible for very young or nonverbal children. Numeric Rating and Visual Analog scales require self-report and understanding of numbers or a continuum, which nonverbal infants and toddlers can't provide reliably.

10. Which stage of psychosocial development is most relevant to adolescents?

A. Identity vs. Role Confusion

B. Trust vs Mistrust

C. Autonomy vs Shame

D. Industry vs Inferiority

Adolescents are focused on forming a coherent sense of self and figuring out what they want to be in the adult world. Erikson describes this as identity vs role confusion: a time when young people explore personal values, beliefs, career goals, and their place in society. When this exploration leads to a stable, integrated sense of self and the ability to commit to future plans and relationships, they develop fidelity and a confident direction. When it doesn't, they may experience confusion about who they are and what they believe, leading to uncertainty about life roles. Earlier developmental tasks aren't as central during this period. Trust vs mistrust centers on infancy and the bond with caregivers; autonomy vs shame on gaining independence in early childhood; industry vs inferiority on developing competence during school years. While those stages lay the groundwork, the adolescent's primary challenge is identity formation, making this stage the most relevant to this life phase.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://nclexpediagrowthdev.examzify.com>

We wish you the very best on your exam journey. You've got this!

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