DEVELOPMENTAL MILESTONES
1 – 12 MONTHS

Age	Gross Motor	Fine Motor	Language	Social/Cognitive
1 month	• Attempts to hold head up when prone	• Maintains fisted hands	• Cries when upset/hungry	• Gazes on parent's face when parent speaks
2-3 months	• **Begins to hold head up** • Makes smoother movements with extremities	• Holds object when placed in hand	• **Makes cooing and gurgling sound** • Turns head toward sounds	• Begins to smile at people as a response mechanism
4-5 months	• Hold head steady and unsupported • **Rolls from stomach to back** • **Sits with support**	• Hold objects with **palmar grasp** • Brings hands to mouth • Can swing at dangling toys	• Laughs • **Begins to babble and copies sounds heard** • Distinction between cries for different needs	• Cries when playing stops • Copies smiling expression • Calmed by parent's voice
6-9 months	• **Rolls in both directions (stomach to back, vice versa)** • **Sits without assistance** • Begins to **crawl** • Will bounce when standing • **BIRTH WEIGHT DOUBLED**	• **Moves objects from one hand to the other**	• Takes turns with parent while making sounds • Responds to own name • Strings together vowels • Begins to say consonants	• Knows who is familiar and who is a stranger **(stranger anxiety)** • Responds to the emotions of others
10-12 months	• Pulls to stand • Walk with assistance	• Begins to use **2 finger grasp** to pick things up (pincer grasp)	• **Understands "no"** • Makes a lot of different sounds • Copies gestures of others	• Plays peek-a-boo • Watches the path of something as it falls

NEUROVASCULAR ASSESSMENT

FRACTURES + RICE TREATMENT

WHY? When a patient suffers from a fracture that has been casted, we assess for the 5 P's:

- **P**ALLOR
- **P**AIN
- **P**ULSE
- **P**ARALYSIS
- **P**ARASTHESIA

To ensure the patients nerves and/or arteries are not pinched. If so, we worry about compartment syndrome → A MEDICAL EMERGENCY

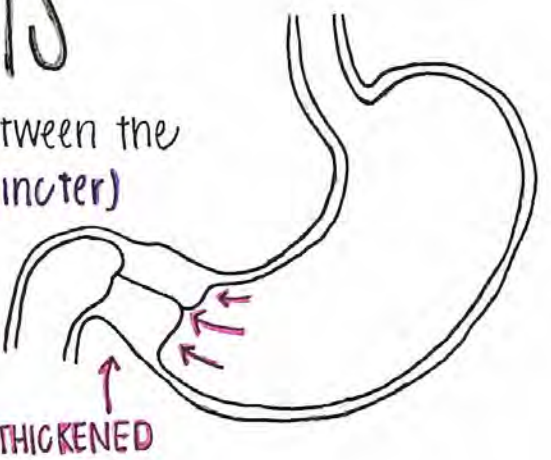
AFTER a fracture, we encourage the **RICE treatment:**

- **R**EST → Rest injury for **24-48 HRS**
- **I**CE → for 10-20 min every **4 HRS**
- **C**OMPRESS → wrap injury with ACE → **↓ swelling**
- **E**LEVATE → **at or above** the heart

Helps with **pain, swelling, healing,** and **maintaining skin integrity**

PYLORIC STENOSIS

WHAT IS IT? A condition that makes the valve between the stomach and small intestine (Pyloric sphincter) thicken and narrow → blocks food passage



KEY: Does NOT present at birth → infants feed WELL for the first few weeks of life
- ONSET: ~2WKS–2MO of life
- CAUSE: UNKNOWN

RISK FACTORS:
- SEX: more often in males
- Premature babies
- Family Hx
- Smoking (↑ Risk) during preg.
- Early Antibiotic use

COMPLICATIONS:
- Failure to grow
- Dehydration → electrolyte imbalance
- Stomach irritation → bleeding
- Jaundice (Rare)

DIAGNOSIS:
- Physical Exam → OLIVE MASS or visible peristaltic waves
- Blood tests → check for dehydration and electrolyte imbalance (ABG)
- Ultrasound or Xray

SIGNS + SYMPTOMS:
- Vomiting after feeding → This is soon after feeding so it will be food, NOT BILE (nonbilious)
- Persistant hunger
- ↓ weight + weight gain
- Visible peristalsis → stomach muscles are trying to push food
- Dehydration + constipation
- Epigastric mass AKA olive mass

TREATMENT:
- Rehydrate! → Fluid and/or electrolyte replacement
- SURGERY: PYLOROMYOTOMY
  - only cuts the outside layer of muscle
  - minimally invasive procedure
  - can begin feeding a few hours after
- Assess elimination patterns before and after surgery
- Assess hydration status → irritability, pulse rate, mucous membranes, fontanelles

PEDIATRIC CPR

INITIAL STEPS

1. Scan the environment for safety
2. Check for response:
   INFANT (<1 year old) – Flick the bottom of the foot to elicit a response
   CHILD (1–Puberty) – "Are you okay?"
3. Call for help
   - Delegate someone else to call 911
   - Delegate someone else to get AED
   - In hospital – initiate rapid response
4. Assess breathing
   - Remove clothes if possible
   - For children AND infants: unresponsive, no breathing, gasping → not normal
   - No more than 10 SECOND assessment
5. Assess pulse
   - Infant: BRACHIAL
   - Child >1 year old: CAROTID
   - No more than 10 SECOND assessment

INITIATE CHEST COMPRESSIONS

- Child's spine is supported on a firm surface
- Rate: 100 – 120 compressions/minute
- Cycle: 30:2 → 30 compressions; 2 breaths; repeat FIVE cycles
- Minimize compression interruptions to <10 seconds → when assessing for pulse in between cycles
- Attach and use AED as soon as possible → resume compressions immediately after each shock
- Breaths: head-tilt/chin lift position
  - Observe rise in chest when initiating a breath → that's how you know how forceful you should be

Infants: lower sternum, midline, below the nipples (draw an imaginary line)

- Typically use two fingers
- Depth: 1.5in/4cm
- Breaths: use your mouth to cover infant mouth AND nose to initiate rescue breaths

Child 1-8 years old: lower half of the sternum

- Typically use heel of one hand or two hands interlocked depending on size of child
- Depth: 2in/5cm (THINK: 2 hands or 5 fingers)

AED TIPS

- If NO pediatric pads available, adult pads can be used on a child 1–8 years old → placement may be different:
  - <1 year old → manual defibrillator is encouraged
  - 1–8 years old → place one adult pad on the front of chest and one on the back of chest
  - >8 years old → pad placement is the same as adults (high right/low left)