



Nursing Care of Children from Infancy to Adolescence

Aprille C. Banayat, MA (Nursing), RN



Learning Outcomes

At the end of this session, the students will be able to:

- Use knowledge on principles of growth and development to identify key care focus on an infant, toddler, preschool, schoolage, adolescent
- Create a plan depending on the needs of a child in the above periods
- Demonstrate appropriate care for children in the above periods considering health promotion and illness prevention measures

Topic Outline

- Review of Growth and Development Principles
- Health Promotion and Illness Prevention
 - Health maintenance
 - Health promotion
 - Developmental Milestones
 - Promoting safety
 - Nutrition
 - Parental concerns and problems related to normal infant development

A Review: Principles of Growth & Development

Growth	Development
Growth refers to increase in size or other bodily changes which can be seen.	Development refers to the outcome of functioning of organs.
Growth is external in nature	Development is internal in nature and we can only feel it.
Growth refers to a particular part of the body	Development implies on the body as whole
Growth is quantitative in nature	Development is qualitative in nature
Growth is limited and stops at certain level of maturity	Development is a lifelong process from womb to tomb

A Review: Principles of Growth & Development

- Continuous process from conception until death
- Proceed in an orderly sequence
- Different children pass through predictable stages at different rates
- All body systems do not develop at the same rate
- Development is cephalocaudal

A Review: Principles of Growth & Development

- Development proceeds from proximal to distal body parts
- Development proceeds from gross to refined skills
- There is an optimum time for initiation of experiences or learning
- Neonatal reflexes must be lost before development can proceed
- A great deal of skill and behavior is learned by practice

A Review: Factors affecting Growth & Development

- **Genetics: Sex, Health, Intelligence**
- **Temperament: Reaction patterns (Categories: Easy Child, Difficult child, Slow-to-warm-up child)**
- **Environment: Socioeconomic level, Parent-child relationship, Ordinal position in the family, Health**
- **Nutrition: Promotion of health nutrition, Macronutrients, Micronutrients, Vitamins, Minerals**

A Review: Theories of Growth & Development

- Freud's psychoanalytic theory
- Erikson's theory of psychosocial development
- Piaget's theory of cognitive development
- Kohlberg's theory of moral development

TABLE 28.5 * Summary of Freud's and Erikson's Theories of Personality Development

	Freud's Stages of Childhood		Erikson's Stages of Childhood	
	<i>Psychosexual Stage</i>	<i>Nursing Implications</i>	<i>Developmental Task</i>	<i>Nursing Implications</i>
Infant	Oral stage: Child explores the world by using mouth, especially the tongue.	Provide oral stimulation by giving pacifiers; do not discourage thumb-sucking. Breastfeeding may provide more stimulation than formula feeding because it requires the infant to expend more energy.	Developmental task is to form a sense of trust versus mistrust. Child learns to love and be loved.	Provide a primary caregiver. Provide experiences that add to security, such as soft sounds and touch. Provide visual stimulation for active child involvement.
Toddler	Anal stage: Child learns to control urination and defecation.	Help children achieve bowel and bladder control without undue emphasis on its importance. If at all possible, continue bowel and bladder training while child is hospitalized.	Developmental task is to form a sense of autonomy versus shame. Child learns to be independent and make decisions for self.	Provide opportunities for decision making, such as offering choices of clothes to wear or toys to play with. Praise for ability to make decisions rather than judging correctness of any one decision.

TABLE 28.5 * Summary of Freud's and Erikson's Theories of Personality Development

	Freud's Stages of Childhood		Erikson's Stages of Childhood	
	<i>Psychosexual Stage</i>	<i>Nursing Implications</i>	<i>Developmental Task</i>	<i>Nursing Implications</i>
Preschooler	Phallic stage: Child learns sexual identity through awareness of genital area.	Accept children's sexual interest, such as fondling their own genitals, as a normal area of exploration. Help parents answer child's questions about birth or sexual differences.	Developmental task is to form a sense of initiative versus guilt. Child learns how to do things (basic problem solving) and that doing things is desirable.	Provide opportunities for exploring new places or activities. Allow play to include activities involving water, clay (for modeling), or finger paint.
School-age child	Latent stage: Child's personality development appears to be nonactive or dormant.	Help children have positive experiences with learning so their self-esteem continues to grow and they can prepare for the conflicts of adolescence.	Developmental task is to form a sense of industry versus inferiority. Child learns how to do things well.	Provide opportunities such as allowing child to assemble and complete a short project so that child feels rewarded for accomplishment.

TABLE 28.5 * Summary of Freud's and Erikson's Theories of Personality Development

	Freud's Stages of Childhood		Erikson's Stages of Childhood	
	<i>Psychosexual Stage</i>	<i>Nursing Implications</i>	<i>Developmental Task</i>	<i>Nursing Implications</i>
Adolescent	Genital stage: Adolescent develops sexual maturity and learns to establish satisfactory relationships with the opposite sex.	Provide appropriate opportunities for the child to relate with opposite sex; allow child to verbalize feelings about new relationships.	Developmental task is to form a sense of identity versus role confusion. Adolescents learn who they are and what kind of person they will be by adjusting to a new body image, seeking emancipation from parents, choosing a vocation, and determining a value system.	Provide opportunities for an adolescent to discuss feelings about events important to him or her. Offer support and praise for decision making.

Adapted from Erikson, E. H. (1993). *Childhood and society*. New York: W. W. Norton; and Freud, S. (1962). *Three essays on the theory of sexuality*. New York: Hearst Corporation, with permission.

Age (Year)	Stage	Description	Nursing Implications
Preconventional (Level I)			
2–3	1	Punishment/obedience orientation (“heteronomous morality”). Child does right because a parent tells him or her to and to avoid punishment.	Child needs help to determine what are right actions. Give clear instructions to avoid confusion.
4–7	2	Individualism. Instrumental purpose and exchange. Carries out actions to satisfy own needs rather than society’s. Will do something for another if that person does something for the child.	Child is unable to recognize that like situations require like actions. Unable to take responsibility for self-care, because meeting own needs interferes with this.
Conventional (Level II)			
7–10	3	Orientation to interpersonal relations of mutuality. Child follows rules because of a need to be a “good” person in own eyes and eyes of others.	Child enjoys helping others because this is “nice” behavior. Allow child to help with bed making and other like activities. Praise for desired behavior such as sharing.
10–12	4	Maintenance of social order, fixed rules, and authority. Child finds following rules satisfying. Follows rules of authority figures as well as parents in an effort to keep the “system” working.	Child often asks what are the rules and is something “right.” May have difficulty modifying a procedure because one method may not be “right.” Follows self-care measures only if someone is there to enforce them.
Postconventional (Level III)			
Older than 12	5	Social contract, utilitarian law-making perspectives. Follows standards of society for the good of all people.	Adolescents can be responsible for self-care because they view this as a standard of adult behavior.
	6	Universal ethical principle orientation. Follows internalized standards of conduct.	Many adults do not reach this level of moral development.

Topic Outline

- Review of Growth and Development Principles
- **Health Promotion and Illness Prevention**
 - Health maintenance
 - Health promotion
 - Developmental Milestones
 - Promoting safety
 - Nutrition
 - Parental concerns and problems related to normal infant development



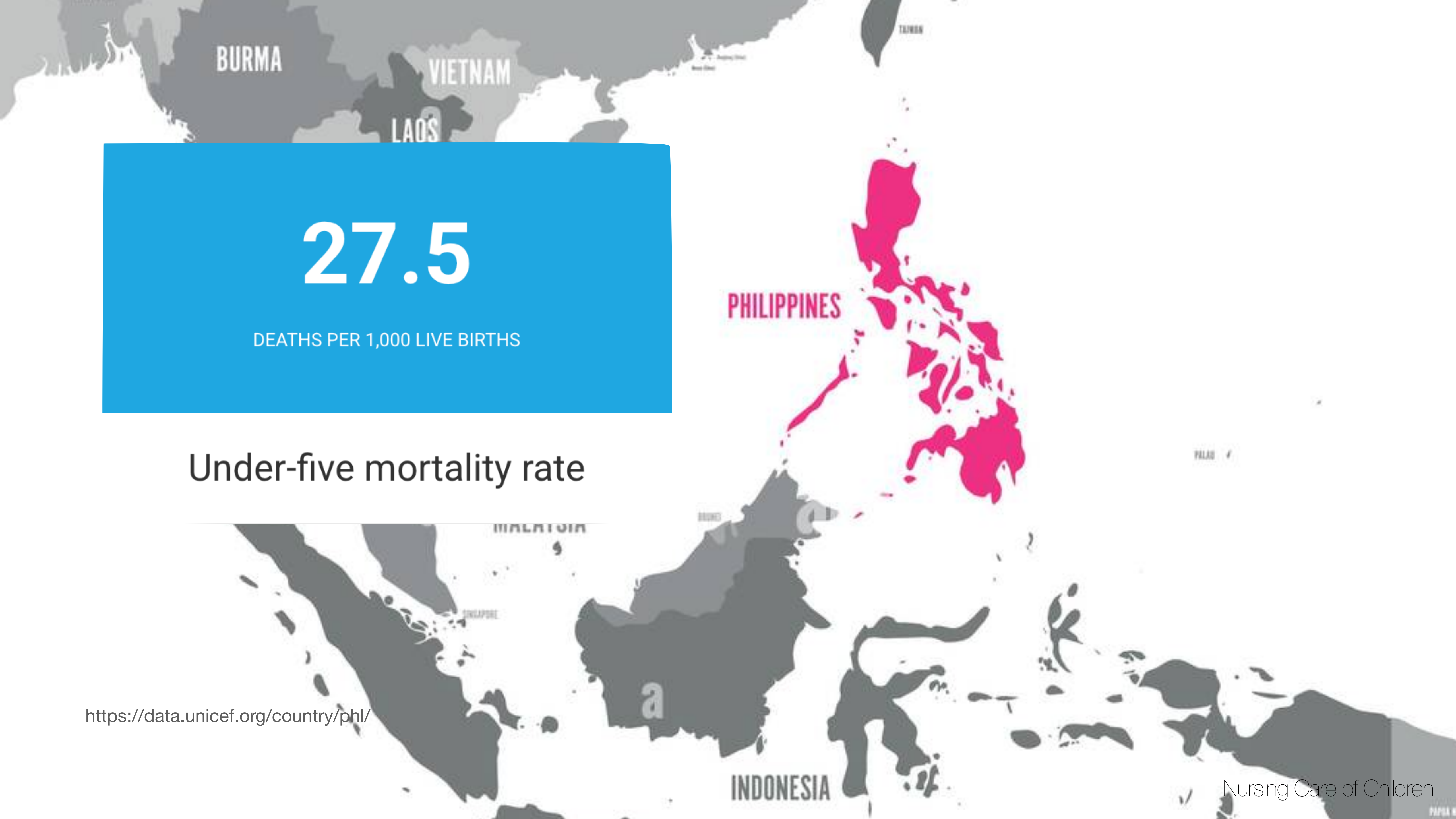
Nursing Care of Infants

27.5

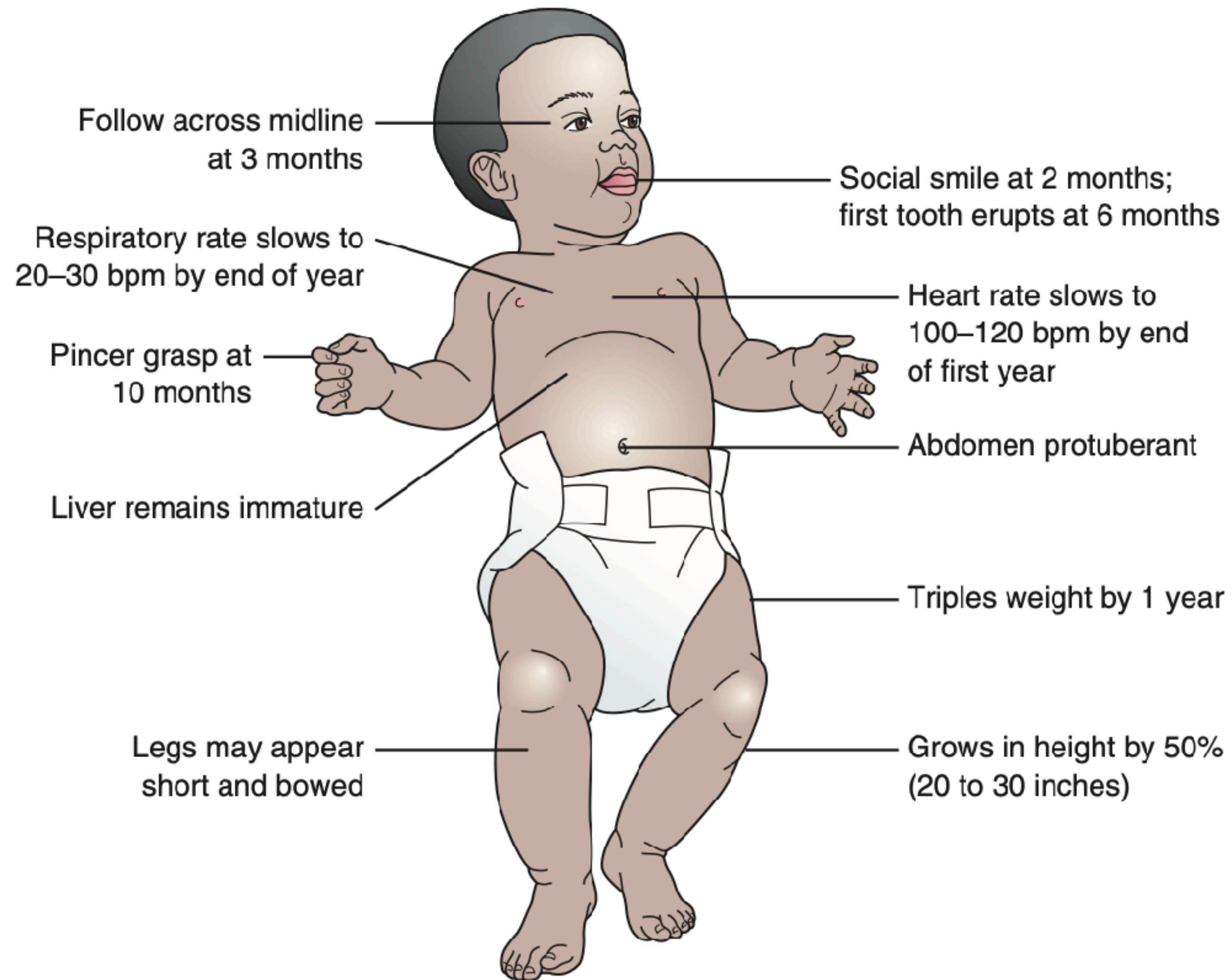
DEATHS PER 1,000 LIVE BIRTHS

Under-five mortality rate

<https://data.unicef.org/country/phl/>



Assessing the Average Infant



Gross Motor Development

- Assessed using four positions

Gross Motor Development

- Assessed using four positions



ventral suspension

Gross Motor Development

- Assessed using four positions



ventral suspension



prone

Gross Motor Development

- Assessed using four positions



Sitting position

Gross Motor Development

- Assessed using four positions



Sitting position



Standing position



[Home](#) Learn the Signs Home

Milestones

[2 months](#)

[4 months](#)

[6 months](#)

[9 months](#)

[1 year](#)

[15 months](#)

[18 months](#)

[2 years](#)

[30 months](#)

[3 years](#)

[4 years](#)

[5 years](#)

CDC's website is being modified to comply with President Trump's Executive Orders.

CDC's Developmental Milestones

[Español \(Spanish\)](#) [Print](#)

In 2022, CDC's milestones and parent tips were updated and checklist for ages 15 and 30 months were added. For more information about the CDC's developmental milestones, please review the [Pediatrics journal article](#) and these [important key points](#).

Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, act, and move.

Click on the age of your child to see the milestones:

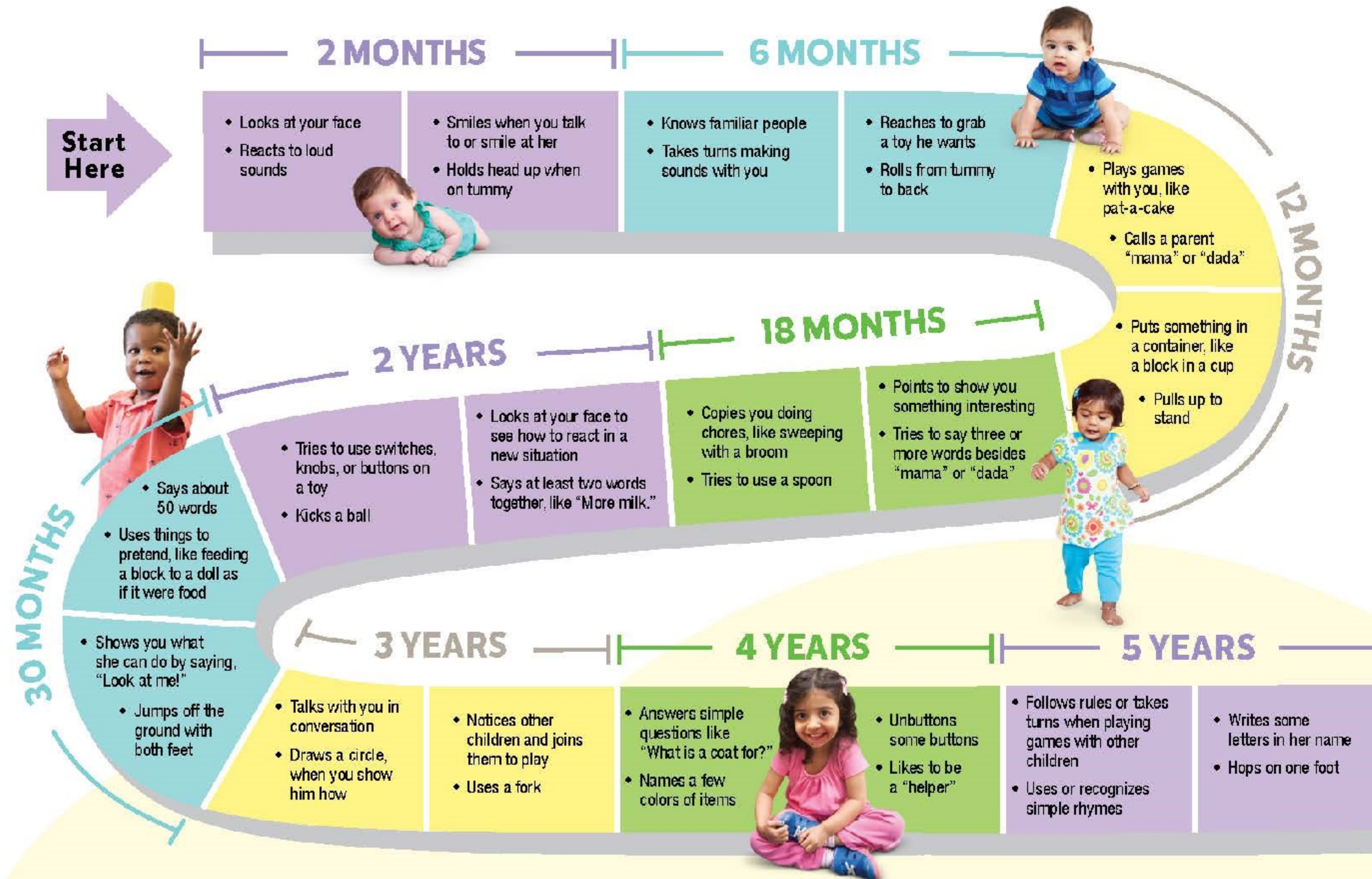
- [2 months](#)
- [4 months](#)
- [6 months](#)
- [9 months](#)
- [1 year](#)
- [15 months](#)

Download CDC's free Milestone Tracker App



Your Child's Early Development is a Journey

These are just a few of many important milestones to look for. For complete checklists for your child's age visit www.cdc.gov/Milestones or download CDC's free *Milestone Tracker* app.



Children Red Flags & Warning Signs

Age	Gross Motor Red Flags	Fine Motor Red Flags	Language Red Flags	Cognitive Red Flags	Psychosocial Red Flags
2-3 months				Not alert to mother with special interest	
3 months					Not smiling socially
3 ½ months		Persistence of grasp reflex			
4-5 months		Unable to hold a rattle			
5 months	Does not roll over				
5-6 months	Does not pull up to sit		Not babbling		
6-7 months				Not searching for dropped object	
6-8 months					Not laughing in playful situations

Children Red Flags & Warning Signs

Age	Gross Motor Red Flags	Fine Motor Red Flags	Language Red Flags	Cognitive Red Flags	Psychosocial Red Flags
7 months		Unable to hold an object			
7-8 months	Does not sit without support				
8-9 months			Not saying "da" or "ba"	No interest in peek-a-boo	
9-10 months	Does not stand while holding on				
10-11 months		Absence of pincer grasp	Not saying "dada" or "baba"		
12 months				Does not search for hidden objects	Hard to console Stiffens when approached Does not notice or mind when a caregiver leaves or returns

Children Red Flags & Warning Signs

Age	Gross Motor Red Flags	Fine Motor Red Flags	Language Red Flags	Cognitive Red Flags	Psychosocial Red Flags
2 ½ years	Not jumping with both feet	Not turning a single page of a book	Not using at least one personal pronoun		
3 years	Unable to stand on one foot	Unable to stack 8 blocks Unable to draw a straight line		Does not know own full name	In constant motion Resists discipline Does not play with other children Does not play pretend or make believe
3 ½ years			Speech only half understandable		
4 years	Not hopping	Unable to stack 10 blocks Unable to copy a circle	Does not understand prepositions	Cannot pick shorter or longer of two lines	
4 ½ years		Unable to copy a square		Cannot count sequentially	

Children Red Flags & Warning Signs

Age	Gross Motor Red Flags	Fine Motor Red Flags	Language Red Flags	Cognitive Red Flags	Psychosocial Red Flags
5 years	<p>Unable to walk a straight line back and forth</p> <p>Unable to balance on one foot for 5-10 seconds</p>	<p>Unable to build a staircase of blocks</p> <p>Unable to copy a cross</p>	<p>Not using proper syntax in short sentences</p>	<p>Does not know color or any letters</p>	<p>Does not believe</p>
5 ½ years				<p>Does not know own birthday or address</p>	

Head

• P

Erikson's Stages of Psychosocial Development

Approximate Age	Psychosocial Crisis/Task	Virtue Developed
Infant - 18 months	Trust vs Mistrust	Hope
18 months - 3 years	Autonomy vs Shame/Doubt	Will
3 - 5 years	Initiative vs Guilt	Purpose
5 -13 years	Industry vs Inferiority	Competency
13 -21 years	Identity vs Confusion	Fidelity
21- 39 years	Intimacy vs Isolation	Love
40 - 65 years	Generativity vs Stagnation	Care
65 and older	Integrity vs Despair	Wisdom

k

Health Promotion of an Infant

- Aspiration precaution



Health Promotion of an Infant

- Fall prevention



Health Promotion of an Infant

- Car safety
- Safety with siblings
- Bathing and swimming safety
- Childproofing
 - Check for lead paint
 - Protective caps for outlets
 - Safety gates
 - Store substances out of infant's reach
 - Baby walkers
 - 10mos: pincer grasp > smaller objects

Nutrition for Infants

- Introduction of solid food
- Loss of extrusion reflex
- Techniques for feeding solid food
 - Offer new food one at a time, allowing child to eat it for one week before introducing another
 - Hold infant in parent's arm as if for breastfeeding

Nutrition for Infants

- Establishment of health eating patterns
 - Individualized approach according to cues
 - Difficulty accepting food > temperament vs desire for conflict
 - 24-hour diet recall: quantity
 - method of feeding
 - Provide quiet environment
 - Do not force if they do not seem hungry

Nutrition for Infants

- Weaning
 - sucking reflex begins to diminish in intensity between ages 6 and 9 months
 - Choose one feeding a day and begin offering fluid by new method at that feeding > after 3 days to a week, mother changes a second feeding time
 - Teething discomfort, URTI

Promoting Infant Development in Daily Activities

- Self-feeding
- Bathing
- Diaper-area care
- Dressing
- OHG: Care of teeth, Sleep, Exercise

Parental Concerns and Problems related to Normal Infant Development

1. Teething

- High fever
- seizures
- vomiting
- diarrhea
- earache
- OTC meds
- Refrigerate teething rings
- Screen articles within infant's reach



Parental Concerns and Problems related to Normal Infant Development

2. Thumbsucking



Parental Concerns and Problems related to Normal Infant Development

3. Use of pacifiers

- Check nipples to be certain that holes are small and rubber is sturdy
- Pros and cons
- Parents should attempt to wean a child from a pacifier any time after 3 months of age



Parental Concerns and Problems related to Normal Infant Development

4. Head banging

- Beginning second half of 1st yr continuing through preschool period, associated with naptime or bedtime, lasting under 15 mins
- Investigate stress factors
- Pad the rails
- Reassure them that this is normal mechanism to relieve tension

Parental Concerns and Problems related to Normal Infant Development



4. Sleep problems
 - Delay bedtime by 1 hour
 - Shorten afternoon sleeptime period
 - Do not respond immediate at night so they can fall back to sleep
 - Provide soft toys or music to allow playing quietly alone during wakeful time
 - Suggesting parents to do other productive things

Parental Concerns and Problems related to Normal Infant Development



5. Constipation
- Consult with physician
 - Add food with bulk
 - Increasing fluid intake
 - Apple juice or prune juice - temporary measure
 - >1week: anal fissure or tight anal sphincter
 - Hirschprung's disease: ribbon-like, bouts of diarrhea, distended abdomen
 - Hypothyroidism: lethargy, protruding tongue, failure to meet devt milestones

Parental Concerns and Problems related to Normal Infant Development



6. Loose stools
 - Duration
 - Number of stools per day
 - Color
 - Consistency
 - Mucus? Blood?
 - Fever, cramping, vomiting?
 - Continue to eat well?
 - Appear well? Thriving?
 - Wetting at least six diapers per day?

Parental Concerns and Problems related to Normal Infant Development

6. Colic

- paroxysmal abdominal pain that generally occurs in infants under 3 months of age and is marked by loud, intense crying
- Formula-fed more than breastfed
- Comprehensive history
 - Frequency, duration, what happens before attack, describe attack, associated symptoms
 - Document number & type of BM
 - Feeding method? Burp?
 - Small frequent feedings
 - Avoid use of heat

Parental Concerns and Problems related to Normal Infant Development



7. Miliaria

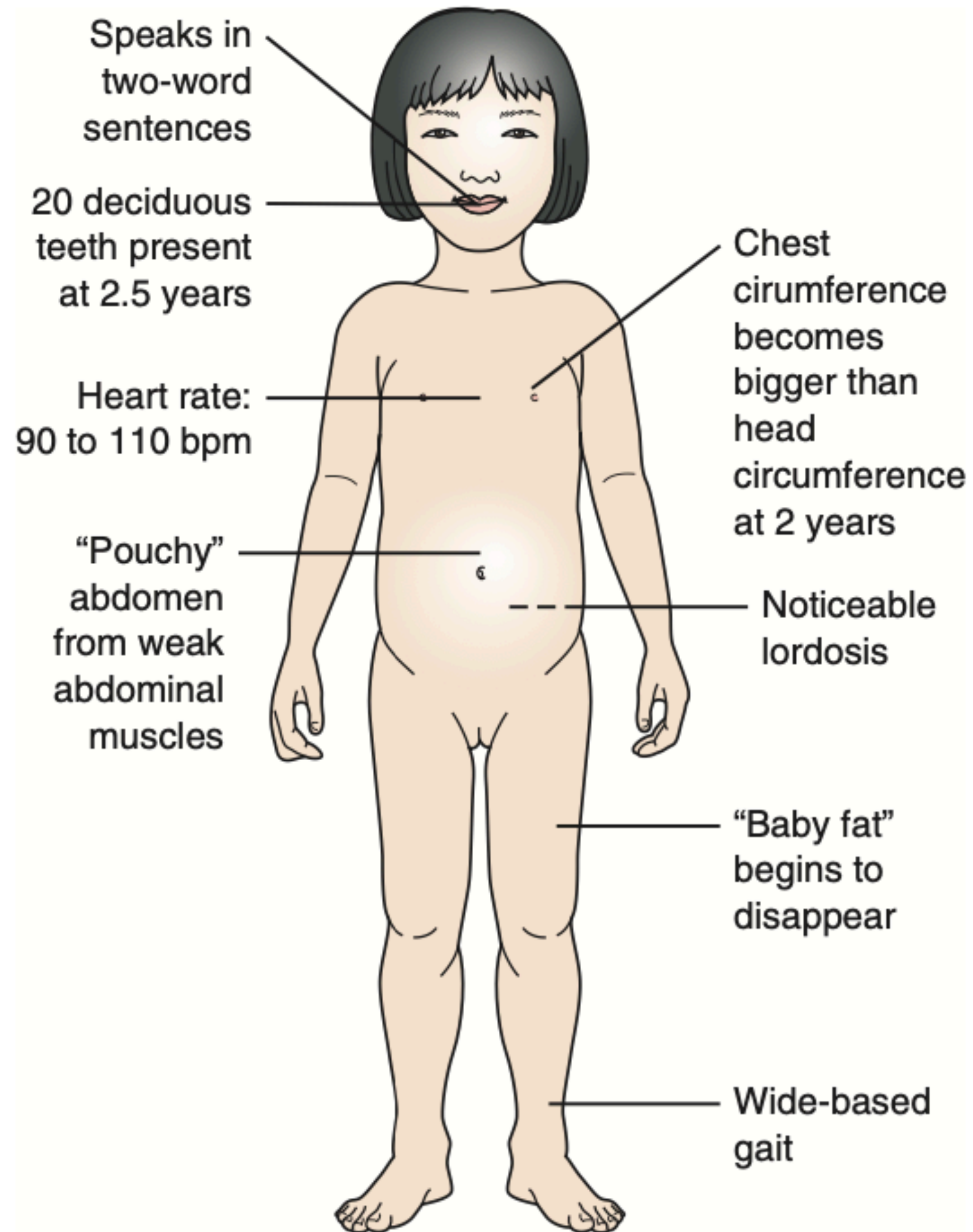
- Prickly heat rash: clusters of pinpoint, reddened papules with occasional vesicles and pustules surrounded by erythema
- Bath infant twice a day
- Add small amount of baking soda to bath water
- Reduce amount of clothing on an infant
- Lower room temperature



Nursing Care of Toddlers



Assessing the Average Toddler



Age (Months)	Fine Motor	Gross Motor	Language	Play
15	Puts small pellets into small bottles. Scribbles voluntarily with a pencil or crayon. Holds a spoon well but may still turn it upside down on the way to mouth	Walks alone well; can seat self in chair; can creep upstairs	4–6 words	Can stack 2 blocks; enjoys being read to; drops toys for adult to recover (exploring sense of permanence)
18	No longer rotates a spoon to bring it to mouth	Can run and jump in place. Can walk up and down stairs holding onto a person's hand or railing. Typically places both feet on one step before advancing.	7–20 words, uses jargoning; names 1 body part	Imitates household chores, dusting, etc.; begins parallel play (playing beside not with another child)
24	Can open doors by turning doorknobs, unscrew lids	Walks up stairs alone still using both feet on same step at same time	50 words, 2-word sentences (noun-pronoun and verb), such as "Daddy go," "me come"	Parallel play evident
30	Makes simple lines or strokes for crosses with a pencil	Can jump down from chairs	Verbal language increasing steadily. Knows full name; can name one color and holds up fingers to show age	Spends time playing house, imitating parents' actions; play is "rough-housing" or active

Health Promotion of a Toddler

- Promoting toddler safety
 - Poisoning - most frequent accident in toddlers
 - Childproof
 - Supervise at all times
 - Move to regular bed
 - Lead screening

Health Promotion of a Toddler

- Nutrition
 - Toddler's appetite smaller than infant
 - Place small amount of food on plate, allow child to eat, and ask for more
 - Self-feeding
 - Offer finger food
 - Allow choice between 2 types of food

Promoting Toddler Development in Daily Activities

- Dressing
 - Encourage to give up perfection for developing sense of autonomy
 - If parents feel they must change, start with a positive statement
- Bathing
- OHG: Sleep, Care for the teeth

Parental Concerns and Problems related to Normal Toddler Development



1. Toilet training
 - Individualized task
 - Three important developmental levels:
 - Control of rectal and urethral sphincters
 - Cognitive understanding of what it means to hold urine and stools until they can release them at certain place and time
 - Desire to delay gratification for more socially acceptable action

Parental Concerns and Problems related to Normal Toddler Development



1. Toilet training

- Plan 1-2 weeks of psychological readiness activities (showing other family members use toilet, bigger people leave urine and stools in toilet, training pants, bigger people wear underpants too)
- Training pants pull down readily
- Potty chair or infant seat
- Regular intervals, not longer than 10mins
- Praise the child
- Encourage to flush independently

Parental Concerns and Problems related to Normal Toddler Development



2. Ritualistic behavior

- “I need more guidelines, more rules. Don’t let me be quite so independent.”

Parental Concerns and Problems related to Normal Toddler Development



2. Negativism

- Separate individuals with separate needs
- No vindictiveness in their behavior
- Limiting number of questions
- Needs experience in making choices

Parental Concerns and Problems related to Normal Toddler Development



- ### 3. Discipline
- Discipline vs Punishment
 - Two rules:
 - Parents need to be consistent
 - Praise correct behavior

Parental Concerns and Problems related to Normal Toddler Development



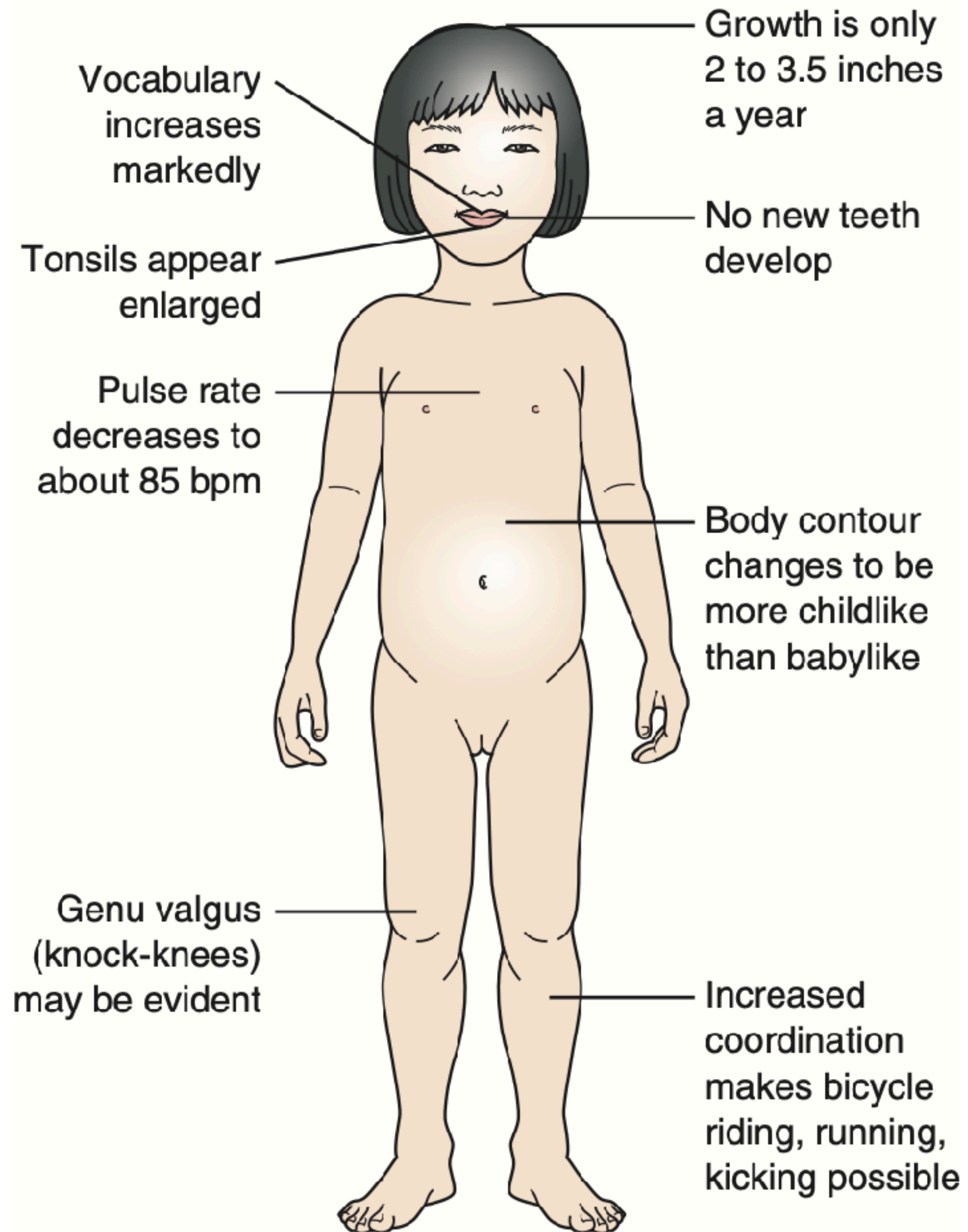
4. Temper tantrums
 - Know what they want but are unable to articulate because of limited vocabulary
 - Disapprove of the tantrum then ignore
 - Try to determine reason of tantrum
 - Think through what you do when child has a tantrum



Nursing Care of Preschool Child



Assessing the Average Preschooler



Age (yr)	Fine Motor	Gross Motor	Language	Play
3	Undresses self; stacks tower of blocks; draws a cross	Runs; alternates feet on stairs; rides tricycle; stands on one foot	Vocabulary of 900 words	Able to take turns; very imaginative
4	Can do simple buttons	Constantly in motion; jumps; skips	Vocabulary of 1500 words	Pretending is major activity
5	Draws a 6-part man; can lace shoes	Throws overhand	Vocabulary of 2100 words	Likes games with numbers or letters

Health Promotion of a Preschooler & Family

- Promoting preschooler safety
 - Pseudo-independence: project an attitude of independence and ability to take care of their needs
 - Increasing interest in learning adult roles: blades, neighbor's pool
 - Remind not to walk in back of or in front of automobiles
 - They may imitate taking medicine

Health Promotion of a Preschooler & Family

- Keeping children safe, strong, and free
 - Potential threat of harm from strangers
 - If asked to keep a secret that made them feel uncomfortable, they should tell their parents or other trusted adult
 - Bullying behavior from other children should not be tolerated

Promoting Preschool Development in Daily Activities

- Dressing
 - They can dress themselves except for difficult buttons
 - Children need to experience choosing clothes on their own
- Hygiene
 - Wash and dry hands adequately
 - Fingernails: need touching up by parent or older sibling
 - Need assistance in cleaning ears
 - Hang mobile over tub to look up to during rinsing of shampoo
 - May develop vulvar irritation and bladder infections when using bubble bath
- OHG: Sleep, Exercise, Care of teeth
 - Teeth grinding: if problem stems from anxiety, identify and relieve source of anxiety

Parental Concerns and Problems related to Normal Preschool Development

1. Minor illnesses
 - May cause parents to overprotect
 - Give reassurance
2. Common fears of preschoolers
 - Imagination is very active
 - a. Fear of the dark
 - Monitor stimuli exposure especially around bedtime
 - Dim night light may be helpful
 - Reassure that they are safe (e.g. Whatever is chasing them is not in the room but only in the dream)



Parental Concerns and Problems related to Normal Preschool Development

2. Common fears of preschoolers (cont'd)

b. Fear of mutilation

- Cries not only from pain but from intrusiveness
- Stems from not knowing which body parts are essential
- Oedipal complex



Parental Concerns and Problems related to Normal Preschool Development



2. Common fears of preschoolers
(cont'd)
 - c. Fear of separation or abandonment
 - Relating time and space to something a child knows rather than actual time and place

Parental Concerns and Problems related to Normal Preschool Development



3. Behavioral variations
 - telling tall tales
 - imaginary friends
 - difficulty sharing
 - regression
 - sibling rivalry

Parental Concerns and Problems related to Normal Preschool Development



4. Preparing for new sibling
5. Sex education
6. Preparing for school
7. Broken fluency
8. “Bathroom language”

Reading assignment:
Nursing Care of School-age and Adolescents



DEDICATED TO THE

Each child and family is unique. The AAP continues to evaluate the need to avoid fr

DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH
Autism
Behavioral
Tobacco, Alcohol, or Drug Use
Depression

1. If a child comes under care at a later age, the schedule should be modified.
2. A prenatal visit is recommended. The prenatal visit should include a discussion of the planned method of delivery.
3. Newborns should have a hearing screening (should be offered).
4. Newborns should have a vision screening. Evaluation for their mothers should include Use of Human Milk (http://www.aap.org/american-academy-of-pediatrics/clinical-practice-guidelines/2013/04/2013-04-01-use-of-human-milk-examined-within-24-hours-of-birth).

	AGE¹
	HISTORY Initial/Interval
	MEASUREMENTS
	Length/Height and Weight
	Head Circumference
	Weight for Length
	Body Mass Index ⁵
	Blood Pressure ⁶
	SENSORY SCREENING
	Vision ⁷
	Hearing
	DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH
	Maternal Depression Screening ¹¹
	Developmental Screening ¹²
	Autism Spectrum Disorder Screening ¹³
	Developmental Surveillance
	Behavioral/Social/Emotional Screening ¹⁴
	Tobacco, Alcohol, or Drug Use Assessment ¹⁵
	Depression and Suicide Risk Screening ¹⁶
	PHYSICAL EXAMINATION¹⁷

	PROCEDURES¹⁸
	Newborn Blood
	Newborn Bilirubin ²¹
	Critical Congenital Heart Defect ²²
	Immunization ²³
	Anemia ²⁴
	Lead ²⁵
	Tuberculosis ²⁷
	Dyslipidemia ²⁸
	Sexually Transmitted Infections ²⁹
	HIV ³⁰
	Hepatitis B Virus Infection ³¹
	Hepatitis C Virus Infection ³²
	Sudden Cardiac Arrest/Death ³³
	Cervical Dysplasia ³⁴
	ORAL HEALTH³⁵
	Fluoride Varnish ³⁷
	Fluoride Supplementation ³⁸
	ANTICIPATORY GUIDANCE

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←★ or ●→ = range during which a service may be provided

The
Omnibus
Health
Guidelines
for

Children

Under 10 years old

ver. 2023



Diet & Nutrition

- Exclusive breastfeeding
- Age-appropriate and optimal complementary feeding beginning at 6 completed months with continued breastfeeding up to two years and beyond
 - Pureed foods: 6 months
 - Finger foods: 8 months
 - Lumpy or chopped foods: 10 months
 - Table food: 12 months
- Age-appropriate micronutrient supplementation of Vit A, micronutrient powder, iron as advised

2021

MENU GUIDE CALENDAR

**YOUR GUIDE
TO COMPLEMENTARY
FEEDING AND NUTRITIOUS
FAMILY MEALS**



Department of Science and Technology
Food and Nutrition Research Institute





(for young children 12 to 23 months old)

Ingredients:

	Household measure
For the pan fried chicken:	
Chicken breast, strips	1 cup
Salt, iodized	1/2 tsp
Black pepper, ground	1/8 tsp
Cooking oil, fortified	1 Tbsp
For the veggie pancake:	
Kalabasa, fruit, sliced	2 cups
Oatmeal, rolled	1/2 cup
Pancake mix	1 box (250 g)
Egg, chicken, beaten	2 pcs
Water	1/2 cup
Cooking oil, fortified, for batter	1 Tbsp
Cooking oil, fortified, for frying	2 Tbsps

Serving size:
1 pc pancake + 2 Tbsps chicken
2 pcs dalanghita (small)

NUTRITION INFORMATION*	
278	Protein 9.1 g
kcal	Fat 8.9 g
per meal	Carbohydrate 39.5 g
Grains, roots & tubers	✓
Legumes & nuts	-
Dairy products	-
Flesh Foods	✓
Eggs	✓
Vitamin A - rich fruits & vegetables	✓
Other fruits & vegetables	✓
NUMBER OF FOOD GROUPS	5

High in
Vitamin
A

High in
Iron

High in
Vitamin C

*with 1 pack (P5) of Multi-nutrient Growth Mix (MGM)

Procedure:

- 1. Prepare the pan fried chicken.**
 - In a bowl, combine chicken breast, salt and pepper.
 - In a pan, heat oil. Pan fry chicken for 1 minute on each side.
 - Remove and set aside.
- 2. Prepare the veggie pancake.**
 - Steam *kalabasa* until soft. Remove and mash until smooth. Set aside.
 - In a bowl, combine oatmeal, pancake mix, mashed *kalabasa*, egg, water and oil until slightly lumpy. Do not overmix.
 - In a pan, brush oil. Pour 1/3 cup of the batter.
 - Cook until bubbles appear, then turn to cook the other side. Do this for the rest of the batter.
- 3. Serve pancake with chicken on the side.**

Number of servings	10
Cooking time	30 minutes
Preparation time	15 minutes

*The recipe contains eggs and gluten as possible allergens

VEGGIE PANCAKE AND PAN-FRIED CHICKEN

Php 16.00

Dental Care

- Remove the milk residue after nursing, feeding, and before bedtime, by cleansing the mouth or oral cavity with a damp soft cloth or gauze.
- Encourage infants over 6 months old to drink water and breastmilk only, in between meals, to prevent ECC
- Avoid giving added sugar or delay exposure to added sugar for children 2 years old and below to prevent ECC
- Practice tooth brushing once with primary or baby teeth, through cradle position with age-appropriate amount of fluoridated toothpaste for not less than two (2) minutes, every morning and before bedtime
- Give a clean teething ring or wet washcloth, preferably chilled, to relieve the symptoms of teething.

Dental Care (12 months to below 10 years old)

- Perform supervised toothbrushing twice a day with appropriate amounts of fluoridated toothpaste (1000-1500ppm), for not less than two (2) minutes, every morning and before bedtime. Avoid rinsing with water thereafter to optimize the preventive effects of fluoride.
- Check the tooth/teeth surface by “Lift the lip” or “angkat labi” for early detection of enamel white spot lesions
- Avoid letting the child go to sleep with a bottle
- Avoid giving added sugar
- Encourage the intake of drinking water in between meals
- Encourage the intake of whole fruits instead of fruit juices

Physical Activity & Exercise

- Encourage infants to do physical activity several times through interactive floor-based play
- Infants who are not yet mobile should be provided at least 30 minutes of tummy time spread throughout the day
- Screen time for infants is **not** recommended

Physical Activity & Exercise (1-5 years old)

- 1-5 yo: engage for at least 180 minutes of supervised physical activities, including active screen-based games with physical activity or movement, and energetic play that is spread throughout the day
- 5 yo to below 10yo: engage in supervised moderate to vigorous physical activities for at least 60 minutes per day of moderate- to vigorous-intensity, mostly aerobic, physical activity, across the weekhabits that will benefit them in the long run

Physical Activity & Exercise (1-5 years old)

- Limit sedentary screen time to less than 1 hour per day in children aged 2 to 4 years old
 - No screen time for children under 2
 - One hour per day for children 2 to 12
 - Two hours per day for teens and adults

Sleep

- Birth to 3 months: 14 to 17 hours of sleep in a day
- 4-11 months: 12 to 16 hours of sleep a day
- 1-2yo: 11 to 14 hours of sleep a day; 3-4 yo 10 to 13 hours of sleep per day + consistent bedtimes and wake-up times
- 5yo and above: 9 to 11 hours of uninterrupted sleep at night

Infectious Disease Prevention

- Hand hygiene
- Body hygiene
- Proper respiratory hygiene and cough etiquette
- Prevent communicable diseases based on transmission route
- Prevent food-and-water-borne diseases
- Self-protection measures against mosquito-borne diseases
- Self-protection measures against soil-transmitted helminths/parasitic diseases/other zoonotic diseases

Injury Prevention

- 0-12months
 - Newborns and infants should not be separated from mother
 - Put them to sleep on their back, not on their stomach
 - Use appropriate clothing. 1-2 layers more than adults are wearing
 - Check for presence of urine on diapers 6-8 times per day to ensure adequate milk intake

Injury Prevention

- 12 months to below 10 years old
 - Eye protection
 - Teach avoidance of looking directly at sunlight
 - Wear slippers or protective footwear, as appropriate
 - Use sports-appropriate protective gear

Promote road safety and prevent road crash injuries

- Practicing road courtesy, following traffic rules, and educating children regarding the proper use of pedestrian crossing
- Disallowing children to sit at the front seat of a motor vehicle with a running engine, or while in transport and placing them at the rear seats of a motor vehicle
- Securing the children in vehicles using a child restraint system
- Avoiding placing a child onboard motorcycles unless he/she can comfortably reach the standard footpeg of the motorcycle, can reach around and grasp the waist of the motorcycle rider, and is wearing a helmet

Promote fireworks-related injuries

- Prohibiting children from purchasing fireworks and using them outside the designated fireworks zone
- Supervising children in the use of fireworks

Protect children from drowning

- Teaching children swimming and water safety skills
- Putting on children life jackets
- Disallowing children from jumping or diving in the water head first
- Informing children of the depth of the water with location of underwater hazards, designated areas for swimming, especially for children
- Ensuring that a responsible adult with swimming skills is supervising the children while swimming

Sun protection

- Avoid extreme exposure to the sun by wearing protective sunglasses, hats, and umbrellas, and using sunscreen
- Use sunscreen as ff:
 - < 6mos: May use broad spectrum SPF 15 sunscreen if adequate clothing or shade is unavailable; Use SPF 15 on small areas such as the face and back on the hand
 - 6mos & above: Use broad spectrum sunscreen, 15-30 minutes before sun exposure; For daily use, may use at least SPF 15; For outdoor activities, sports, and recreation, use at least SPF 30
- Reapply sunscreen at least every 2 hours
- May use oil-based emulsions such as sunscreens containing titanium dioxide and zinc oxide



CHILDHOOD IMMUNIZATION SCHEDULE 2025

VACCINES	INFANCY										EARLY CHILDHOOD				SCHOOL AGE/ADOLESCENCE			
	Birth	1 mo.	6 wks.	2 mos.	10 wks.	14 wks.	4 mos.	6 mos.	9 mos.	12 mos.	15 mos.	18 mos.	19-23 mos.	2-3 yrs.	4-6 yrs.	7-10 yrs.	11-12 yrs.	13-18 yrs.
BCG	Birth dose																	
Hepatitis B	Birth dose	2 nd dose						3 rd dose										
NIP: Polio	OPV		1 st dose		2 nd dose	3 rd dose												
	IPV					1 st dose			2 nd dose									
DTwP/DTaP-Hib-IPV (+/-HepB)			1 st dose		2 nd dose					1 st booster				DTaP-IPV 2 nd booster	Hib (see annotations)			
Td/Tdap														NIP Td: Grade 1			NIP Td: Grade 7	
PCV			1 st dose		2 nd dose			(see annotations)		1 st booster			(see annotations)					
						3 rd dose		(see annotations)						PCV/PPSV (see annotations)				
RV		RV series (see annotations)																
Influenza														Yearly (see annotations)				
NIP: MMR/MR									1 st dose MMR	2 nd dose MMR					Grade 1: MR		Grade 7: MR	
Measles/MMR									Measles	1 st dose MMR	2 nd dose MMR (see annotations)							
JEV									1 st dose				2 nd dose (see annotations)					
Varicella										1 st dose	2 nd dose (see annotations)							
Hepatitis A										(see annotations)								
HPV																HPV series (see annotations)		
Rabies														Rabies series (see annotations)				
Meningococcal		(see annotations)																
Cholera		(see annotations)																
Typhoid		(see annotations)																

ROUTINE VACCINATION
CATCH-UP VACCINATION
RECOMMENDED VACCINATION FOR SPECIAL GROUPS/SITUATIONS
NATIONAL IMMUNIZATION PROGRAM (NIP)
RECOMMENDED BY NIP AND PPS/PIDSP/PFV

PLEASE READ ANNOTATIONS

DISCLAIMER: The Childhood Immunization Schedule presents recommendations for immunization for children and adolescents based on updated literature reviews, experiences and premises current at the time of publication. The PPS, PIDSP and PFV acknowledge that individual circumstances may warrant a decision differing from the recommendations given here. Physicians must regularly update their knowledge about specific vaccines and their use because information about safety and efficacy of vaccines and recommendations relative to their administration continue to develop after a vaccine is licensed. For all vaccines mentioned, please refer to manufacturer's recommendation. For travel vaccination, kindly consult Bureau of Quarantine and country requirements.

ROUTINE VACCINES:

- These are vaccines that may or may not be included in the NIP but are to be routinely used for children according to Philippine Pediatric Society (PPS), Pediatric Infectious Disease Society of the Philippines (PIDSP), and Philippine Foundation for Vaccination (PFV).

RECOMMENDED VACCINES FOR SPECIAL GROUP/SITUATIONS:

- These are vaccines that should be given to certain groups or situations. (See annotations)

PHILIPPINE NATIONAL IMMUNIZATION PROGRAM (NIP) VACCINES:

- BCG, monovalent Hepatitis B, Pentavalent vaccine (DTwP-Hib-HepB), Bivalent OPV, IPV, PCV, MMR/MR
- School-based Immunization Program: MR, Td, HPV

LIMANG BISITA HANGGANG BIRTHDAY NIYA!



Sa LIMANG bisita lang, masisiguro mo na ang kaligtasan ni baby. Kumpletuhin ang bakuna ni baby hanggang sa unang birthday niya para siguradong lalaki siyang healthy!

Bakuna	Sakit na maiiwasan	AT BIRTH	1ST VISIT	2ND VISIT	3RD VISIT	4TH VISIT	5TH VISIT
			1 1/2 months	2 1/2 months	3 1/2 months	9 months	1 year
BCG Vaccine	Tuberculosis (TB)	✓					
Hepatitis B Vaccine	Hepatitis B	✓					
Pentavalent Vaccine (DPT-Hep B-HIB)	Dipterya, Tenano, Pertussis, Pulmonya, Meningitis		✓	✓	✓		
Oral Polio Vaccine (OPV)	Polio		✓	✓	✓		
Inactivated Polio Vaccine (IPV)	Polio				✓		
Pneumococcal Conjugate Vaccine (PCV)	Pulmonya, Meningitis		✓	✓	✓		
Measles, Mumps, Rubella Vaccine (MMR)	Tigdas, Beke, German Measles					✓	✓

#VaccinesWork for All
Pumunta sa pinakamalapit na health center sa inyong lugar.