

Early Childhood Development: Review Questions

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QUESTIONS

Choose the single best answer for each question.

- 1. A 2-week-old baby girl is brought to her pediatrician for a well-child examination. She was born at term following an uncomplicated pregnancy, labor, and delivery, with a birth weight of 3400 g (7.6 lb). Her mother states that the infant is exclusively breast fed, nurses every 2 to 3 hours, and has 6 to 8 wet diapers and 2 to 4 seedy stools daily. At the time of her examination, she weighs 3450 g (7.7 lb). Results of the physical examination are normal. Which of the following is the most appropriate next step in the care of this patient?**

 - Continue breast feeding only
 - Continue breast feeding with supplemental cow's milk formula
 - Continue breast feeding with supplemental soy formula
 - Continue breast feeding and add rice cereal to her diet
 - Discontinue breast feeding and start her on cow's milk formula
 - Discontinue breast feeding and start her on soy formula
- 2. An 18-month-old boy is brought to his pediatrician for a well-child examination. He has been healthy since birth, and his immunizations are up to date. Length, weight, and head circumference are all at the 50th percentile. During the examination, the patient walks and runs, and his mother states that he can climb stairs. However, he has not been observed to jump or throw a ball overhand. He is able to grasp**

objects with his finger and thumb and bang cubes together, but he cannot put a block in a cup or build a tower of two cubes and does not scribble. Which of the following assessments of his motor development is correct?

 - Normal gross motor skills, normal fine motor skills
 - Normal gross motor skills, delayed fine motor skills
 - Delayed gross motor skills, normal fine motor skills
 - Delayed gross motor skills, delayed fine motor skills
- 3. A 24-month-old girl is brought to her pediatrician because her parents are concerned that she is not talking as well as her older sister did at the same age. She is able to point to 4 pictures and combines 2 words together, but only about half of her speech is intelligible. Which of the following is the most likely diagnosis for this patient?**

 - Attention deficit disorder
 - Autistic disorder
 - Hearing loss
 - Mental retardation
 - Normal language development
- 4. A 4-year-old boy is brought to his pediatrician because of bedwetting. He was toilet trained without difficulty at age 26 months, but he has continued to have nighttime wetting 3 to 4 times per week. He has been otherwise healthy since birth, with normal growth and development. There have been no particular family changes or other stresses. Results of urinalysis and urine culture are negative. Which of the following is the most appropriate next step in this patient's management?**

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- (A) Begin therapy with desmopressin acetate
- (B) Obtain a voiding cystourethrogram
- (C) Provide reassurance
- (D) Refer to a child psychiatrist
- (E) Reward the child for dry nights and punish him for wet nights

5. A 6-year-old boy is brought to his pediatrician because of sleep disturbances. He is noted to have recurrent episodes of awakening in the middle of the night and screaming, with a frightened appearance, tachycardia, and hyperventilation. He is unaware of his parents or his surroundings during these episodes, he cannot be consoled, and he falls asleep again after a few minutes. He has no memory of these episodes the following morning. Which of the following is the most likely diagnosis for this patient?

- (A) Childhood schizophrenia
- (B) Nightmares
- (C) Night terrors
- (D) Seizure disorder
- (E) Sleep apnea

EXPLANATION OF ANSWERS

1. (A) **Continue breast feeding only.** Newborns may lose up to 10% of their birth weight in the first week of life and should be back to birth weight by 2 weeks of age. This patient's weight gain has, therefore, been adequate, and there is no indication to either supplement breast feeding with formula or to change to formula feedings. Rice cereal is often the first food added to the infant diet but should generally not be considered prior to 2 months of age.
2. (B) **Normal gross motor skills, delayed fine motor skills.** Approximately half of 18-month-old children are able to run and climb stairs, but they would not be expected to jump or throw a ball overhand until approximately 2 years of age. However, at 18 months, children should be able to put a block in a cup and scribble, and most can build a tower of at least 2 blocks.
3. (E) **Normal language development.** This patient's language development is normal for a 24-month-old

child. Her language would not be expected to be completely understandable until 3.5 to 4 years of age. Hearing loss is an important consideration in children with language delay, as is mental retardation. Children with autistic disorder also often have abnormal language development, as well as deficient social interactions and other behavioral problems. Attention deficit disorder is characterized by problems with inattention, impulsivity, and hyperactivity, but generally not with language.

4. (C) **Provide reassurance.** Most children achieve daytime dryness prior to nighttime dryness and have complete bladder control by age 5 years. However, the prevalence of nocturnal enuresis for boys at age 5 years is still approximately 5% and is likely related to a delay in maturational development of the bladder musculature. This child clearly still falls within the normal range. There is no evidence that reward/punishment strategies have any effectiveness in hastening the resolution of this problem. Although desmopressin acetate may have some effectiveness for patients with nocturnal enuresis, it is not indicated in this child. No evidence indicates that this child needs a psychiatric evaluation or any imaging studies.
5. (C) **Night terrors.** Night terrors are common in boys between age 5 and 7 years. They generally occur during stage 3 or 4 of slow wave sleep, as opposed to nightmares, which occur during rapid eye movement sleep and are often remembered. Although night terrors may be associated with an underlying emotional problem, they are not generally associated with significant psychiatric illness. Seizures may interrupt sleep but are not associated with screaming and the appearance of fright. Sleep apnea is also associated with sleep disturbances but is generally manifested as snoring and restlessness.

SUGGESTED READINGS

Behrman RE, Kliegman RM, Jenson HB, editors. Nelson textbook of pediatrics. 16th ed. Philadelphia: WB Saunders Co; 2000.

Gunn VL, Nechyba C, editors. The Harriet Lane handbook: a manual for pediatric house officers. 16th ed. Philadelphia: Mosby; 2002.

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