VAUGHN NEXTGEN EDUCATION / CLINICAL EDUCATION

INSTRUCTOR GUIDE + PRINTABLE ACTIVITY KIT

Measure It. Review It. Give It.

Pediatric growth, development & immunization

A 60-minute case-based workshop for nurses already working in practice.



Pediatric care begins with observation, listening and caregiver partnership.

PARTICIPANT TIME	FORMAT	RECOMMENDED GROUP
60 minutes	Facilitated cases + paired practice	Up to 6 nurses per facilitator

Three decisions. One safer visit.

ACTIVITY	LEARNER TASK	OUTPUT
A / MEASURE IT	Interpret growth information and developmental observations.	Assessment priorities and follow-up plan
B / REVIEW IT	Reconcile a vaccine record and use current guidance.	Documented vaccine decision and rationale
C / GIVE IT	Plan and rehearse safe administration on a task trainer.	Observed practice and caregiver teach-back

Inside the packet

Instructor preparation and agenda: pages 2–3. Case and learner worksheets: pages 4–6. Instructor answer keys: pages 7–8. Practice checklist: page 9. Take-home reference: page 10. Exit ticket: page 11. Source and printing guide: page 12.

Prepared October 19, 2026. Use current schedule notes, product labeling and local policy at each session. This activity supports education and focused practice; it is not a complete pediatric nursing or vaccine competency validation.

Teach the decisions behind the task

Learning outcomes

- Select age-appropriate growth references, verify unexpected measurements, and identify a trend requiring assessment.
- Distinguish developmental monitoring from validated screening and arrange follow-up for concerns.
- Use dated immunization records, schedule notes and catch-up guidance to explain a vaccine decision.
- Rehearse product-specific preparation, administration, comfort measures and documentation.
- Use respectful caregiver communication and recognize when to stop and obtain clinical clarification.

Local preparation before teaching

VERIFY	COMPLETE BEFORE THE SESSION
Clinical setting / facilitator	_____
Schedule and notes used; access date	_____
Training product, formulation, route, dose	_____
Manufacturer instructions / beyond-use limit	_____
Approved screening and consent process	_____
Local emergency response / epinephrine access	_____
Developmental screening / referral pathway	_____
Record system / immunization registry workflow	_____

The CDC schedule page retrieved for this packet displayed a 2025 schedule with a July 2, 2025 addendum. Do not label it a 2026 schedule. Check the live schedule, updates and local immunization program before teaching. [1,2]

Scope of practice assessment

Use checklist results for coaching. A facilitator can directly observe only one learner at a time. With six learners, the 20-minute practice block supports short focused demonstrations, not six complete procedures. Record unobserved steps honestly. Additional supervised validation is needed for independent practice or formal sign-off.

A complete hour, ready to teach

MINUTES	FACILITATOR ACTION	LEARNER ACTION
0–5	Introduce objectives; ask opening questions.	Name one vaccine error risk and one developmental concern.
5–20	Release case A; coach without giving answers; debrief final 5 minutes.	Work in pairs on page 5, then compare priorities.
20–35	Release case B; provide live references; debrief final 5 minutes.	Review record, explain decision, complete page 6.
35–55	Demonstrate for 3 minutes; pairs rehearse for 11; run 6 minutes of focused observations.	Alternate nurse/caregiver roles. Each nurse performs a one-minute site-selection and safety check.
55–60	Administer exit ticket and discuss answers.	Complete page 11 and name one practice change.

Stage the room

- Print pages 4–6 and 9–11 for each nurse. Keep pages 7–8 with the instructor. Print one source sheet per table.
- For six learners, provide three workspaces, three pediatric task trainers or injection pads, and six training supply sets.
- Provide mock product labels, manufacturer instructions, needle-size reference, alcohol swabs, nonmedicated training devices, pens and disposal containers.
- Have current schedule, catch-up table, notes, contraindications appendix, VIS and developmental references available on paper or devices.
- Label every practice device SIMULATION ONLY. Use needleless demonstrations when possible. If needles are used, use approved pads, sharps containers and local simulation safety procedures; never inject participants.

Facilitator opening

“Today we will connect three parts of a pediatric visit: what the child is showing us, what the record tells us, and how we give the correct product safely. Use references openly. Explain your reasoning and stop when a detail needs clarification.”

Scaling the group

For more than six nurses, add facilitators or run separate sessions if individual observation is required. A single facilitator may teach a larger discussion group, but must leave unobserved checklist items unmarked and arrange later skills assessment.

Meet Maya: an 18-month visit

Fictional teaching case. Case information is released in two parts. The growth data below are a supplied trend summary, not percentile calculations from raw measurements.

Part A / Growth and development

Maya is 18 months old, born at term. Her caregiver reports reduced appetite and a limited range of foods. No current vomiting, diarrhea, lethargy or acute illness. The recorded weight-for-age trend falls from about the 50th percentile at 9 months to the 25th at 12 months and near the 10th at 18 months. Length has tracked near the 50th. Today's weight has not yet been repeated. The chart system used WHO standards.

Maya walks independently, feeds herself with her fingers and points at an interesting toy. Her caregiver says she previously used four words other than "mama" and "dada" but has stopped using them over the last month. She now mainly gestures. No formal developmental or autism screening result is available for this visit.

Part B / Vaccine record review

For this exercise, all recorded prior doses were validated by the clinic, all other routine vaccines through the current visit have already been reconciled, and the remaining decision is hepatitis A dose 2. Maya has no known vaccine-component allergy or previous severe vaccine reaction. She has mild rhinorrhea, is playful and afebrile. The caregiver asks whether this means all vaccines should be delayed.

RECORD ITEM	VERIFIED DETAIL
Hepatitis A dose 1	Given at 12 months of age; exactly 6 calendar months before today
Hepatitis A dose 2	Not documented in the clinic record or immunization registry
Order for exercise	Approved age-appropriate pediatric hepatitis A product; verify exact product label before administration
Caregiver question	"Will giving another vaccine make her stop talking more?"

Teaching challenge

Address the developmental concern and the immunization decision as separate clinical questions. Explain what is known, identify what needs evaluation, and avoid assigning a cause to the loss of language without assessment.

Optional extension / If the team finishes early

A 12-year-old reports dizziness with previous injections and is anxious about today's visit. What positioning, observation and communication changes would you make? Do not assume syncope and anaphylaxis have the same management.



Observe how the child plays, communicates and moves.

Measure It.

Name: _____ Date: _____ Partner: _____

1. Which growth reference fits Maya's age? What would change at age 2?

_____

_____

2. Name two measurement or record checks before interpreting this trend.

_____

_____

3. What history would help explain her growth pattern? Name three questions.

_____

_____

4. Which developmental findings are reassuring? Which finding needs prompt follow-up?

_____

_____

5. What formal screens are due at 18 months? Is a milestone checklist sufficient?

_____

_____

6. Write your escalation and follow-up plan. Include who receives the concern and how completion will be tracked.

_____

_____

Caregiver communication / Pair practice

Caregiver: "My older child talked late too. Can we just wait until she is two?"

Write a respectful response that explains why the loss of an acquired skill needs assessment.

_____

_____

Review It. Then plan to give it.

Name: _____ Date: _____

RECORD YOUR DECISION	YOUR ANSWER
Reference title / version / date accessed	_____
HepA minimum interval and source	_____
Dose 2 due today? Explain.	_____
Does mild rhinorrhea alone require delay?	_____
What would change the plan?	_____

Product-specific lookup / Use the actual mock label

CHECK	PRODUCT INFORMATION
Brand / formulation / approved age	_____
Dose volume / route	_____
Expiration / beyond-use limit	_____
Needle gauge / length / selected site	_____
VIS edition / date provided	_____

Caregiver response: How would you address the concern about language loss while explaining the vaccine plan?

_____

_____

Comfort plan: How will you position Maya, involve the caregiver and reduce distress?

_____

_____

Aftercare: What will you teach, observe and document?

_____

_____

Measure It: interpret before labeling

Expected answers / Worksheet A

ITEM	EXPECTED REASONING
1 / Reference	WHO standards apply from birth to under age 2 in U.S. practice. At age 2, transition to CDC charts, including BMI-for-age. Use the appropriate age and sex reference. [7]
2 / Measurement checks	Repeat an unexpected weight using calibrated equipment and consistent clothing/diaper conditions. Verify date, age, units and chart selection; review earlier measurement quality. Do not diagnose from one point.
3 / History	Ask about intake, feeding skills, food access, milk/beverage intake, swallowing difficulty, gastrointestinal symptoms, chronic illness and family growth pattern. Review length and head-circumference trends as applicable.
4 / Development	Independent walking, finger feeding and pointing to share interest fit the supplied 18-month milestone examples. Loss of previously acquired words warrants prompt evaluation, even with strengths in other domains. [8]
5 / Screening	Validated general developmental screening is recommended at 9, 18 and 30 months; autism-specific screening at 18 and 24 months. Milestone checklists support monitoring and do not replace validated screening. [6,8]
6 / Follow-up	Communicate growth and language concerns to the treating clinician during the visit. Arrange screening and further assessment, including hearing evaluation when indicated. Follow the local referral pathway and track completion. Early intervention referral need not wait for a final diagnosis. [6]

Suggested caregiver response

“Children develop at different rates, but losing words she previously used is something we should look into now. We can review her development and hearing and connect you with support. We will also recheck her growth and ask about feeding.”

Debrief questions

- Which detail changed this from a routine milestone discussion to a concern requiring action?
- What could a measurement error change? What would it fail to explain?
- How will you ensure that a referral becomes a completed evaluation?

The growth history is a reasoning exercise. Do not assign a diagnosis or calculate an exact percentile from the supplied approximate trend.

Review It: show the source

Expected answers / Worksheet B

Hepatitis A dose 2 is due in the supplied case if the live recommendation remains consistent: the routine series begins at 12–23 months, and doses are separated by at least 6 months. The verified first dose was exactly 6 calendar months ago. Verify the current HepA note and order. A delayed series generally does not need restarting. [1,2]

Mild rhinorrhea alone is not a reason to defer vaccination. Screen before each dose. Moderate or severe acute illness is a precaution; a severe allergic reaction to a prior dose or component is a contraindication to the implicated product. Resolve uncertainty with the clinician. [3]

Suggested caregiver response

“I hear your concern about her words. Losing a skill needs evaluation, and we will address that today. We should review the timing and her full history rather than assume a cause. Her vaccine record also shows a second hepatitis A dose to review. Let’s go through its benefits, risks and your questions before we proceed.”

Administration reasoning

For an intramuscular injection in an 18-month-old, the anterolateral thigh is preferred; CDC lists 22–25 gauge and 1–1¼ inch for this age/site. Select length using anatomy and technique. Confirm the exact product’s dose and route. Do not assume every pediatric product uses the same volume. [4]

Demonstrate caregiver-supported positioning, distraction, skin preparation with drying, and IM injection at 90 degrees without aspiration. Use the trainer and chosen device instructions. Provide the applicable VIS before the dose and follow local consent requirements. [4,5]

Aftercare and extension

Use the product-specific aftercare information and the local observation protocol. For most vaccines, CDC recommends 15 minutes of observation. For the adolescent extension, use seated or supine positioning and prevent falls. Be ready to activate the emergency response for suspected anaphylaxis; epinephrine and airway equipment must be immediately available. [9]

Document the vaccine, dose, route, site, administration date, manufacturer, lot, administering clinician, record location, VIS edition and provision date; update the registry and personal record as appropriate. Follow local error and adverse-event reporting procedures. [9]



Review the exact product instructions before preparation.

Give It: focused practice checklist

Learner: _____ Observer: _____ Date: _____

Mark O = observed correctly, C = coached/corrected, N = not observed. This is an educational checklist, not a validated competency instrument. Verbalized steps are not direct observation.

FOCUSED BEHAVIOR	O / C / N
Confirms simulated patient identity, age, record, order and authorized consent.	_____
Screens for contraindications and precautions; resolves uncertainty before proceeding.	_____
Checks exact product, formulation, dose, route, storage status, expiration and beyond-use limit.	_____
Locates the applicable VIS and explains how it is provided before administration.	_____
Uses hand hygiene and aseptic preparation; follows manufacturer instructions.	_____
Selects and explains the age-appropriate site, gauge and needle length.	_____
Uses caregiver-supported positioning, respectful explanation and comfort measures.	_____
Demonstrates site landmarking, skin preparation/drying and correct route technique on trainer.	_____
Uses the device safety feature and correct sharps disposal without recapping.	_____
Explains observation, warning signs, emergency response access and follow-up.	_____
Completes a mock record and caregiver teach-back.	_____

Stop and correct before continuing

Wrong patient, product, dose or route; unresolved contraindication; compromised product or asepsis; unsafe sharps handling; or unsafe positioning. Stop the rehearsal, explain the correction and repeat the affected step. Do not average a critical safety error into a passing score.

Observed focus and coaching notes:

_____

_____

Outcome: Focused practice completed / Repeat needed / Additional assessment required

Full procedure competency validated? No, unless separately observed and documented under local requirements.

A practical pediatric visit check

MEASURE / Notice and follow through

Verify age, measurement technique and the correct chart. Interpret serial measurements in context. Ask what the child can do, what the caregiver notices and whether any skill has been lost. Use validated screening and the local referral pathway when indicated. [6–8]

REVIEW / Reconcile before choosing

Start with dated records and the immunization registry. Review the age table, catch-up intervals, medical indications, vaccine notes, contraindications and updates together. Check each product's age authorization. Document the source and unresolved questions. [1,2,5]

GIVE / Match the child, product and technique

Use the manufacturer's current label to verify dose, route and preparation. For IM vaccines, match needle length to the child, site and technique; for subcutaneous products use the approved route and site. Some brands allow more than one route, so do not infer route from the antigen name alone. [4]

Comfort choices across childhood / Practical adaptations

AGE / NEED	ADAPT THE ENCOUNTER
Infant	Use caregiver contact; consider breastfeeding when appropriate. Keep the limb stable without compromising the airway.
Toddler	Use brief language, a familiar object and caregiver-supported positioning. Offer a small real choice, such as which distraction to use.
Preschool child	Explain immediately before the task using concrete words. Avoid promising that it will not hurt.
School-age child	Explain what to expect, invite questions and choose distraction together.
Adolescent	Address the young person directly, respect privacy and assess prior fainting. Use seated or supine positioning.
Sensory / communication needs	Ask about preferred communication, sensory triggers and helpful supports. Adjust pacing and environment.

CLOSE / Teach back

"Tell me how you will care for the injection site, what symptoms would make you seek help, and when you will return." Use the applicable VIS and individualized instructions. For breathing difficulty, facial or throat swelling, collapse or other severe symptoms, activate emergency care. [5,9]

Five decisions to take into practice

Name: _____ Date: _____

1. An 18-month-old has stopped using words previously spoken. What is your next action?

_____

_____

2. What is the minimum interval between the two hepatitis A doses in this case?

_____

_____

3. Does mild rhinorrhea alone require postponing all vaccines? Explain.

_____

_____

4. Where will you verify the exact dose and route of the product in your hand?

_____

_____

5. What will you change for an adolescent with a history of fainting during injections?

_____

_____

Commit to one change

One step I will strengthen in my next pediatric encounter:

_____

_____

Facilitator key / Review after collection

1. Promptly communicate the regression and arrange assessment and indicated screening/referral. 2. At least 6 calendar months; verify the live note. 3. No; complete the full screen and assess illness severity. 4. Current manufacturer labeling, reconciled with the order and current guidance. 5. Use seated or supine positioning, plan observation and prevent fall injury. [1,3,6,9]

Use answers to identify learning needs. Revisit an incorrect safety decision before clinical application. No CE credit or independent-practice authorization is conferred by this packet.

Keep the guidance within reach

Clinical references accessed October 19, 2026. The educational design, case facts, timing and coaching criteria are original teaching materials. Numbered references support the clinical principles identified in the text.

1. CDC. Child and Adolescent Immunization Schedule by Age; includes notes and addendum.
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html

2. CDC. Catch-up Immunization Schedule for Children and Adolescents.
https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-catch-up.html

3. CDC. Contraindications and Precautions.
https://www.cdc.gov/vaccines/hcp/imz-best-practices/contraindications-precautions.html

4. CDC. Vaccine Administration: During Vaccination. Needle selection, route and technique.
https://www.cdc.gov/vaccines/hcp/administration/during.html

5. CDC. Pink Book, Chapter 6: Vaccine Administration. Use for general principles; check current product-specific recommendations.
https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-6-vaccine-administration.html

6. CDC. Developmental Monitoring and Screening.
https://www.cdc.gov/act-early/about/developmental-monitoring-and-screening.html

7. CDC. Growth Chart Training. WHO and CDC reference selection.
https://www.cdc.gov/growth-chart-training/hcp/overview/index.html

8. CDC. Milestones by 18 Months.
https://www.cdc.gov/act-early/milestones/18-months.html

9. CDC. Vaccine Administration: After Giving Vaccine.
https://www.cdc.gov/vaccines/hcp/administration/after.html

Printing and readiness check

Instructor: full packet. Learners: pages 4–6 and 9–11. Tables: current reference set and product instructions. Before use: check live links and recommendations, complete page 2, stage supplies, and pilot the timing. Reconfirm the answer to case B if guidance changes.

Additional clinical lookup: HepA schedule notes: https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-notes.html. WHO chart use: https://www.cdc.gov/growth-chart-training/hcp/using-growth-charts/who-using.html.