Preventive Services for Children to Age 19

PREVENTIVE SERVICES	INFANCY 0 - 9 MOS	EARLY CHILDHOOD 12 MOS - 4 YRS	MIDDLE CHILDHOOD 5 YRS - 10 YRS	ADOLESCENCE 11 YRS - 19YRS
Examination				
Risk Assessment: Physical Exam & History	Assess at every visit			
Preventive Health Examination	Newborn [1]; 3-5 days; 2wk; at 2, 4, 6 & 9 mos	12, 15, 18, 24, 30 mos; 3 & 4 yrs	Every year	
Sports Evaluation			Perform within 1 yr of participation, then every 1-2 yrs while participating	
Measurements				
Height(length)/Weight & BMI percentiles	Plot height/weight percentile at every visit	Plot height and weight percentile at every visit. Starting at 2 yrs, calculate and plot BMI percentile at every visit and offer/refer patients who are overweight or obese to comprehensive intensive behavioral interventions		
Head Circumference	Measure at every visit	Measure at 12, 15, 18 mos & 2 yrs		
Blood Pressure	Assess for at risk and perform if at risk at every visit up to 30 mos; starting at 3 yrs perform at every visit			
Procedures				
Newborn Blood Screening	≥ 24 hrs			
Blood Lead Level Screening	Assess for at risk and test at risk at 6 & 9 mos	Assess risk at every visit; test at 1 & 2 yrs and whenever a risk is identified	Assess risk at every visit and test whenever a risk is identified	
Hematocrit or Hemoglobin*	Assess for at risk and test if at risk 4 mo	Perform at 12 mo; assess at risk and test if at risk at 15,18, 24, 30 mos and annually ≥ 3 yrs		
Tuberculosis Testing*	Assess for at risk and test if at risk by 1 mo and at 6 mo	Assess for at risk and test if at risk annually ≥ 1 yrs		
Dyslipidemia Screening*	The National Heart Lung, Blood Institute (NHLBI) and AAP recommend universal cholesterol screening between 9-11 yrs and again between 18-21 years. The AAP and NHLBI recommend that cardiovascular risk be assessed at other ages between 2-21 and recommend risk-based cholesterol screening if one or more risk factors are present. The United States Preventive Services Task Force concludes evidence is insufficient to recommend for or against routine screening for lipid disorders in infants, children, adolescents & young adults to age 20.			
Sexually Transmitted Infections STI/HIV Screening* [2,3]				Test all sexually active female adolescents. Strongly consider screening young men in high prevalence settings. (Prevalence rates in Rochester are higher than the national average).
Oral Health	The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) recommend that children be seen by a dentist within 6 months of eruption of the first tooth or 12 months of age, whichever comes first.			
Flouride Varnish Application	Apply fluoride varnish 2 – 4 times per year starting when the first tooth erupts & until establishment of a dental home.			

***Risk Screening Questions:**

Anemia: Do you have periods longer than 5 days? Are you a vegetarian? Ever been diagnosed with iron deficiency anemia?

Dyslipidemia; Have your parents or grandparents, before 55 years of age, had a myocardial infarction, angina pectoris, peripheral vascular disease, cerebrovascular disease, coronary atherosclerosis, or sudden cardiac death? Independent of history a positive response to the following may indicate a need for further testing: Do you smoke? Is the child overweight or does the child consume excessive amounts of saturated fats and cholesterol?

STIs: Syphilis testing indicated if the following are true: For males: have sex with other males? Trade sex for money or drugs? Ever been imprisoned? HIV screening encouraged for all who are sexually active and older than 13 years.

Tuberculosis: Has a family member or contact had tuberculosis? Has a family member had a positive tuberculin skin test? Were you born in a high risk country (countries other than the US, Canada, Australia, New Zealand, or Western European countries)? Have you traveled (and had contact with residents) to a high-risk country for longer than 1 week?

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Sensory Screening				
Hearing Screening**	Perform for newborn; assess for at risk and screen if at risk at every visit	Assess for at risk and screen if at risk at 12, 15, 18, 24, 30 mos & 3 yrs; perform at 4 yrs	Perform or confirm performance of screening at 5, 6, 8, 10 yrs; assess for at risk and screen if at risk at 7 & 9 yrs	Assess for at risk and screen if at risk ≥ 11 yrs
Vision Screening**	Assess for at risk and screen if at risk at every visit	Assess for at risk and screen if at risk at 12, 15, 18, 24, 30 mos; perform at 3 & 4 yrs; perform or confirm performance of screening at 5, 6, 8, 10 yrs; assess for at risk and screen if at risk at 7 & 9 yrs [Both visual acuity testing (e.g. Lea Symbols or HOTV) & stereoptic testing (e.g. Random Dot E) are recommended for 3-5 yr old patients.]		Perform or confirm performance of screening at 12, 15, 18 yrs; assess for at risk and screen if at risk at 11, 13, 14, 16, 17 yrs
Counseling				
Tobacco Use/Secondhand Smoke/ E-cigarettes	Assess for exposure, if exposed to tobacco, assess parent/guardian's willingness and advise to quit at every visit			Assess for use; refer to MCMS Community-wide Guideline for Treating Tobacco Use & Dependence
Counseling	Counsel at every preventive visit (see pg 4 for list of counseling topics)			
Developmental/Behavioral Assessment				
Developmental Screening*	Perform at 9, 18 & 30 mos using a standardized test (e.g. ASQ)			
Autism Screening		Perform at 18 & 24 mos using a standardized test (e.g. CHAT or MCHAT)		
Developmental Surveillance*	Perform for newborn, 3-5d, by 1 mo and at 2, 4, 6 mos	Perform at 12, 15 mos and annually ≥ 2 yrs	Perform at every visit	
Psychosocial/Behavioral Assessment	Perform at every visit. If concerns noted the following standardized tests may be useful to confirm (e.g. PSC-17, PSC-35, Y-PSC, or SDQ).			
Alcohol and Drug Use Assessment**				Perform risk assessment and follow up as needed at every visit
Depression/Suicide Screening				Assess annually about behaviors and emotions that indicate risk for suicide. Perform screening, at every visit, for depression when systems are in place to assure accurate diagnosis, psychotherapy and follow up using a standardized test (e.g. Beck Depression Inventory, CDI-2 CES-D, PHQ-2 or PHQ-9).
IMMUNIZATIONS Refer to Appendix A - For up-to-date recommendations consult ACIP Website: http://www.cdc.gov/vaccines/schedules/index.html				

Assess = speak to and observe the patient; screen = use an instrument or perform/order a test

***Definitions:**

Developmental Screening: a "brief assessment procedure designed to identify children who should receive more diagnosis or assessment" [1, 2]

Developmental Surveillance: a flexible, continuous process with skilled observations of the child during the visit. This included eliciting and attending to parental concerns, obtaining a relevant history and observations of the child and sharing opinions with other relevant professionals. [1, 3]

****Risk Screening Questions**:

Alcohol and Drug Use: Use CRAFFT (Car, Relax, Forget, Friends, Trouble) screening questionnaire.

Hearing: Do you have any problems hearing over the phone? Is it difficult to follow the conversation when 2 or more people are talking" Do people complain when you turn the volume of the TV too high? Do you have to strain to understanding conversations? Do you have trouble hearing with a noisy background? Do you have to ask people to repeat themselves? Do many people seem to mumble or not speak clearly? Do people get annoyed because you misunderstand what they say?

1. American Academy of Pediatrics Committee on Children with Disabilities. Developmental Surveillance and Screening of Infants and Young Children. Pediatrics. 2001 July [cited 2012 April 4]; 108-192. Available from: http://pediatrics.aappublications.org/content/108/1/192.full.html **2.** Dworkin PH. Detection of behavioral, developmental, and psychosocial problems in pediatric primary care practice. *Curr Opin Pediatr.*1993;5:531-536 **3.** Meissels SJ, Provence S. *Screening and Assessment. Guidelines for Identifying Young Disabled and Developmentally Vulnerable Children and Their Families.* Washington, DC: National Center for Clinical Infant Programs; 1989