

Preventive Services for Children to Age 19

Purpose

To provide the primary care physician guidelines and recommend clinical preventive services for children through age 19 to improve health outcomes.

Key Recommendations

- Counsel patients and families on age appropriate nutrition, physical activity, safety and injury prevention.
- Perform developmental screening using a standardized test.
- Counsel parents to immunize infants, children and adolescents according to age-appropriate schedule.
- Screen and counsel on alcohol, drug use, tobacco use and exposure, healthy relationships, mental health disorder and safe sex practices.
- Screen for physical, sexual, mental and verbal abuse (bullying).

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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. <u>PSC-17</u> , <u>PSC-35</u> , <u>Y-PSC</u> , or <u>SDQ</u>).			
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. <u>Beck Depression Inventory</u> , <u>CDI-2</u> <u>CES-D</u> , <u>PHQ-2</u> or <u>PHQ-9</u>).
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 understand 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?

**Risk Screening Questions from American Academy of Pediatrics Adolescent Preventive Care Screening Card. Copyright ©2010. American Academy of Pediatrics. Used with permission.

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

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.

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COUNSELING AT PREVENTIVE HEALTH VISIT					
Practitioners should allow adolescents an opportunity for confidential discussion/examination without a parent present. Counseling content is dependent not only on age, but on the child's developmental stage, behaviors and other factors.					
COUNSELING TOPIC	AGE RANGE (YEARS)				
	≤ 2	2-4	5-10	11 -15	16+
PARENTING SKILLS					
Parents as role models			■	■	■
Encourage parents to discuss health-related behaviors				■	■
INJURY PREVENTION					
Supine sleep; no co-sleeping	■				
Child in back seat; child restraint and safety seat (under 8 yr, & 57"), lap shoulder and lap belts.	■	■	■	■	■
Clinicians should assess the risk of lead poisoning and discuss lead poisoning prevention at each visit	■	■			
Smoke detector/carbon monoxide detector	■	■	■	■	■
Safe storage of drugs, matches, toxic substances and/or firearms	■	■	■	■	■
Water safety	■	■	■	■	
Poison control number 1-800-222-1222 TTY: 273-3854	■	■	■	■	
Violence prevention- promote nonviolent behavior, screen for family violence	■	■	■	■	■
Flame retardant sleep wear	■	■	■		
Walker danger, window/stair guards; pool fence	■	■	■		
Hot water temperature <120 -130°F	■	■	■		
CPR training for parents/caretakers	■	■	■		
Bicycle helmet; avoid bicycling near traffic		■	■	■	■
Motorcycle/ATV helmets				■	■
Avoid driving while being distracted by cell phones, texting or too many people in the car; use seat belts					■
Avoid alcohol/drug use while driving, swimming, boating				■	■
DIET					
Breast-feeding, formula and foods	■				
Limit fat & cholesterol, avoid soda and sugared drinks/fruit juices; emphasize grains, & 5 servings of fruits, vegetables		■	■	■	■
Eating disorders				■	■
Ensure 400 IU of Vitamin D intake daily	■	■	■	■	■
PHYSICAL ACTIVITY					
Encourage daily 1 hour of more of regular physical activity and limiting screen time to 2 hours		■	■	■	■
DENTAL HEALTH					
Advice about baby bottle tooth decay	■				
Regular visits to dental care provider		■	■	■	■
Review dietary source of fluoride (e.g. drinking water, beverages, food, toothpaste) to determine if supplements should be prescribed	■	■	■	■	■
SMOKING					
Effects of passive smoking; anti-tobacco message	■	■	■	■	
Avoid or quit tobacco and tobacco products (all forms)			■	■	■
ALCOHOL AND DRUG USE					
Avoid alcohol, & illicit drug use, OTC drugs and anabolic steroids for non-medical purposes				■	■
Avoid being a passenger in a car or boat with someone who has been drinking or taking drugs				■	■
SEXUAL BEHAVIOR					
Discuss safe sex practices				■	■
MEDIA AND SOCIAL MESSAGING					
Discuss dangers of media and social messaging				■	■

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Measures Commonly Used by National Organizations

- Adolescent Preventive Care: Percentage of adolescents ages 12 to 17 who had at least one outpatient visit with a PCP or OB/GYN practitioner during the measurement year, and received the following four components of care during the measurement year: 1) Assessment or counseling or education on risk behaviors and preventive actions associated with sexual activity, 2) Assessment or counseling or education for depression, 3) Assessment or counseling or education about the risks of tobacco usage, and 4) Assessment or counseling or education about the risks of substance use (including alcohol and excluding tobacco). (*HEDIS, NYS QARR*)
- Childhood Immunizations: Percentage of children 2 years of age who had a four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. (*HEDIS*)
- Adolescent Immunizations: Children who have had at least one meningococcal conjugate vaccine with a date of service on or between the member's 11th and 13th birthdays, and at least one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine with a date of service on or between the member's 10th and 13th birthdays. (*HEDIS*)
- Lead Screening: Percentage of children 2 years of age who had 1 or more capillary or venous blood tests for lead poisoning by their second birthday. (*HEDIS*)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Patients age 3-17 who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and had evidence of:
 - Body mass index (BMI) percentile documentation.
 - Counseling for nutrition.
 - Counseling for physical activity (*HEDIS*)
- Well Care Visits in the First 15 months: The percentage of patients who turned 15 months old during the measurement year and who had at least 6 well care visits by their 15 month birthdate.
- Well Care Visits for 3-6 years: The percentage of patients 3-6 years of age who had 1 or more Well Care Visits with a Primary Care Physician during the measurement year.
- Adolescent Well Care Visits for 12-21 years: The percentage of patients 12-21 years of age who had 1 or more Well Care Visits with a Primary Care Physician or Obstetrician/Gynecologist during the measurement year.

High Risk Population/Health Disparities

Fifteen percent of children age two and older are in the obese weight category and another 15% are in the overweight category. Rates are higher in the city (39%) compared to the suburbs (26%).

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Physician Resources

American Academy of Pediatrics

- [Bright Futures](#) – Offers resources for improving and maintaining the health of children and adolescents.
- [Julius B. Richmond Center of Excellence](#) - Provides current information on coding and payment, training and CME courses, practice guidelines, and resources for counseling parents about smoking cessation and prevention of children's exposure to tobacco smoke.
New York State Chapter 1, [Distracted Driving Toolkit](#) - The kit includes: facts about the rate and impact of distracted driving; letter to pediatricians; NYS texting and driving laws; parent-teen driving contracts and cell phone app aimed at curbing texting while driving.

ASQ Online: <http://agesandstages.com> – standardized social-emotional developmental screening tools

Centers for Disease Control

- [Advisory Committee on Immunization Practices Abbreviations for Vaccines](#) - A table of standardized vaccine acronyms used in ACIP Recommendations.
- [Birth-18 Years & "Catch-up" Immunization Schedules](#)
- [CDC-INFO on Demand](#) – Order or download books, fact sheets, pamphlets, and educational materials.
- [Web Buttons](#) – Copy and paste code on physician practice website, social network profile, or blog.
 - For healthcare professionals: “Create a catch-up vaccination schedule for pediatric patients”
 - For parents: “Learn what vaccines your child has missed”

MCHAT: <https://www.m-chat.org/> - standardized test for autism screening

Monroe County Health Department

[Health Quick Link](#) – Provides health care information on a range of topics.

New York State Department of Health

Provides clinical resources (including immunization requirements for school entrance/attendance), administrative tools, parent/patient education and NYS Public Health Law.

Substance Use Screening Tools

<https://www.uspreventiveservicestaskforce.org/Home/GetFileByID/838>

<https://www.oasas.ny.gov/admed/sbirt/index.cfm>

Patient/Parent Resources

American Academy of Pediatrics, New York State Chapter 1

[Distracted Driving Toolkit](#) - The kit includes: facts about the rate and impact of distracted driving; NYS texting and driving laws; parent-teen driving contracts and cell phone app aimed at curbing texting while driving.

Centers for Disease Control

- [Heads Up: Concussion in Youth Sports](#) – fact sheet, magnet and quiz for parents
- [Immunization schedules in easy-to-read format](#) (in English and Spanish); [online tools](#) to help parents create a schedule of vaccines needed since birth and determine missed or skipped vaccines

HealthyChildren.org

Created by the American Academy of Pediatrics; provides information on ages & stages, healthy living, safety & prevention, family life, health issues, news, tips & tools.

Monroe County Health Department

[Health Quick Link: A to Z Topics](#) – Provides health care information on a range of health care topics.

Smokefree.gov

Provides online resources to help patients quit smoking. Smartphone apps are user friendly and easy to download.

- [Download free QuitStart smartphone apps](#) (created with teens in mind)
- [SmokefreeTXT](#) (free interactive text messaging to help adults and young adults quit smoking).

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