

# Screening and Prevention Guideline

This guideline is a distillation of recommendations from the medical literature, including: American Academy of Pediatrics (AAP); The U.S. Preventive Services Task Force; Bright Futures; Institute for Clinical Systems Improvement (ICSI). These guidelines apply to those who do not have symptoms of disease or illness. Each child and family is

unique; therefore recommendations for preventive pediatric health care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may be necessary if circumstances suggest variations from normal.

AGE <sup>2</sup>	INFANCY <sup>4</sup>								EARLY CHILDHOOD <sup>4</sup>					MIDDLE <sup>4</sup> CHILDHOOD				ADOLESCENCE <sup>4</sup>						LATE <sup>4</sup>				
	Pre-natal <sup>1</sup>	NB <sup>2</sup>	2-4d <sup>3</sup>	2wk-1mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr		
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
PHYSICAL EXAM <sup>6</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
MEASUREMENTS																												
Height & Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Blood Pressure													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
SENSORY SCREENING																												
Vision <sup>7</sup>		S	S	S	S	S	S	S	S	S	S	S	O <sup>7</sup>	O	O	O	O	O	S	O	S	S	O	S	S	O		
Hearing <sup>8</sup>		O	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	S	O	S	S	O	S	S	O		
DEVELOPMENTAL/ BEHAVIOR ASSESSMENT <sup>9</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
IMMUNIZATIONS <sup>10</sup>		●	→		●	●	●	←		●	→	←			●	→	←											
SCREENING GENERAL <sup>11</sup>		←		●	→																							
Hereditary/metabolic Screen <sup>12</sup>		←		●	→																							
Hematocrit or Hemoglobin										● <sup>13</sup>	→																	
Urinalysis <sup>15</sup>																												
SCREENING PATIENTS AT RISK																												
Tuberculosis <sup>16</sup>									*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Cholesterol Screening <sup>17</sup>														*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Lead Screening <sup>18</sup>																												
STD Screening <sup>19</sup>																												
(including Chlamydia)																												
Pelvic Exam <sup>20</sup>																					*	*	*	*	*	*	*	
Testicular <sup>21</sup>																				*	*	*	*	*	*	*	*	
INITIAL DENTAL REFERRAL <sup>22</sup>																												

<sup>1</sup> A prenatal visit is recommended for parents who are at high risk, for first time parents, and for those who request a conference.  
<sup>2</sup> Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged and instruction and support offered. Every breastfed infant should have an evaluation 48-72 hours after discharge to include weight, normal breastfeeding evaluation, encouragement and instruction.  
<sup>3</sup> For newborns discharged in less than 48 hours.  
<sup>4</sup> Developmental, psychosocial, and chronic disease issues may require frequent counseling and treatment visits separate from preventive care visits.  
<sup>5</sup> If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.  
<sup>6</sup> At each visit, a complete physical exam is essential with infant totally unclothed, older child undressed and suitable draped.

<sup>7</sup> If the patient is uncooperative, re-screen within six months.  
<sup>8</sup> All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing Statement (1999).  
<sup>9</sup> By history and appropriate physical examination; If suspicious, by specific objective developmental testing. Parenting style should be addressed at each visit.  
<sup>10</sup> Schedule(s) per ACIP, AAP 2001.  
<sup>11</sup> These may be modified, depending upon entry into schedule and individual need.  
<sup>12</sup> Metabolic screening (e.g. thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.  
<sup>13</sup> Consider earlier screening for high risk infants.  
<sup>14</sup> All menstruating adolescents should be screened annually.  
<sup>15</sup> Conduct dipstick urinalysis for leukocytes for sexually active male and female adolescents annually.

<sup>16</sup> Testing should be done upon recognition of high risk factors. If results are negative but high risk situation continues, testing should be repeated on annual basis.  
<sup>17</sup> Screen children and adolescents with a significant family history in a parent or grandparent under the age of 55. If family history cannot be ascertained and other risk factors present, screening should be at physician discretion.  
<sup>18</sup> Assess at age 6 mos-5 years. Blood screen per high risk geographical area at age 1 yr, 2 yr, and 3 yr.  
<sup>19</sup> All sexually active adolescents should be screened for STDs, including chlamydia. Sexually active adolescent females should be screened for chlamydia every six months.  
<sup>20</sup> All sexually active females should have pelvic exam. Pap should be offered as preventive health maintenance between ages 18 and 21.  
<sup>21</sup> Males age 15 - (should have physician exam with periodic health exam and be taught to do monthly self-exams.)  
<sup>22</sup> Earlier initial dental evaluations may be appropriate for some children. Subsequent examinations every 6 months or as prescribed by dentist.

S = Subjective by history; O = Objective by standard testing; \* = To be performed for patients at risk; ● = To be performed; ←→ = The range during which a service may be provided, with the dot indicating the preferred age.

## PEDIATRIC HEALTH MAINTENANCE

### Screening and Prevention Guideline

Suggested Counseling and Education

AGE	Pre-natal <sup>1</sup>	NB	2-4d <sup>3</sup>	2wk-1mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr
Nutrition Energy/Caloric Balance Nutrient Balance Supplements Maintain Adequate Calcium (female)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Physical Activity		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Substance Use/Abuse Tobacco (incl. Passive smoke)		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Other drugs																Start Age 7	•	•	•	•	•	•	•	•	•	•
Injury Prevention Motor vehicles, Bikes	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sleep Positioning Counseling <sup>2</sup>	•	•	•	•	•																					
Poison, Water Safety, Choking		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Falls, Water Heater Safety		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Gun Safety/Firearm Storage		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Violence & Abuse Promotion of Nonviolent Behavior Anger Management Gangs	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sexual Practices STD Prevention Unintended Pregnancy Prevention																							•	•	•	•
Mental Health Depression/Anxiety Awareness Self Esteem Eating Disorders ADHD																							•	•	•	•
Coping Skill/Stress Reduction													•	•	•	•	•	•	•	•	•	•	•	•	•	•
Skin Cancer Protection from UV light		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Preventive Care Visits	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Counseling and education should be carried out at every opportunity, to the parent/caregiver and/or child. Delivering them all in one visit may be overwhelming to both the patient and provider. Therefore, the recommendation is to spread out the messages across several visits when possible.

<sup>1</sup> A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history and a discussion of the benefits of breastfeeding and planned method of feeding.

<sup>2</sup> Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative, but carries a slightly higher risk of SIDS.