

# PEDIATRIC PREVENTIVE HEALTH GUIDELINES

Each child and family is unique; therefore, these **Guidelines 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 become necessary** if circumstances suggest variations from normal. These guidelines represent a consensus by the Bright Futures section of the American Academy of Pediatrics. An emphasis is placed on the great importance of **continuity of care** in comprehensive health supervision and the need to avoid **fragmentation of care**.

	INFANCY <sup>4</sup>							EARLY CHILDHOOD <sup>4</sup>							
Age <sup>1</sup> →	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 days <sup>4</sup>	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr
<b>HISTORY</b>															
❖ <b>Initial / Interval</b>	To be performed														
<b>MEASUREMENTS</b>															
❖ <b>Length/Height and weight</b>	To be performed														
❖ <b>Head circumference</b>	To be performed														
❖ <b>Weight for Length</b>	To be performed														
❖ <b>Body Mass Index</b>															
❖ <b>Blood pressure<sup>5</sup></b>															
	Perform risk assessment, with appropriate action taken													To be performed	
<b>SENSORY SCREENING</b>															
❖ <b>Vision</b>	Perform risk assessment, with appropriate action taken													To be performed <sup>6</sup>	
❖ <b>Hearing</b>	To be performed <sup>7</sup>	Perform risk assessment, with appropriate action taken													To be performed
<b>DEVELOPMENTAL BEHAVIORAL ASSESSMENT</b>															
❖ <b>Developmental Screening<sup>8</sup></b>									To be performed					To be performed	To be performed
❖ <b>Autism Screening<sup>9</sup></b>												To be performed			
❖ <b>Developmental Surveillance<sup>8</sup></b>	To be performed							To be performed			To be performed	To be performed			

	INFANCY <sup>4</sup>							EARLY CHILDHOOD <sup>4</sup>							
Age <sup>1</sup> ⇨	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 days <sup>4</sup>	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr
❖ Psychosocial/Behavioral Assessment	To be performed														
❖ Alcohol and Drug Use Assessment															
<b>PHYSICAL EXAMINATION<sup>10</sup></b>	To be performed														
<b>PROCEDURES-GENERAL<sup>11</sup></b>															
❖ Newborn Metabolic/ Hemoglobin screening <sup>12</sup>	Perform risk assessment	To be performed	Perform risk assessment												
❖ Immunization <sup>13</sup>	To be performed														
❖ Hematocrit or hemoglobin <sup>14</sup>					Perform risk assessment			To be performed			Perform risk assessment			Perform risk assessment	
❖ Lead screening <sup>15</sup>							Perform risk assessment	Range to be performed <sup>16</sup>			Perform risk assessment	Range to be performed			Perform risk assessment
❖ Tuberculin test <sup>17</sup>				Perform risk assessment			Perform risk assessment	Perform risk assessment			Perform risk assessment			Perform risk assessment	
❖ Cholesterol screening <sup>18</sup>												Perform risk assessment			Perform risk assessment
❖ Sexually Transmitted Infections screening <sup>19</sup>															
❖ Pelvic exam for cervical dysplasia <sup>20</sup>															
❖ Oral Health <sup>21</sup>								Perform risk assessment	Range to be performed <sup>21</sup>			Range to be performed <sup>21</sup>		Preferred age <sup>22</sup>	
❖ Anticipatory Guidance <sup>23</sup>	To be performed														

	MIDDLE CHILDHOOD										ADOLESCENCE						
Age <sup>1</sup> ⇨	5yr	6yr	7yr	8yr	9yr	10yr	11yr	12yr	13yr	14yr	15yr	16yr	17yr	18yr	19yr	20yr	21yr
<b>HISTORY</b>																	
❖ Initial / Interval	To be performed																
<b>MEASUREMENTS</b>																	
❖ Length/Height and weight	To be performed																
❖ Head circumference																	
❖ Weight for Length																	
❖ Body Mass Index	To be performed																
❖ Blood pressure <sup>5</sup>	To be performed																
<b>SENSORY SCREENING</b>																	
❖ Vision		Perform risk assessment		Perform risk assessment		Perform risk assessment		Perform risk assessment		Perform risk assessment		Perform risk assessment		Perform risk assessment		Perform risk assessment	
❖ Hearing		Perform risk assessment		Perform risk assessment		Perform risk assessment											
<b>DEVELOPMENTAL BEHAVIORAL ASSESSMENT</b>																	
❖ Developmental Screening <sup>8</sup>																	
❖ Autism Screening <sup>9</sup>											To be performed						
❖ Developmental Surveillance <sup>8</sup>	To be performed																

	MIDDLE CHILDHOOD							ADOLESCENCE										
Age <sup>1</sup> ⇨	5yr	6yr	7yr	8yr	9yr	10yr	11yr	12yr	13yr	14yr	15yr	16yr	17yr	18yr	19yr	20yr	21yr	
❖ Psychosocial/Behavioral Assessment	To be performed																	
❖ Alcohol and Drug Use Assessment							To be Performed											
PHYSICAL EXAMINATION <sup>10</sup>	To be performed																	
PROCEDURES-GENERAL <sup>11</sup>																		
❖ Newborn Metabolic/Hemoglobin screening <sup>12</sup>		Perform risk assessment		Perform risk assessment														
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❖ Tuberculin test <sup>17</sup>	Perform risk assessment																	
❖ Cholesterol screening <sup>18</sup>		Perform risk assessment		Perform risk assessment			Perform risk assessment									To be performed		
❖ Sexually Transmitted Infections screening <sup>19</sup>							Perform risk assessment											
❖ Pelvic exam for cervical dysplasia <sup>20</sup>							Perform risk assessment											
❖ Oral Health <sup>21</sup>	To be performed <sup>22</sup>																	
❖ Anticipatory Guidance <sup>23</sup>																		

1. 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.
2. 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 benefits of breastfeeding and planned method of feeding per AAP statement “The Prenatal Visit” (2001).
3. Every infant should have a newborn evaluation after birth. Breastfeeding encouraged and instruction and support offered.
4. Every infant should have an evaluation within 3-5 days of birth and within 48-72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in the AAP statement “Breastfeeding and the Use of Human Milk” (2005). For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement “Hospital Stay for Healthy Term Newborns” (2004).
5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
6. If the patient is uncooperative, re-screen within 6 months per the AAP statement “Eye Examination in Infants, Children and Young Adults by Pediatricians” (2007).
7. All newborns should be screened per the AAP statement “Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (2000).
8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics* 2008;118:405-420.
9. Gupta, VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics* 2007;119:152-153.
10. At each visit, age appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
11. These may be modified, depending upon entry point into schedule and individual need.
12. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
13. Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of *Pediatrics*. Every visit should be an opportunity to update and complete a child’s immunizations.
14. See AAP *Pediatric Nutrition Handbook*, 5<sup>th</sup> Edition (2003) for a discussion of universal and selective screening options. See also Recommendation to prevent and control iron deficiency in the United States. *MMWR*. 1998;47(RR-3):1-36.
15. For children at risk of lead exposure, consult the AAP statement “Lead Exposure in Children: Prevention, Detection, and Management” (2005).
16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.
17. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases*. Testing should be done upon recognition of high-risk factors.
18. “Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report” (2002).
19. All sexually active patients should be screened for sexually transmitted infections (STIs).
20. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
21. Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
22. At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
23. Refer to the specific guidance by age as listed in Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*. 3<sup>rd</sup> ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.)