

15.4 Child and Adolescent Preventive Health Clinical Practice Guidelines/EPSTDT Periodicity Schedule

This guideline is intended to assist the practitioner in clinical decision-making and attempt to define clinical practices that apply to most patients in most circumstances. The treating practitioner should make the ultimate decision regarding the care of a particular patient.

Health Supervision and Maintenance Newborn through 6 years of age	
Age	Interventions
Newborn	<p>Early hospital discharge should be limited to single birth infants, born between 38 and 42 wks gestation, with healthy weight, vital signs, feeding and urination/stool patterns, and a lack of abnormalities, bleeding or significant jaundice. Hearing screening and other tests should be completed, and an initial Hepatitis B vaccine administered based on the infant's risk status. The physician should also discern that the mother has appropriate help and a lack of environmental and social risk factors. Discharge should be delayed if there are barriers to adequate medical follow-up for the infant within 48 hours.</p> <p>Measure the total serum bilirubin (TSB) or transcutaneous bilirubin (TcB) level in infants jaundiced in the first 24 hours. Perform a systemic assessment on all infants before discharge for the risk of hyperbilirubinemia. Provide appropriate follow-up based on the time of discharge and risk assessment. (Follow AAP guidelines on their website at www.aap.org)</p>
2-4 weeks	<p>Review the prenatal/newborn history and the status of any previous issues. If not previously recorded, complete the family history.</p> <p>Administer second dose of Hepatitis B, if first dose given at birth; administer first dose if it was not given at birth.</p> <p>Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep patterns - Behavior and Development - Height, Weight, Head Circumference - Social relationships
2 - 4 months	<p>Check the status of issues addressed at the last visit.</p> <p>Immunize according to schedule.</p> <p>Hematocrit (hct) and/or Hemoglobin (hgb) (H/H) may be indicated at this visit</p> <p>Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep patterns - Behavior and Development - Height, Weight, Head Circumference - Social relationships

6 months	<p>Check the status of issues addressed at the last visit. Inquire about reaction to previous immunization. Immunize according to schedule. H/H should be performed between 6 and 12 months. A sickle cell preparation should be done if indicated (see Sickle Cell Disease CPG). Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep patterns - Behavior and Development - Height, Weight, Head Circumference - Language and motor skills - Oral Health Risk Assessment
9 months	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. If not done at 6 months, H/H should be done. Oral Health Risk Assessment if not done at 6 months of age. Infants at high risk for tuberculosis (TB) should be tested using purified protein derivative (Mantoux) now or at 12-month visit. Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep patterns - Height, Weight, Head Circumference - Behavior and Development - Communication, cognitive, and motor skills - Social relationships
12 months	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. An H/H determination should be done in the second half of the first year of life. Current Cabinet for Medicaid Services (CMS) policy requires that all children receive a screening blood lead test at 12 months and 24 months of age. If not completed, assess for TB, proceed as recommended at 9 months. Assess appropriate and effective disciplinary actions. Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep patterns - Height, Weight, Head Circumference - Behavior and development - Communication, cognitive, and motor skills - Social relationships - Dental Referral
15 months	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. Dental referral if not done at 12 months. If not completed, assess for TB, proceed as recommended at 9 months. Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep patterns - Behavior and Development - Communication, cognitive, and motor skills - Social relationships - Height, Weight, Head Circumference

18 months	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. Dental referral if not done at 12 months. Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep patterns - Behavior and Development - Height, Weight, Head Circumference - Communication, cognitive, and motor skills - Social relationships - Autism Screening
2 years	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. Current CMS policy requires that all children receive a screening blood lead test at 12 months and 24 months of age. Dental referral if not done. Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep patterns - Height, Weight, Head Circumference - BMI - Behavior and Development - Communication, cognitive, social, adaptive, fine motor and - Gross motor skills - Autism Screening
3-4 years	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. A screening urinalysis (UA) should be performed once between 4 and 12 years of age. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning. Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep patterns - Developmental milestones - Social relationships - Height and weight - BMI - Blood pressure - Dental Care - Communication, cognitive, social, adaptive, fine motor and gross motor skills - Dental Care

5-6 years	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. If not completed, a screening UA should be done. Children between the ages of 36 months and 72 months of age must receive a screening blood lead test if they have not been previously screened for lead poisoning.</p> <p>Review:</p> <ul style="list-style-type: none"> - Nutrition - Toileting - Sleep patterns - School - Development and behavior - Communication, cognitive, and social, adaptive skills - Height and Weight - BMI - Hearing and Vision - Blood Pressure - Dental Care
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Health Supervision and Maintenance 7 through 20 years

Age	Interventions
7 – 10 years	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. Testing for Diabetes should be done starting at age 10 or at onset of puberty if it occurs at a younger age, if an individual is overweight (defined as BMI >85th percentile for age and sex, weight for height >85th percentile, or weight >120% of idea [50th percentile] for height) and has any two risk factors listed in the Pediatrics reference on Type 2 Diabetes in Children and Adolescents. (See source #10)</p> <p>Review:</p> <ul style="list-style-type: none"> - Nutrition - Toileting - Sleep Patterns - School - Development and behavior - Communication, cognitive, and social, adaptive skills - Height, weight, and BMI - Hearing and Vision - Blood pressure - Dental Care - Mental Health Assessment

11 – 12 years	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. A urine dipstick analysis for leukocytes should be done at least once between ages 11 and 21. Testing for Diabetes should be done at onset of puberty, if an individual is overweight (defined as BMI >85th percentile for age and sex, weight for height >85th percentile, or weight >120% of idea [50th percentile] for height) and has any two risk factors listed in the Pediatrics reference on Type 2 Diabetes in Children and Adolescents. (See Source #10) Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep Patterns - School - Activities - Social relationships - Height, weight and BMI - BMI - Blood pressure - Emotional well-being - Health habits and risk assessment - Pelvic exam and Pap annually for sexually active females. - Dental Care - Alcohol and Drug Use Assessment - Mental Health Assessment
13 – 14 years	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. Complete an interval history to consist of any significant illnesses, hospitalizations, allergies, injury, or immunizations since last visit. H/H should be completed for menstruating girls. Testing for Diabetes should be done at onset of puberty, if an individual is overweight (defined as BMI >85th percentile for age and sex, weight for height >85th percentile, or weight >120% of idea [50th percentile] for height) and has any two risk factors listed in the Pediatrics reference on Type 2 Diabetes in Children and Adolescents. (See source #10) Perform blood lipid screening if indicated by family history or risk factors, such as obesity, hypertension, smoking, or diabetes. A urine dipstick analysis for leukocytes should be done, if not previously completed. Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep Patterns - School - Activities - Social relationships - Evaluate Tanner stage - Height, weight, and BMI - Blood pressure - Scoliosis screen - Emotional well-being - Health habits and risk assessment - Pelvic exam and Pap annually for sexually active females. - Dental Care - Alcohol and Drug Use Assessment - Mental and Health Assessment

15 years	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. H/H should be completed for menstruating girls. Complete a Scoliosis screen and evaluate Tanner stage if not previously done. Testing for Diabetes should be done at onset of puberty, if an individual is overweight (defined as BMI >85th percentile for age and sex, weight for height >85th percentile, or weight >120% of idea [50th percentile] for height) and has any two risk factors listed in the Pediatrics reference on Type 2 Diabetes in Children and Adolescents. (See source #10) Perform cholesterol and hyperlipidemia screening if indicated by family history or risk factors such as smoking, hypertension, obesity, or diabetes mellitus are present. Screen for STD's if patient is sexually active. A urine dipstick analysis for leukocytes should be done, if not previously completed Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep Patterns - School - Activities - Social relationships - Height, weight and BMI - Blood pressure - Emotional well-being - Health habits and risk assessment - Pelvic exam and Pap annually for sexually active females. - Dental Care - Alcohol and Drug Use Assessment - Mental Health Assessment
16 – 18 years	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. H/H should be completed for menstruating girls. Complete a Scoliosis screen and evaluate Tanner stage if not previously done. Testing for Diabetes should be done, if an individual is overweight (defined as BMI >85th percentile for age and sex, weight for height >85th percentile, or weight >120% of idea [50th percentile] for height) and has any two risk factors listed in the Pediatrics reference on Type 2 Diabetes in Children and Adolescents. (See Source #10) Perform cholesterol and hyperlipidemia screening if indicated by family history or risk factors such as smoking, hypertension, obesity, or diabetes mellitus are present. Screen for STD's if patient is sexually active. A urine dipstick analysis for leukocytes should be done, if not previously completed. Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep Patterns - School - Activities - Social relationships - Height, weight, and BMI - Blood pressure - Emotional well-being - Health habits and risk assessment - Pelvic exam and Pap annually for sexually active females. Dental Care - Alcohol and Drug Use Assessment - Mental Health Assessment

18 – 20 years	<p>Check the status of issues addressed at the last visit. Check record to ensure immunizations are up to date. Inquire about reaction to previous immunization. Immunize according to schedule. H/H should be completed for menstruating girls. Complete a Scoliosis screen and evaluate Tanner stage if not previously done. Testing for Diabetes should be done, if an individual is overweight (defined as BMI >85th percentile for age and sex, weight for height >85th percentile, or weight >120% of idea [50th percentile] for height) and has any two risk factors listed in the Pediatrics reference on Type 2 Diabetes in Children and Adolescents. (See source #10) Perform cholesterol and hyperlipidemia screening if indicated by family history or risk factors such as smoking, hypertension, obesity, or diabetes mellitus are present. Screen for STD's if patient is sexually active. A urine dipstick analysis for leukocytes should be done, if not previously completed. Review:</p> <ul style="list-style-type: none"> - Nutrition - Elimination - Sleep Patterns - School/Work - Activities - Social relationships - Height, weight, and BMI - Blood pressure - Emotional well-being - Health habits and risk assessment - Pelvic exam and Pap annually recommended, but definitely at 21 years of age. - Dental Care - Alcohol and Drug Use Assessment - Mental Health Assessment
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Points to Remember

- Developmental, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventative care visits.
- 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.
- At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
- If the patient is uncooperative, re-screen within six months.
- Age-appropriate discussion and counseling should be an integral part of each visit.
- Parenting skills should be assessed at every visit.
- Metabolic screening (e.g.: Thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
- For a discussion of universal and selective nutritional screening options, see AAP Pediatric Nutrition Handbook 5th Edition, November 2003. Consider early screening for high-risk infants (e.g.: premature and low birth weight infants)
- See the U. S. Special Task Force (USPSTF) recommendation statement, Screening for Iron Deficiency Anemia, May 2006, publication No. AHRQ 06-0589.
- For children at risk of lead exposure consult the AAP article in Pediatrics Vol. 116, No. 4, October 2005: Lead Exposure in Children: Prevention, Detection, and Management. Additionally, screening should be done in accordance with state law where applicable. Additional information on AAP website www.aap.org.
- From birth to 12 years, refer to AAP the injury prevention program (TIPP) “A Guide to Safety Counseling in Office Practice”.

- Refer to the AAP Violence Intervention and Prevention Program (VIPPP) database for guidance on youth violence and management.
- The AAP policy statement, May 2006, “Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity”, recommends that physicians regularly assess a child’s weight, diet, and level of physical activity. AAP, Identification and Evaluation of Children with Autism Spectrum Disorders, Pediatrics Volume 120, Number 5, November 2007

Based on the following:

1. American Academy of Pediatrics (AAP) Guidelines for Health Supervision III, Third Edition, 1997, revised and updated 2002.
2. U.S. Special Task Force (USPSTF) recommendation statement, Screening for Iron Deficiency Anemia, May 2006, publication No. AHRQ 06-0589.
3. AAP Hospital Stay for Healthy Term Newborns, Pediatrics, May 2004, Vol. 113 No. 5.
4. AAP “Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity”, Pediatrics, May 2006, Vol. 117 No. 5.
5. Center for Disease Control (CDC) Childhood and Adolescent Immunization Schedule-United States, 2007.
6. American Academy of Pediatric Dentistry, Guideline on Oral Health Care, adopted 1986, revised 2004 and Guideline on Adolescent Oral Health Care, adopted, 1986, revised 2005.
7. Committee of Practice and Ambulatory Medicine, Recommendations for Preventive Pediatric Health Care (RE9535).
8. AAP, Subcommittee on Hyperbilirubinemia, Management of Hyperbilirubinemia In the Newborn Infant 35 or more Weeks of Gestation, Pediatrics Vol. 114 No.1 July 2004.
9. CDC Recommendations for Blood Lead Screening of Young Children Enrolled in Medicaid: Targeting a Group at High Risk, December 8, 2000, Vol. 49, No. RR-14;
10. Type 2 Diabetes in Children and Adolescents, Pediatrics 2000; 105; 671-680
11. Bright Futures/AAP Recommendations for Preventive Pediatric Health Care 2008 .

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AGE	Newborn	3-5 d	By 1mo	2mo	4mo	6mo	9mo	12mo	15mo	18mo	24mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y		
1. HISTORY	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
2. MEASUREMENTS																													
a. Length/Height and Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
b. Head Circumference	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
c. Weight for Length	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
d. Body Mass Index (BMI)/Percentile from Growth Chart	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
e. Blood Pressure	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
3. SENSORY SCREENING																													
a. Vision	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
b. Hearing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
4. DEVELOPMENTAL BEHAVIORAL ASSESSMENT																													
a. Developmental Screening																													
b. Autism Screening																													
c. Developmental Surveillance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
d. Psychosocial/Behavioral	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
e. Alcohol and Drug Use	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
5. PHYSICAL EXAMINATION																													
6. PROCEDURES-GENERAL																													
a. Newborn Metabolic/ Hemoglobin Screen		X																											
b. Hematocrit or Hemoglobin																													
c. Urinalysis																													
d. Immunization	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
7. PROCEDURES-PATIENTS AT RISK																													
a. Lead Screening																													
b. Tuberculin Test																													
c. Dyslipidemia Screening																													
d. Sexually Transmitted Infection (STI) Screening																													
f. Cervical Dysplasia Screening																													
8. ANTICIPATORY GUIDANCE																													
a. Injury Prevention		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
b. Violence Prevention		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
c. Tobacco Use/Second Hand Smoke		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
d. Sleep Positioning Counseling		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
e. Physical Activity Counseling		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
f. Nutrition Counseling		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
g. Mental Health Assessment																													
9. DENTAL REFERRAL																													