

Pediatric Screening and Prevention Guideline



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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.

	Infancy ⁴										Early Childhood ⁴				Middle Childhood ⁴				Adolescence ⁴								
	Prenatal ¹	NB ²	2-4d ³	2w-1m	2m	4m	6m	9m	12m	15m	18m	24m	3y	4y	5y	6y	8y	10y	Early 11-13			Mid 14-16			Late 17-18		
AGE ⁵																			11y	12y	13y	14y	15y	16y	17y	18y	
HISTORY Initial/Interval	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
PHYSICAL EXAM⁶		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
MEASUREMENTS																											
Height & 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
Head Circumference		X	X	X	X	X	X	X	X	X	X	X															
Blood Pressure													X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SENSORY SCREENING																											
Vision ⁷		S	S	S	S	S	S	S	S	S	S	S	O ⁷	O	O	O	O	O	S	O	S	S	O	S	S	O	
Hearing ⁸		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/SURVEILLANCE⁹		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
IMMUNIZATIONS¹⁰		X	→			X	X	X		← X →				← X →					X	→							
SCREENING GENERAL¹¹																											
Hereditary/Metabolic Screening ¹²		X →																									
Hematocrit or Hemoglobin						*				X ¹³	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Screen to detect amblyopia, ¹⁴ strabismus, and defects in visual acuity in children < 5													← X →														
Depression Screening ¹⁵																				X	X	X	X	X	X	X	
Obesity Screening ¹⁶																				← X →							
SCREENING PATIENTS AT RISK																											
Tuberculosis ¹⁷				*			*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Cholesterol Screening ¹⁸												*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Lead Screening ¹⁹									X or *		X or *	*	*	*	*												
STD Screening ²⁰ (Including Chlamydia)																			*	*	*	*	*	*	*	*	
Pelvic Exam ²¹																			*	*	*	*	*	*	*	*	
Drug and Alcohol																			*	*	*	*	*	*	*	*	
INITIAL DENTAL REFERRAL²²													← X →														
Dental Screening for Fluoride Availability								X	→																		

X = To be performed S = Subjective by history O = Objective by standard testing * = assess for risk ↔ = Range in which service may be provided, with an "X" at preferred age

¹ A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference.
² 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 and normal breastfeeding evaluation, encouragement, and instruction.
³ For newborns discharged in less than 48 hours.
⁴ Developmental, psychosocial, and chronic disease issues may require frequent counseling and treatment visits separate from preventive care visits.
⁵ 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.
⁶ At each visit, a complete physical exam is essential with infant totally unclothed, older child undressed and suitably draped.
⁷ If the patient is uncooperative, rescreen within six months.
⁸ All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing Statement (1999).
⁹ By history and appropriate physical examination: If suspicious, by specific objective developmental testing. Parenting style should be addressed at each visit.
¹⁰ Per ACIP, AAP current recommendations.
¹¹ These may be modified, depending upon entry into schedule and individual need.
¹² Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
¹³ Consider earlier screening for high-risk infants.
¹⁴ Early detection and treatment for amblyopia and risk factors for this condition can improve visual acuity.
¹⁵ Screen adolescents (12-18) for major depressive disorder (MDD) using a standardized approved tool for adolescents, when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive behavioral or interpersonal) and follow up.
¹⁶ Screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.
¹⁷ 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.
¹⁸ 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.
¹⁹ Age 12 and 24 months must be screened once prior to entering elementary school.
²⁰ All sexually active adolescents should be screened for STDs, including chlamydia.
²¹ All sexually active females should have pelvic exam. Pap should be offered as preventive health maintenance between ages 18 and 21.
²² Earlier initial dental evaluations may be appropriate for some children. Subsequent examinations every 6 months or as prescribed by dentist. Prescribe oral fluoride in children older than 6 months whose primary water source is deficient.

Education and Counseling

Counseling and education should be carried out at every opportunity to the parent/caregiver and/or child. Recommend spreading the messages across several visits.

	Infancy									Early Childhood				Middle Childhood				Adolescence								
	Prenatal	NB	2-4d	2w-1m	2m	4m	6m	9m	12m	15m	18m	24m	3y	4y	5y	6y	8y	10y	Early 11-13			Mid 14-16			Late 17-18	
AGE																			11y	12y	13y	14y	15y	16y	17y	18y
NUTRITION																										
Energy/Caloric Balance	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
Nutrient Balance, Supplements, Maintain Adequate Calcium (Female)																			X	X	X	X	X	X	X	X
PHYSICAL ACTIVITY		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
SUBSTANCE USE/ABUSE																										
Tobacco (Incl. Passive 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
Alcohol and Other Drugs															Start age 7		X	X	X	X	X	X	X	X	X	X
INJURY PREVENTION																										
Seat Belt Use, Helmet 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
Sleep Positioning Counseling ²³	X	X	X	X	X																					
Poison, Water Safety, Choking		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
Falls, Water Heater Safety		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
Gun Safety/Firearm Storage		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
VIOLENCE & ABUSE																										
Promotion of Non-Violent Behavior, Anger Management, Gangs	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
SEXUAL PRACTICES																										
STD Prevention – Provide high intensity behavioral counseling to all sexually active adolescents for prevention of STDs/STIs																							X	X	X	X
Unintended Pregnancy Prevention																							X	X	X	X
MENTAL HEALTH																										
Depression/Anxiety Awareness																							X	X	X	X
Self-Esteem														X	X	X	X	X	X	X	X	X	X	X	X	X
Eating Disorders																		X	X	X	X	X	X	X	X	X
Attention Deficit/Hyperactivity Disorder													X	X	X	X	X	X	X	X	X	X	X	X	X	X
COPING SKILLS/STRESS REDUCTION												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SKIN CANCER Protection from UV Light		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

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²³ 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.