



## 2008 Pediatric and Adolescent Preventive Schedule Comparison: Ages 0 through 18 years

History and Physical Exam	Age Range	References	2008 Changes
<p><b>Well Child Exam :</b></p> <p><b>- Weight</b> <b>-Height</b> <b>-BMI</b></p>	<p>Newborn, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months 2 to 18 years annually These guidelines apply to healthy children. Children with medical conditions may require additional follow-up</p> <p>All well child visits All well child visits All well child visits beginning at 2yr. Calculate and plot BMI once a year in all children and adolescents (2-20 years).</p>	<p><i>Note: The specific references are listed in their entirety on page 5 of this guideline.</i></p> <p>1. AAP 2000 2. Expert consensus opinion of the 2004 Preventive Health QI Committee</p> <p>1. AAP (2000) Updated 2003 2. AAFP (2002) Updated 2005 3. USPSTF (1996) Updated 2004 4. CDC (2004)</p>	



<p><b>Anticipatory Guidance/ Psychosocial Screening/Sexual History &amp; Reproductive Guidance</b></p>	<p>At office visits <u>Anticipatory Guidance/Psychosocial Screening:</u> Age appropriate discussions include but not limited to substance abuse, drinking and driving/riding with someone who is under the influence of alcohol and or other abusive substances, tobacco use and second hand smoke exposure, promote smoke-free household nutrition/exercise, initial dental exam at age three, oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride, child abuse / domestic violence and maintain adequate calcium intake to prevent osteoporosis. Reaffirm adequate intake of Vitamin D recommend supplement of 200 IU per day for</p> <ul style="list-style-type: none"> <li>• All breastfed infants unless weaned to at least 500ml /d of formula.</li> <li>• All nonbreastfed infants who are ingesting less than 500ml/d of formula</li> <li>• Children/adolescent who do not get regular sunlight exposure, do not ingest at least 500 ml/d of Vit D fortified milk or do not take a daily vitamin supplement containing at least 200 IU of Vit D.</li> </ul> <p><u>Anticipatory Guidance Sexual History &amp; Reproductive Guidance:</u> Age appropriate discussions to include but not limited to normal growth, development and maturation, the benefits of healthy lifestyle</p>	<ol style="list-style-type: none"> <li>1. AAP (2000) Updated 2006</li> <li>2. AAFP (2001) Updated 2005</li> <li>3. USPSTF (1996) Updated 2004</li> <li>4. AAPD (2003)</li> <li>5. ACOG (2006)</li> </ol>	<p><b>Iron Supplementation</b> <b>USPSTF</b> recommends routine iron supplementation for asymptomatic children 6-12 months who are at increased risk for iron deficiency anemia.</p> <p><b>AAP</b> breastfeeding guidelines recommend continuing breastfeeding for at least first year of life beyond, while introducing complementary foods rich in iron beginning around 6months of age; breastfed infants weaned before 12 months of age should receive iron-fortified infant formula. AAP recommends that preterm and low birth weight infants receive iron supplementation before 6 months of age.</p>
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	behaviors and choices, health education related to sexual choices including abstinence/birth control/safe sex/STDs, and dietary folic acid (0.4mg/day) for females of reproductive age.		
<b>Safety Issues</b>	<p>At office visits  Safety Issues – age appropriate discussions include bicycle safety, firearms, seatbelts, water safety, choking/suffocation, fire, falls, instructions on how to call for help, motorcycle helmet use, car seats, smoke detectors, hot water temperature, sleep position, phone number for poison control center.  Sun exposure (tanning beds), depression/suicide, occupational hazards, school hazards, recreational hazards, body piercing, tattoos, and other high risk behaviors such as cutting behavior, and the choking game.  Syrup of ipecac is no longer to be used routinely as a home treatment strategy.</p>	<ol style="list-style-type: none"> <li>1. AAP (2000) Updated 2003</li> <li>2. AAFP (1996) Updated 2005</li> <li>3. USPSTF (1996) updated 2004</li> </ol>	

Laboratory Screening	Age Range	References	2008
<b>Hereditary/ Metabolic Screening</b>	<ul style="list-style-type: none"> <li>Newborn to 1 month Hemoglobinopathy, PKU, Thyroid, Galactosemia, according to Pennsylvania State law. Supplemental Screening—Determine if done in the hospital. If not, offer by one month.</li> </ul>	<ol style="list-style-type: none"> <li>AAP (2000) Updated 2003</li> <li>AAFP (2001) Updated 2005</li> <li>USPSTF (1996) Updated 2004</li> </ol>	
<b>Lead Screening</b>	<ul style="list-style-type: none"> <li>9 months or older when indicated</li> </ul> <p>The AAP recommends that in addition to risk-based lead screening health care practitioners reference any relevant guidance from a city or state health department about lead screening in children. Please refer to any state specific recommendations and mandates.</p>	<ol style="list-style-type: none"> <li>AAP (2005)</li> <li>USPSTF (1996) Updated 2007</li> </ol>	
<b>Hematocrit or Hemoglobin</b>	<ul style="list-style-type: none"> <li>Once from 9 to 12 months</li> <li>Annually for females during adolescence</li> <li>When indicated</li> </ul> <p>US Preventive Services Task Force recommends screening for high-risk infants but concludes that there is insufficient evidence to recommend for or against routine screening asymptomatic persons.</p> <p>All menstruating adolescents should be screened annually</p>	<ol style="list-style-type: none"> <li>AAP (2000) Updated 2003</li> <li>USPSTF(1996) Updated 2006</li> </ol>	<p><b>USPSTF</b> concludes that evidence is insufficient to recommend for or against routine screening for iron deficiency anemia in asymptomatic children aged 6-12 months.</p> <p><b>CDC</b> recommends screening for iron deficiency anemia in high-risk infants, high-risk preschool children, pregnant women and non pregnant of childbearing age.</p> <p><b>AAP</b> recommends screening of all infants between the ages 9-12 months and then 6 months later; for children at high risk, screen once a year from ages 2-5 years.</p> <p><b>AAFP</b> recommends screening for iron deficiency anemia in infants ages 6-12months who are living in poverty, black, Native American, or Alaska Native, immigrants from developing countries, preterm and low birth weight infants and infants whose primary dietary intake is unfortified cow's milk.</p>
<b>Urinalysis</b>	<ul style="list-style-type: none"> <li>Once at 5 years of age</li> </ul> <p>Dipstick. Microscopic not required.</p>	<ol style="list-style-type: none"> <li>AAP (2000) Updated 2003</li> </ol>	
<b>Tuberculosis</b>	<ul style="list-style-type: none"> <li>12 months to 18 years when</li> </ul>	<ol style="list-style-type: none"> <li>AAP (2000) Updated 2003</li> </ol>	

	<p>indicated</p> <p>A Mantoux should be done upon recognition of high risk factors. Community and personal risk factors should determine frequency.</p> <p>Tine test use is discouraged.</p>	2. USPSTF (1996) Updated 2004	
<b>Cholesterol Screening</b>	<ul style="list-style-type: none"> <li>• 24 months to 18 years when indicated</li> </ul> <p>If family history cannot be obtained and other high risk factors are present, screening should be done at the discretion of the physician.</p>	1. AAP (2000) Updated 2003	
<b>Chlamydia/ Gonorrhea and other STD Screening</b>	<p><u>Chlamydia:</u></p> <p>Routine screening for all sexually active females age 25 years and younger</p> <p>Options for Chlamydia screening include:</p> <ul style="list-style-type: none"> <li>• Amplified DNA – urine</li> <li>• Leukocyte esterase</li> <li>• Urethral probe</li> <li>• Cervical probe</li> </ul> <p><u>Gonorrhea:</u></p> <ul style="list-style-type: none"> <li>• Screening females at high risk of infection</li> </ul> <p>Human immunodeficiency virus (HIV)</p> <p>Screen all adolescents at increased risk for HIV infection.</p> <p><u>Other STD screening:</u></p> <ul style="list-style-type: none"> <li>• Risk-based screening recommended for all sexually active males and females.</li> </ul>	<ol style="list-style-type: none"> <li>1. AAP (2000) Updated 2003</li> <li>2. USPSTF (1996) Updated 2006</li> <li>3. AAFP (1996) Updated 2005</li> </ol>	<p><b>CDC</b> Routine, voluntary HIV screening for all persons 13-64 years old in health care settings not based on risk. 9/2006.</p> <p><b>USPSTF</b> Concluded there is insufficient evidence to recommend either for or against.</p>
<b>Papanicolaou Test</b>	<ul style="list-style-type: none"> <li>• When indicated</li> </ul>	1. AAP (2000) Updated 2003	

<p><b>(Pap Smear)</b></p>	<p>Strongly recommended for females who have been sexually active and have a cervix. Screening should begin 3 years after the start of sexual activity, and should be done at least every 3 years.</p> <p>The USPSTF concludes that the evidence is insufficient to recommend for or against new technologies (such as liquid based technology) in place of conventional Pap tests.</p> <p>The USPSTF concludes that the evidence is insufficient to recommend for or against <i>human papillomavirus</i> (HPV) testing as a primary screening test for cervical cancer.</p>	<ol style="list-style-type: none"> <li>2. USPSTF (1996) Updated 2004</li> <li>3. ACOG (2000) Updated 2003</li> <li>4. AAFP 2005</li> </ol>	
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### References:

1. [www.cdc.gov/nip/recs/child-schedule.htm](http://www.cdc.gov/nip/recs/child-schedule.htm) CDC (July 2005)
2. [www.aafp.org/exam.xml](http://www.aafp.org/exam.xml) AAFP (2005)
3. [www.accessexcellence.org/WN/SUA05/dna\\_test\\_chlamydia.html](http://www.accessexcellence.org/WN/SUA05/dna_test_chlamydia.html) *DNA Test for Chlamydia*, January 28, 1995.
4. [www.health.state.mn.us/divs/fh/mch/webcourse/intro/comp12.html](http://www.health.state.mn.us/divs/fh/mch/webcourse/intro/comp12.html) *Tuberculosis Screening Fact Sheet*, Minnesota Department of Health, March 2002
5. American Academy of Pediatrics. *Don't Treat Swallowed Poison With Syrup of Ipecac Says AAP*. November 3, 2003.
6. [www.cdc.gov/nccdphp/dnpa/bmi/](http://www.cdc.gov/nccdphp/dnpa/bmi/) *BMI: Body Mass Index*. April 17, 2003.
7. [www.aap.org/family/parents/immunize.htm](http://www.aap.org/family/parents/immunize.htm) AAP (2001)
8. US Preventive Services Task Force. *Guide to Clinical Preventive Services*. 2<sup>nd</sup> ed. Washington, DC: US Department of Health and Human Services; 1996.
9. <http://www.ahrq.gov/clinic/uspstfix.htm>. US Preventive Services Task Force. Washington, DC: US Department of Health and Human Services; 2005.
10. American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. Recommendations for pediatric preventive health care. [www.aap.org](http://www.aap.org). 2000.
11. American Academy of Family Physicians. *Summary of Policy Recommendations for Periodic Health Examination*. Kansas City, MO: American Academy of Family Physicians; 2004.
12. American College of Obstetricians and Gynecologists. *Cervical Cancer Screening: Testing Can Start Later and Occur Less Often Under New ACOG Recommendations*. July 31, 2003.
13. American College of Obstetricians and Gynecologists. *Primary and Preventive Care: Periodic Assessments*. Washington, DC: 2000.
14. American College of Obstetricians and Gynecologists. *ACOG Clarifies Recommendations on Cervical Cancer Screening in Adolescents*. September 30, 2004. [http://www.acog.org/from\\_home/publications/press\\_releases/nr09-30-04-1.cfm?printerFr](http://www.acog.org/from_home/publications/press_releases/nr09-30-04-1.cfm?printerFr).



## 2008 Pediatric and Adolescent Preventive Schedule: Ages 0 through 18 years Resource Page

Some flexibility in specific cases will require deviations from guideline recommendations. All providers are responsible for individualizing recommendations to the specific clinical characteristics of each patient.

Please refer your Mountain State patient to Blues On Call<sup>SM</sup> (1-888-BLUE-428) or our Website at [www.msbcbs.com](http://www.msbcbs.com), for health education services. **Blues On Call<sup>SM</sup> nurse Health Coaches are available 24/7 to provide one-on-one telephonic support for patients regarding chest pain and many other health topics. Your Mountain State patients can reach Blues On Call at 1-888-258-3428 (1-888-BLUE 428) toll free.**

**As with any insurance, members are eligible for services only as long as they are active members of the plan and the services are covered benefits of their group contract.**

If appropriate, consider prescribing medications included in the formulary to avoid noncovered expenses for your patient. Physicians may request to have a nonformulary drug covered for an individual patient. Evidence to support the ineffectiveness of formulary alternatives for the particular patient's condition or a reasonable expectation of adverse reactions from the use of formulary products must be submitted for a request to be considered.

Instructions and the request form for this process are located on the Provider Resource Center under "Provider Forms".