

Pediatric Preventive Care Guidelines

Age	Health Examination Components	Lab Screening Tests	Immunizations									Fluoride Supplement.	
			OPV	DPT	MMR	HiB	HBV	VAR	PCV	FLU	MCV4		
Newborn	Newborn panel Hearing -ABR Or OAE, if not performed in hospital.(O); Parental concern, family hx (S). Vision - High risk prematurely born children – ROP	PKU, T4, Sickle cell, Galactosemia and other tests as required by the State											
Birth – 5 months	Height, Weight, head circ., unclothed physical exam, Developmental Assessment, Parental Counseling, history initial/interval, vision ^s , hearing ^s , and nutritional assessment.	HGB & Hct once during infancy	2 mo. 4 mo.	2 mo. 4 mo.		2 mo. 4 mo.	Birth 1-2 mo. or 1-2 mo. 4 mo.		2-23 mo.**				
6-18 mo.	Height, Weight, head circ., unclothed physical exam, Developmental Assessment, Lead exposure risk assessment, Parental Counseling, history initial/interval, vision ^s , hearing ^s and nutritional assessment.	Tuberculin *(9 mo.) Lead Level* (12 mo.) Hematocrit (9 mo.)	6-18 mo.	6 mo. 15-18 mo.	12-15 mo.	6 mo. or 12-15 mo.	6-18 mo.	12-18 mo.	2-23 mo.**	≥6 months ***		High Risk	
24 mo.	Height, Weight, Head circ., unclothed physical exam, Developmental Assessment, Lead exposure risk assessment, Parental Counseling, history initial/interval, vision ^s , hearing ^o and nutritional assessment.	Lead Level* (24 mo.)							24-59 mo.**	>6-23 months ***		High Risk	
3 yr.	Height, Weight, tracking of BMI annually, B/P, unclothed physical exam, Developmental Assessment, Lead exposure risk assessment*, Dental Referral, Parental counseling, history initial/interval, vision ^o , hearing ^s , and nutritional assessment.	Cholesterol*							24-59 mo.**	annually		High Risk	
4-6 yr.	Height, Weight, tracking of BMI annually B/P, unclothed physical exam, Developmental Assessment, Lead exposure risk assessment*, Parental counseling, history initial/interval, vision ^o , hearing ^o , and nutritional assessment.	Tuberculin* Urinalysis (5 years)		4-6 yrs.	4-6 yrs.	4-6 yrs. or 11-12 yrs				24-59 mo.**		High Risk	

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			OPV	DPT	MMR	HiB	HBV	VAR	PCV	Flu	MCV4		
8 yr.	Height, Weight, tracking of BMI annually B/P, Unclothed physical exam, Developmental Assessment, Patient & Parental counseling, history initial/interval, vision ^o , hearing ^o and nutritional assessment.	Tuberculin*									≤8 yrs.***		High Risk
10-11 yr.	Height, Weight, tracking of BMI annually B/P, unclothed physical exam, Developmental Assessment, Patient & Parental counseling, history initial/interval, vision, hearing, and nutritional assessment.	Tuberculin*, Urinalysis* Hematocrit*									annually ***	11-12 yr.	High Risk
12 yr.	Height, Weight, tracking of BMI annually B/P, unclothed physical exam, Developmental Assessment, Scoliosis screen, Patient & Parental counseling, history initial/interval, vision ^o , hearing ^o , and nutritional assessment.	Tuberculin*, Pap Smear*, Urinalysis*, Hematocrit*		11-12 yr. (immunize against pertussis)^	11-12 yr.						≤12 yrs.***	11-12 yr.	High Risk
13-17 yr.	Height, Weight, tracking of BMI annually B/P, unclothed physical exam, Testicular Exam, pelvic exam if sexually active, Scoliosis screening. Dietary history, physical activity, sexual practices, tobacco/alcohol/drug use, history initial/interval, vision, hearing, and nutritional assessment.	Tuberculin*, Pap Smear*, Urinalysis*, Hematocrit*		Td booster 11-16 yr. (if at least 5 yrs elapsed then q 10 yrs) SEE^^				>13 yr. ∅			annually ***	Students entering high school or 15 year olds	High Risk
18 yr.	Height, Weight, tracking of BMI annually B/P, Testicular exam, Pelvic exam, Scoliosis screening, Dietary history, physical activity, sexual practices, tobacco/alcohol/drug use, history initial/interval, vision, hearing, and nutritional assessment.	Tuberculin*, Pap Smear*, Urinalysis*, Hematocrit*		SEE ^^ for Tdap							annually ***	College freshman who will be living in dorms	High Risk
19-21 yr.	Height, Weight, B/P, Pelvic Exam, Testicular Exam, Dietary history, physical activity, sexual practices, tobacco/alcohol/drug use, history initial/interval, vision, hearing, and nutritional assessment.	Tuberculin*, Pap Smear*, Urinalysis*, Hematocrit*									annually ***	College freshman who will be living in dorms	High Risk

These preventive services reflect recommendations of the U.S. Preventive Services Task force and the American Academy of Pediatrics (2005); General Recommendations on Immunization Practices – Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP) – May 25, 2005; and components of "Early, Periodic Screening, Diagnosis and Treatment (EPSDT)" as required per the TennCare Contractor Risk Agreement. Other preventive services may be added at the provider's discretion after considering the patient's medical history, age, and lifestyle.

Vision and hearing screening by either "s" or/and "o" according to age specific recommendations as defined in the "Recommendation of the EPSDT Screening Guidelines Committee – April, 2004".

S = Subjective, by history O = Objective, by a standard of testing

Developmental assessment/screening – as currently recommended by TennCaresm information available on the TennCaresm website - www.state.tn.us/tenncare/provider.html.

High Risk Screening

Lead Level: Infants who live or frequently visit housing built before 1960 that is dilapidated or undergoing renovation; who come in contact with other children with known lead toxicity; who live near lead processing plants or whose parents or household members work in a lead-related occupation; or who live near busy highways or hazardous waste sites.

Tuberculin Skin Test: A risk assessment should be completed by 9-month visit and information updated as needed. Skin testing should be done upon recognition of high-risk factors. (Household members of person with TB or others at risk for close contact with TB; recent immigrants or refugees from countries in which tuberculosis is common; family members of migrant workers.)

Fluoride Supplements: Children living in areas with inadequate water fluoridation (less than .07 parts per million).

Cholesterol: Children with family history of elevated cholesterol levels or if no history obtainable, at the physicians discretion.

Urinalysis: A urinalysis should be performed at five years of age and again during adolescence (11-20 years). Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.

⊗ **Varicella:** children with no reliable history of varicella infection or previous immunization. The varicella vaccine is also indicated in immunosuppressed and other high-risk children.

Hematocrit or hemoglobin: Screening should be done at 9 months and again during adolescents (11-20 years).

Pelvic exam, Pap smear, screening for STDs: All sexually active patients should be screened for sexually transmitted diseases. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18-21 years.

** **Pneumococcal vaccine:** The heptavalent pneumococcal conjugate vaccine (PPV) is recommended for all children age 2-23 months. It is also recommended for certain children age 24 –59 months. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high- risk groups.

*** **Influenza:** Influenza vaccine is recommended annually for children age ≥6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes) healthcare workers, and household members in close contact with persons in groups at high risk, and can be administered to all others wishing to obtain immunity. In addition, health children age 6-23 months are encouraged to receive influenza vaccine if feasible because children in this age group are at substantially increased risk for influenza-related hospitalization. Children aged ≤12 years should receive vaccine in a dose appropriate for their age. Children aged ≤8 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

Meningococcal Immunization: Young adolescents at a pre-adolescent visit (11-12 years old); adolescents at high school entry (15 years old) for those who have not previously received MCV4; other adolescents who wish to decrease their risk of meningococcal disease. Other populations at increased risk of meningococcal disease are college freshman living in dormitories.

^^ **Pertussis:** ACIP recommended in an article published June 30, 2005 that the newly licensed booster tetanus, diphtheria and pertussis vaccines Tdap be recommended to reduce the number of cases of pertussis among adolescents. It was recommended that adolescents 11-12 years of age be given Tdap in place of the tetanus-diphtheria booster currently given to adolescents. Also recommended was that Tdap be given to adolescents 13-18 who missed the 11-12 year dos of Td and 11-

18 who have already been vaccinated with Td are encouraged to receive a dose of Tdap to further protect against the pertussis. (via website www.cdc.gov/nip/pr/pr_tdap_jun2005.htm ACIP Recommends Adolescent Vaccination for Tetanus, Diphtheria and Pertussis Vaccine.)

Pediatric Counseling Notes

Age	Diet & Exercise	Injury Prevention	Dental Health	Substance Abuse	Sexual Practice	Other Counseling
<ul style="list-style-type: none"> • Birth – 18 months 	<ul style="list-style-type: none"> • Breast feeding and nutrient intake (iron rich foods) • Vitamin D supplement* 	<ul style="list-style-type: none"> • Sleeping position counseling (up to 6 mos. of age) • No bottle propping • Safety seats • Smoke Detectors • Hot water • Stairs, Windows, fall prevention • Water safety, pools • Drug & toxic chemical storage • Poison control phone # • Appropriate supervision 	<ul style="list-style-type: none"> • Baby bottle tooth decay 			<ul style="list-style-type: none"> • Effects of passive smoking • Skin protection from UV light • Viral Upper Respiratory Infections

Alerts: Ocular misalignment, tooth decay, signs of child abuse / neglect

Age	Diet & Exercise	Injury Prevention	Dental Health	Substance Abuse	Sexual Practice	Other Counseling
<ul style="list-style-type: none"> • 2-6 years 	<ul style="list-style-type: none"> • Sweets, between meal snacks • Caloric balance • Encourage physical activity • Calcium Intake • Vitamin D supplement* 	<ul style="list-style-type: none"> • Safety seats, booster seats • Smoke Detectors • Hot water • Matches • Firearms • Windows • Water safety, pools • Drug & toxic chemical storage • Bike safety • Poison control phone # • Appropriate supervision 	<ul style="list-style-type: none"> • Tooth brushing and dental visits 		<ul style="list-style-type: none"> • 3- 6 yrs. - Curiosity about sex, questions about sex. 	<ul style="list-style-type: none"> • Effects of passive smoking • Skin protection from UV light

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Alerts: Vision disorders, dental problems, signs of child abuse / neglect, abnormal behavior

Age	Diet & Exercise	Injury Prevention	Dental Health	Substance Abuse	Sexual Practice	Other Counseling
<ul style="list-style-type: none"> 7-12 years 	<ul style="list-style-type: none"> Fats (saturated) Cholesterol Sweets, between meal snacks Caloric balance Encourage physical activity Calcium intake Vitamin D supplement* 	<ul style="list-style-type: none"> Safety belts Smoke Detection Storage of firearms Pools, water safety Drug & toxic chemical storage Bicycle helmets, street safety 	<ul style="list-style-type: none"> Regular tooth brushing and dental visits 		<ul style="list-style-type: none"> Puberty changes, and questions about sex. Periods (girls) Abstinence, birth control 	<ul style="list-style-type: none"> Skin protection from UV light Effects of passive smoking

Alerts: Vision disorders, diminished hearing, dental problems, signs of child abuse / neglect, abnormal behavior

Age	Diet & Exercise	Injury Prevention	Dental Health	Substance Abuse	Sexual Practice	Other Counseling
<ul style="list-style-type: none"> 13-18 years 	<ul style="list-style-type: none"> Fats (saturated) Cholesterol Sweets, between meal snacks Caloric balance Encourage physical activity Iron & calcium (females) Vitamin D supplement* 	<ul style="list-style-type: none"> Safety belts Violent behavior Firearms Safety helmets Driving and automobile safety 	<ul style="list-style-type: none"> Regular tooth brushing, flossing and dental visits 	<ul style="list-style-type: none"> Tobacco Alcohol Drugs Driving under the influence Treatment for abuse 	<ul style="list-style-type: none"> Sexual development STD's (including HIV) Condoms Contraception 	<ul style="list-style-type: none"> Skin protection from UV light

Age	Diet & Exercise	Injury Prevention	Dental Health	Substance Abuse	Sexual Practice	Other Counseling
<ul style="list-style-type: none"> 19-21 years 	<ul style="list-style-type: none"> Fats (saturated) Cholesterol Fiber Caloric balance Encourage physical 	<ul style="list-style-type: none"> Safety belts Smoke detectors Smoking in bed or near upholstery Violent behavior 	<ul style="list-style-type: none"> Regular tooth brushing, flossing and dental visits 	<ul style="list-style-type: none"> Tobacco Alcohol Drugs Driving under the influence 	<ul style="list-style-type: none"> Sexual practice Partner selection Anal intercourse STD's (including HIV) 	<ul style="list-style-type: none"> Skin protection from UV light Advance

	activity <ul style="list-style-type: none"> • Iron & calcium (females) • Sodium 	<ul style="list-style-type: none"> • Firearms • Safety helmets 		<ul style="list-style-type: none"> • Treatment for abuse 	<ul style="list-style-type: none"> • Condoms • Contraception 	Directives
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Alerts: Depressive symptoms, suicide risks, abnormal bereavement, signs of physical / emotional abuse

* **Vitamin D supplement:** To prevent rickets and vitamin D deficiency in healthy infants and children and acknowledging that adequate sunlight exposure is difficult to determine, the AAP recommends supplement of 200 IU per day of Vitamin D. The supplement should be recommended for all breastfed infants unless they are weaned to at least 500 mL per day of vitamin D-fortified formula or milk; all nonbreastfed infants who are ingesting less than 500 mL per day of vitamin D-fortified formula or milk; and, children and adolescents who do not get regular sunlight exposure, do not ingest at least 500 mL per day of vitamin D-fortified milk, or do not take a daily multivitamin supplement containing at least 200IU of vitamin D.