Optima Health

Pediatric Health Maintenance Guidelines

Guideline History

Original Approval Date	04/93
Review/ Revision Dates	8/94, 8/96, 6/97, 7/97, 10/98, 10/99, 5/00, 2/01,6/03, 06/05, 12/07,01/09, 1/10, 1/11 11/13, 11/15
Next Review Date	11/17

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Age	Prenatal	Infancy (0 - 12 months)	Early Childhood (13 months - 4yrs)	Middle Childhood (5yrs - 10yrs)	Adolescence (11yrs – 21yrs)
Includes H & P **Developmental[1] and** **Behavioral[2]** **Assessment [3]**	Every visit[4]; post-partum visit should occur between 21-56 days after delivery	Neonatal[5], 2-4 days[6] 1, 2, 4, 6, 9, 12 months	15, 18, 24, 30, 36, 48 mos.	Annually	Annually
Assessments					
Height & Weight, BMI	Every visit	Every visit	Every visit	Every visit	Every visit
Head Circumference	Fundal height at each visit starting at 24-28 weeks	Every visit	Every visit until age 3		
Hip Dysplasia		At each visit			
Scoliosis[7]		Every visit	Every visit	Every visit	Every visit
Blood Pressure	Every visit		Assess at every well visit starting at age 3 years	Assess at every well visit	Assess at every well visit

These Guidelines are promulgated by Sentara Health Plan (SHP) as recommendations for the clinical management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHP Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

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Age	Prenatal	Infancy (0 - 12 months)	Early Childhood (13 months - 4yrs)	Middle Childhood (5yrs - 10yrs)	Adolescence (11yrs – 21yrs)
Clinical Breast Exam					Initial exam at age 21 [27]
Testicular Exam		Assess for un-descended testicles during first year on each visit	Annually*	Annually*	Annually
Pelvic	As per routine prenatal assessment requires				Begin annual exam at age 21
Counseling/Education					
Sleep Positioning/ Habits[8]		At every visit, assess sleep habits. Advise prone positioning is no longer considered safe; infants should be placed on their backs to sleep until at least 6 months of age. Counsel sleep surfaces should be firm, and there should be no loose bedding or soft objects around the infant.		Assess sleep habits, including chronic snoring; assess hours of sleep per night; discourage placement of computers or TVs in bedroom	
Injury Prevention		Provide annual age specific counseling(9)	Provide annual age specific counseling(10)	Provide annual age specific counseling(11)	

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Age	Prenatal	Infancy (0 - 12 months)	Early Childhood (13 months - 4yrs)	Middle Childhood (5 yrs - 10yrs)	Adolescence (11 yrs – 21 yrs)
Motor Vehicle Safety		Ask about use of safety seats. Remind parents children should remain in a rear facing seat until at least 2 years of age or until they reach the highest weight or height allowed by the Manufacturer of their Child Car Seat	Ask about use of safety seats and belts. Children must be in an appropriate child passenger safety restraint until age 8. Children should remain in a rear facing seat until at least 2 years of age. Children should be in a forward facing safety seat until they reach 40 pounds, then a booster seat until age 8 with a lap belt restraint.	Ask about use of safety seats and belts. Children must be in an appropriate child passenger safety restraint until age 8. Children should be in a forward facing safety seat until they reach 40 pounds, then a booster seat until age 8 with a lap belt restraint	Children under the age of 12 should not ride in front-seats, but if they do, the airbag should be deactivated and seat moved to farthest position; All should be in a lap belt restraint. Counsel against driving under the influence of alcohol/drugs or riding with someone who is; counsel against excessive speed and other risk-taking behaviors while driving, such as cell phone use.
Violence Prevention		Be alert to signs abuse including facial/body bruising, failure to keep medical appointments; reluctance to answer questions about discipline in the home; frequent office visits for complaints not supported by medical evaluation of the child or frequent injuries/accidents. Be alert to signs of sexual abuse.	Be alert to signs of abuse, including facial/body bruising, depression, anxiety, failure to keep medical appointment; reluctance to answer questions about discipline in the home; frequent office visits for complaints not supported by medical evaluation of the child or for frequent injuries/accidents. Be alert to signs of sexual abuse	Be alert to signs of abuse, including facial/body bruising, depression, anxiety, failure to keep medical appointment; reluctance to answer questions about discipline in the home; frequent office visits for complaints not supported by medical evaluation of the child. Be alert to signs of sexual abuse. Ask about relationships with peers and bullying. Assess for signs of gang involvement.	Be alert to signs of domestic violence, including facial/body bruising, depression, anxiety, failure to keep medical appointment; reluctance to answer questions about discipline in the home; frequent office visits for complaints not supported by medical evaluation of the child. Be alert to signs of sexual abuse. Ask about relationships with peers and bullying. Counsel on safe and appropriate dating and relationships as well as strategies for avoiding or resolving conflicts with friends and peers. Assess for signs of gang involvement.

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Age	Prenatal	Infancy (0 - 12 months)	**Early Childhood (13 months - 4yrs)**	Middle Childhood (5yrs - 10yrs)	Adolescence (11yrs – 21yrs)
Tobacco Use/ Abuse	Advise to quit and refer to smoking cessation programs	Counsel parents on the effects of second-hand smoke on fetal and child health	Counsel parents on the effects of second-hand smoke on fetal and child health	Counsel parents on the effects of second-hand smoke on fetal and child health	Counsel parents on the effects of second-hand smoke on fetal and child health; counsel patients not to begin smoking; If smoking, assess readiness to quit, and advise to quit. Assist tobacco users in quitting; consider pharmacotherapy for adolescents. Refer to smoking cessation programs.
Alcohol/ Substance Use/ Abuse[12]	Advise to stop drinking alcohol during pregnancy and of the potential harmful effects of drug use on fetal development				Ask about use of alcohol, drugs, and other abusable substance, use of over-the-counter or prescription drugs for nonmedical purposes. Counsel about the effects of alcohol/substance abuse; counsel not to drive under the influence of drugs or alcohol or ride with someone who is.
Nutrition Counseling		Encourage breastfeeding [13][22] exclusively for first 6 mos. and encourage up to one year. Use iron-fortified formulas and cereals if not breastfeeding[22] ; introduce solid foods between 4-6 months, juices after 6 mos. with 100% fruit and limit to 4-6 ounces daily; discourage cow's milk during first 12 months	Counsel about the benefits of a healthy diet, ways to achieve a healthy diet and safe weight management; use iron-fortified cereals through age 2 or older; use 100% fruit juices and limit to 4-6 ounces daily; use whole milk until age 2	Counsel about the benefits of a healthy diet, ways to achieve a healthy diet and safe weight management; assess for signs or symptoms of eating disorders; ask about body image and dieting patterns; use reduced fat milk	Counsel about the benefits of a healthy diet, ways to achieve a healthy diet and safe weight management; counsel to maintain adequate calcium and vitamin D intake; counsel against sugar-sweetened and caffeinated drinks; advise patients at risk of becoming pregnant to take a daily multivitamin containing 0.4mg of folate; assess for signs or symptoms of eating disorders

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Age	Prenatal	Infancy (0 - 12 months)	Early Childhood (13 months - 4yrs)	Middle Childhood (5yrs - 10yrs)	Adolescence (11yrs – 21yrs)
Skin Cancer Prevention		Advise infants under 6 months of age be kept out of direct sunlight; Limit exposure between hours of 10 a.m. – 4 p.m. for all other ages; use sunscreen with a minimum SPF of 15, reapplying every 2 hours and fully cover skin with clothing and hats; Patch test should be performed on infant skin before applying to full body	Limit exposure between hours of 10 a.m. – 4 p.m. for all other ages; use sunscreen with a minimum SPF of 15, reapplying every 2 hours and fully cover skin with clothing and hats	Limit exposure between hours of 10 a.m. – 4 p.m. for all other ages; use sunscreen with a *minimum SPF of 30, reapplying every 2 hours and fully cover skin with clothing and hats	Limit exposure between hours of 10 a.m. – 4 p.m. for all other ages; use sunscreen with a minimum SPF of 30, reapplying every 2 hours and fully cover skin with clothing and hats; discourage use of indoor tanning; Starting at age 20, perform skin exams every 3 years.
Media Exposure		Discourage television viewing for children under age 2	Discourage television viewing for children under age 2; assess frequency of viewing for other ages at each visit; counsel on impact of TV, computer games, and videos as risk factor for obesity, low school performance, and violent behavior. Discourage placement of computers and TVs in bedroom; Encourage limiting media time to one hour per day.	Assess frequency of viewing for other ages at each visit; counsel on impact of TV, computer games, and videos as risk factor for obesity, low school performance, and violent behavior. Discourage placement of computers and TVs in bedroom; Encourage limiting media time to two hours per day; discourage use of loud earphones	
Physical Fitness		Encourage physical activity	Assess level and frequency of physical activity at each visit	Assess level and frequency of physical activity at each visit; encourage at least one hour of physical activity daily	Assess level and frequency of physical activity at each visit; Encourage at least one hour of physical activity daily

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Age	Prenatal	Infancy (0 - 12 months)	Early Childhood (13 months - 4yrs)	Middle Childhood (5 yrs - 10yrs)	Adolescence (11 yrs – 21 yrs)
Sensory Screenings:					
Vision		Assess newborn before discharge: corneal light and red reflex Assess for amblyopia, strabismus, and defects in visual acuity at each well child visit. Assess fixation preference , alignment, and eye disease by age 6 months	Visual acuity test at ages 3, 4 Assess for amblyopia, strabismus, and defects in visual acuity at each well child visit	Visual acuity test at ages 5, 6, 8, 10. May be performed as part of annual pre-school screening	Visual acuity at ages 12, 15, 18. May be performed as part of annual pre-school screening
Hearing[15]		Screen for congenital hearing loss before 1 month of age	Subjective screening at every visit; Objective screening at age 4	Objective screening at ages 5,6,8, 10 Subjective screening at all other visits	Subjective screening at all visits

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Screenings:					
Tuberculosis[16]		Assess for symptoms at each visit; perform skin testing only if high risk	Assess for symptoms at each visit; perform skin testing only if high risk	Assess for symptoms at each visit; perform skin testing only if high risk	Assess for symptoms at each visit; perform skin testing only if high risk
Hepatitis C[17]		At age 12 months if mother is Hepatitis C positive	Only if high risk	Only if high risk	Only if high risk
Age	**Prenatal**	**Infancy (0 - 12 months)**	**Early Childhood (13 months - 4yrs)**	**Middle Childhood (5 yrs - 10yrs)**	**Adolescence (11 yrs – 21 yrs)**
Lead [3]		Determine any lead exposure risk by 2 months. 12 months Test blood lead level if no record of testing or unknown history	24mos Test blood lead level if no record of testing or unknown history		
Cholesterol[18]			Every visit only if positive for strong family history*	Every visit only if positive for strong family history*	Every visit only if positive for strong family history*
STI[19]	Screen all pregnant women for syphilis, Gonorrhea, Chlamydia at first prenatal visit. Rescreen in 3rd trimester if at continued risk	Prophylactic ocular topical medication at birth to protect against gonoccoccal ophthalmic neonatorum			Screen for Chlamydia and Gonorrhea for sexually active women starting at age 13 annually to age 24. Screen for syphilis if at risk (20)

Depression [20]	Assess for depression prenatally and during post-partum period at 2 weeks, 6 weeks, and 3 months				Formal screening starting at age 12 if systems are in place to ensure accurate diagnosis, treatment, and follow-up
Autism			Screen at 18 and 24 months	Screen at clinician's discretion	Screen at clinician's discretion
Age	Prenatal	**Infancy (0 - 12 months)**	**Early Childhood (13 months - 4yrs)**	**Middle Childhood (5 yrs - 10yrs)**	**Adolescence (11 yrs – 21 yrs)**
Hyper- bilirubinemia		Assess for symptoms at each assessment in first 30 days			
Hereditary/ Metabolic	Perform Rh (D) blood typing and antibody testing during first prenatal visit; repeat antibody testing for all unsensitized Rh(D) negative women at 24 & 28 weeks gestation	Screen for PKU and hypothyroidism in the first week of life			

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Hemoglobin/ Hematocrit	Screen for iron deficiency anemia	Screen once at approximately 12 months for anemia[23] Screen for hemoglobinopathies during first week of life			Starting at age 12, screen all non-pregnant adolescent every 5-10 years; screen annually if high risk
HIV[23]	Screen at first prenatal visit				Discuss at age 13
Hepatitis B	Screen at first prenatal visit	Given at birth or part of immunization schedule for completion by 1 year			
Urinalysis	Routine Urinalysis is no longer recommended for asymptomatic children and adolescents				
Immunizations					
Influenza (Flu) Vaccine[24]		Annually	Annually	Annually	Annually
Pneumococcal (Pneumonia) Vaccine[25]		Administer PCV13 at 2, 4, 6, and fourth dose at 12-15 mos.	Fourth dose of PCV13 at 12-15 mos.		
HEP B(26)		Administer to all newborns before hospital discharge, then at 1 months, and 6 months			

See: http://members.optimahealth.com/health-and-wellness/mlmp-staying-healthy/Pages/Immunization-Schedules.aspx for full list and frequency of recommended vaccines

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Age	Prenatal	Infancy (0 - 12 months)	Early Childhood (15 months - 4yrs)	Middle Childhood (5 yrs - 10yrs)	Adolescence (11 yrs – 21 yrs)
Oral Health					
Dental		Counsel against bottle-propping and bottles to bed; Assess oral health at each visit and need for fluoride supplementation at age 6 mos. based upon availability in water supply and dietary sources; encourage weaning from bottle by age 1. Do not use fluoridated toothpaste under one year of age. Dental checkup between 6-12 months is recommended.	Dental checkup every 6 months; Assess oral health at each visit and need for fluoride supplementation Brush teeth daily with toothpaste containing 1,000 to 1,500 ppm of fluoride.	Dental checkup every 6 months ;assess oral health at each visit and need for fluoride supplementation;	Dental checkup every 6 months; assess oral health at each visit and need for fluoride supplementation until age 14;

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TIPS FOR USING THE CONFIDENTIAL ADOLESCENT QUESTIONNAIRE

(Recommended by the American College of Obstetricians and Gynecologists - District IV)

Our medical team suggests giving the questionnaire to your adolescent patient while he or she is waiting alone in the exam room (separately from his or her parents).

As you hand out the questionnaire, please assure the teen that his or her answers will remain completely confidential, and that you will not discuss the answers with the parents unless the patient expresses permission to do so.

We recommend that you do not place the completed questionnaire in the medical chart due to its sensitive information. As with most doctor-patient communication, the questionnaire results, and subsequent counseling remain confidential. However, our physicians encourage teen patients to discuss their sexual behavior with their parents.

Reviewing the questionnaire at the time of the visit is crucial, because many adolescents will not return for another appointment to discuss questionnaire results. You or your nurse may review the questionnaire comfortably as part of the history taking during the exam. An immediate review also allows the patient to receive further counseling or a referral for counseling if he or she is found to be at high risk.

The last section of the questionnaire, “Are You at Risk?” asks about the 10 most common high-risk behaviors associated with teen pregnancy, such as unprotected sex and sex while intoxicated. If the patient answers “yes” to any of the first five questions, the patient should immediately receive further counseling.

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Confidential Reproductive Health History

This information will not go beyond the people who work in this office & will not be put in your chart. Filling out this form will help your doctor /nurse give you better advice & care. Some questions are very personal. It's normal to feel uncomfortable talking about some experiences, but it's important to be honest. Talking to your doctor /nurse can make a big difference in your health. Don't worry if you can't answer every question, or if a question doesn't apply to you. Please answer as many questions as you can. Remember that your honest answers can mean better health care for you!

A. CHANGES IN YOUR BODY

Your Age_____

There are many things about your body and your feelings that change as you grow and mature. Please tell us what changes you have noticed by answering the following questions.

Questions for GIRLS

1. ☐Yes ☐No Have you had your first period? If so, how old were you?_____If so, when did the last one start? _____
2. ☐Yes ☐No If you've had your period, do you have problems with pain or cramps?
3. ☐Yes ☐No If you've had your period, do you have problems with bleeding?
4. ☐Yes ☐No Do you think you could get pregnant if you had sex?

Questions for BOYS

5. ☐Yes ☐No Do you think you could get someone pregnant if you had sex?
6. ☐Yes ☐No Have you ever tried or wanted to get someone pregnant?
7. ☐Yes ☐No If a boy spends a lot of money on a girl, can he expect her to have sex with him?

Questions for BOTH BOYS & GIRLS

8. ☐Yes ☐No Do you have any concerns or questions about changes in your body or about how you are growing?
9. ☐Yes ☐No Many young people, at times feel attracted to people of the same sex. Is this something you want to talk about?

B. COMMUNICATION (*Sometimes it's hard to talk to people about your questions and concerns. Please let us know who you feel like you can talk to.)*

10. ☐Yes ☐No Do you feel comfortable talking to at least one of your parents or the people you live with about how your body may be changing?
11. ☐ Yes ☐ No ...about dating and relationships?
12. ☐Yes ☐No ...about sex?
13. ☐ Yes ☐No Do you feel comfortable talking to any other adults about relationships and sex?
14. ☐Yes ☐No Do you have a particular friend who you go with or date?
15. ☐ Yes ☐No ...if so, do you feel comfortable talking to this person about sex?
16. ☐Yes ☐No Do you have questions about sex or your body that haven't been answered?
17. ☐Yes ☐No ...if so, would you like to talk to your doctor or nurse about these questions?

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C. THINGS YOU FEEL & DO *(People have different opinions about relationships. The purpose of this section is to explore your beliefs and actions.*

18. When do you think it is OK to have sex? *(Check all that are true)*

☐ Whenever you want to ☐ When you're good friends ☐ When you're dating one person

☐ When you're engaged ☐ After you're married

19. ☐ Yes ☐ No Have you had sex? If so, how old were you the first time?_____

When was the last time you had sex? _____

Have you had more that one sexual partner? ☐ Yes ☐ No

20. If you have had sex, what protection(s) have you used? *(Check all that you or your partner have tried)*

☐ Birth control pill ☐ Birth control shot (Depo Provera) ☐ Spermicide ☐ Withdrawal (pulling out)

☐ Condom...if so, do you use these ☐ sometimes, ☐ usually, or ☐ always?

21. ☐ Yes ☐ No Do you worry about getting STD's (sexually transmitted diseases)?

22. ☐ Yes ☐ No Do you worry about getting HIV/AIDS?

23. ☐ Yes ☐ No If you wanted a condom to be used, would you be able to talk about it?

24. ☐ Yes ☐ No Do you have any questions about how to use or where to get a condom?

25. ☐ Yes ☐ No Do you want to find out how to get birth control?

D. ARE YOU AT RISK? (*You may need some extra help or counseling, which is available confidentially through this office.)*

26. ☐ Yes ☐ No Have you ever been pregnant or gotten someone pregnant?

27. ☐ Yes ☐ No Have you ever been told you have a sexually transmitted disease?

28. ☐ Yes ☐ No Have you ever had sex without protection?

29. ☐ Yes ☐ No Have you ever had sex when you were high or drunk?

30. ☐ Yes ☐ No Has anyone ever touched you sexually when you didn't want them to?

31. ☐ Yes ☐ No I often miss school or I have dropped out.

32. ☐ Yes ☐ No My mom or my sister became pregnant when she was a teenager.

33. ☐ Yes ☐ No I have run away, been involved with the Dept. Soc. Services, or have a problem with the police.

34. ☐ Yes ☐ No I have had problems with depression or thoughts of suicide.

35. ☐ Yes ☐ No I have been physically hurt or threatened in a relationship.

Adapted from a questionnaire by the Association of Reproductive Health Professionals.

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FOOTNOTES

1. Age appropriate developmental assessment, including anticipatory guidance should be provided. Physical assessment of gross/fine motor and sexual development; cognitive assessment of self-help and self-care skills, problems solving, and reasoning abilities; Language assessment of expression, comprehension, and articulation; and social assessment of social integration and peer relations, including school performance should be assessed.

2. Age appropriate behavioral health, including aggression, depression, anxiety, and risk-taking behavior. Assessment should be based on history and if suspicious, specific developmental testing. Parenting skills should be fostered at every visit.

3. EPSDT guidelines are required for all Medicaid or Medicaid HMO members:
    a. A comprehensive health and developmental assessment at:
        - ☒ Birth
        - ☒ Under 6 weeks
        - ☒ 2 months
        - ☒ 4 months
        - ☒ 6 month
        - ☒ 9 months
        - ☒ 12 months
        - ☒ 15 months
        - ☒ 18 months
        - ☒ 2 years
        - ☒ 20 months
        - ☒ 3 years
        - ☒ 4 years
        - ☒ 5 years
        - ☒ Biennially through age 20

    b. The assessment must include assessment of both physical and mental health development. The developmental assessment should include assessment for developmental delays, history of poor school performance, poor social adjustment, and emotional or behavioral problems.

    c. Blood lead tests at ages 12 and 24 months or under 72 months of age with no record of testing or unknown history. Children under age 5 are at greater risk for elevated blood levels and lead toxicity because of increased hand to mouth activity, increased lead absorption from the gastrointestinal tract, and the greater vulnerability of the developing central nervous system. Risk factors for elevated lead levels include: minority race/ethnicity; urban residence; low income; low educational attainment; pre-1950 housing; recent or ongoing home renovation or remodeling; pica exposure; use of ethnic remedies; certain cosmetics; exposure to lead glazed pottery, recent immigration, and residing in an area where the percentage of 1-2 year olds with elevated lead levels is greater than 12 %.

4. Prenatal visits allow the pediatrician to gather basic information from expectant parents, offer them information and advice, and identify high-risk conditions that may require special care. In addition, a prenatal visit is the first step in establishing a relationship between the family and the pediatrician (the infant's medical home) and in helping the parents develop parenting skills and confidence.

5. Each newborn baby should be carefully checked at birth for signs of problems or complications. A complete physical assessment must be performed that includes every body system. Heart rate, respiratory effort, muscle tone, reflexes, and color should be assessed. Weight and length should be documented.

6. The purpose of the follow-up visit is to:
    a. Obtain the infant's weight; assess the infant's general health, hydration, and degree of jaundice; identify any new problems; review feeding pattern and technique, including observation of breastfeeding for adequacy of position, latch-on, and swallowing; and obtain historical evidence of adequate urination and defecation patterns for the infant.
    b. Assess quality of mother-infant interaction and details of infant behavior.
    c. Reinforce maternal or family education in infant care, particularly regarding infant feeding.
    d. Review the outstanding results of laboratory tests performed before discharge.

e. Perform screening tests in accordance with state regulations and other tests that are clinically indicated, such as serum bilirubin.

f. Verify the plan for health care maintenance, including a method for obtaining emergency services, preventive care and immunizations, periodic evaluations and physical examinations, and necessary screenings.

7. The USPSTF recommends against routine screening for scoliosis. The American Academy of Orthopedic Surgeons and American Academy of Pediatrics supports continued screening.

8. Encourage proper sleep amounts by age group: 3-11 mos: 14-15 hours, 1-3 years: 12-14 hours; 3-5 years: 11-13 hours; 5-12 years: 10-11 hours; and Teen: 9.25 hours.

9. Provide information regarding shaken baby syndrome, bath safety (water heater temp set at less than 120 degrees), smoke and carbon monoxide detectors in the home, childproofings the home (including use of window guards), falls, first-aid and CPR knowledge/training, and put medications in child-resistant containers.

10. Provide water, bike, and sports safety information; encourage swim lessons; provide information on pedestrian, playground, and stranger safety; lock up of matches and poisons; provide poison control hotline number 1-800-222-1222; counsel about the dangers of having a gun in the home and to lock up guns.

11. Provide water, bike, and sports safety (including use of helmets; mouth guards, and protective sports gear); provide neighborhood and after-school safety (strangers, home alone, job); relationships with peers and bullying; potential risks of tattooing or body piercing; assess need for violence-prevention counseling; ask adolescents about partner violence; and emphasize gun safety in the home and/or when visiting friends' homes. Counsel about the dangers of having a gun, especially a handgun in the home.

12. In the U.S., risk/hazardous drinking is defined as the number of standard drinks (12 oz beer, 1 glass wine or mixed drink) in a given time period: Healthy women (and healthy men over 65): no more than 7 drinks per week and no more than 3 drinks per occasion; Healthy men (less than 65 years): No more than 14 drinks per week and no more than 4 drinks per occasion.

13. Counsel for breastfed infants to receive 400IU of oral vitamin D drops daily beginning during the first few days of life and continuing through adolescence. Counsel to not restrict fat or cholesterol.

14. To maximize the outcome for infants who are deaf or hard of hearing, the hearing of all infants should be screened at no later than 1 month of age. Those who do not pass screening should have a comprehensive audiological evaluation at no later than 3 months of age. Infants with confirmed hearing loss should receive appropriate intervention at no later than 6 months of age from health care and education professionals with expertise in hearing loss and deafness in infants and young children. Regardless of previous hearing-screening outcomes, all infants with or without risk factors should receive ongoing surveillance of communicative development beginning at 2 months of age during well-child visits in the medical .

15. Tuberculin skin testing for all patients at high risk. Risk factors include having spent time with someone with known or suspected TB; coming from a country where TB is very common; having HIV infection; having injected illicit drugs; living in the U.S., where TB is more common (e.g., shelter, migrant farm camps, prisons); or spending time with others with these risk factors. Determine the need for repeat skin testing by the likelihood of continued exposure to infectious TB.

16. Perform anti-hepatitis C virus test after age 12 months in children with hepatitis C virus infected mothers. Periodic testing of all patients at high risk. Risk factors include: illicit injection drug use and/or receipt of a blood transfusion or solid organ transplant before July 1992 (if not previously tested); long-term kidney dialysis; evidence of liver disease; a tattoo or body piercing by non-sterile needle; risky sexual practices (not using condoms; multiple sex partners).

17. Cholesterol and hyperlipidemia screening should be performed at each screening visit beginning at age 2, if any of the following risk factors are present:

    a. Parents or grandparents with a history of coronary or peripheral vascular disease before 55 years of age. (Obtain a fasting serum lipid profile that includes determination of the low-density lipoprotein (LDL) cholesterol.
    b. Parents with blood cholesterol level > 240 mg/dl (Obtain a non-fasting total blood cholesterol level, perform at least once).

c. If family history cannot be ascertained and any of the following risk factors are present in the family, screening shall be at the discretion of the health professional: smoking, hypertension, physical activity, obesity, or diabetes mellitus.

d. Should be considered in overweight individuals with risk factors and obese individuals.

18. Screen if at risk. Risk factors include: history of and/or current sexually transmitted infection; having more than one sexual partner within the past 6 months; exchanging sex for money or drugs; and males engaging in sex with other males.

19. At age 0-2 months, assess presence of post-partial depression.

20. Term, healthy infants have sufficient iron for at least the first 4 months of life. Human milk contains very little iron. Exclusively breastfed infants are at increasing risk of ID after 4 completed months of age. Therefore, at 4 months of age, breastfed infants should be supplemented with 1mg/kg per day of oral iron beginning at 4 months of ageuntil appropriate iron-containing complementary foods (including iron-fortified cereals) are introduced in the diet. For partially breastfed infants, the proportion of human milk versus formula is uncertain; therefore, beginning at 4 months of age, partially breastfed infants (more than half of their daily feedings as human milk) who are not receiving iron containing complementary foods should also receive 1mg/kg per day of supplemental iron. For formula-fed infants, the iron needs for the first 12 months of life can be met by a standard infant formula (iron content: 12 mg/dL) and the introduction of iron-containing complementary foods after 4 to 6 months of age, including iron-fortified cereals. Whole milk should not be used before 12 completed months of age. The iron intake between 6 and 12 months of age should be 11 mg/day. When infants are given complementary foods, red meat and vegetables with higher iron content should be introduced early. To augment the iron supply, liquid iron supplements are appropriate if iron needs are not being met by the intake of formula and complementary foods. Toddlers 1 through 3 years of age should have an iron intake of 7 mg/day. This would be best delivered by eating red meats, cereals fortified with iron, vegetables that contain iron, and fruits with vitamin C, which augments the absorption of iron. For toddlers not receiving this iron intake, liquid supplements are suitable for children 12 through 36 months of age, and chewable multivitamins can be used for children 3 years and older. All preterm infants should have an iron intake of at least 2 mg/kg per day through 12 months of age, which is the amount of iron supplied by iron-fortified formulas. Preterm infants fed human milk should receive an iron supplement of 2mg/kg per day by 1 month of age, and this should be continued until the infant is weaned to iron-fortified formula or begins eating complementary foods that supply the 2 mg/kg of iron. An exception to this practice would include infants who have received an iron load from multiple transfusions of packed red blood cells.

21. Universal screening for anemia should be performed at approximately 12 months of age with determination of Hb concentration and an assessment of risk factors associated with ID/IDA. These risk factors would include low socioeconomic status (especially children of Mexican American descent,a history of prematurity or low birth weight, exposure to lead, exclusive breastfeeding beyond 4 months of age without supplemental iron, and weaning to whole milk or complementary foods that do not include iron-fortified cereals or foods naturally rich in iron. Additional risk factors are the feeding problems, poor growth, and inadequate nutrition typically seen in infants with special health care needs. For infants and toddlers (1–3 years of age), additional screening can be performed at any time if there is a risk of ID/IDA, including inadequate dietary iron intake.

22. Routine screening of all patients at increased risk. Risk factors include: injection-drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.

23. Administer 2 doses (separated by at least 4 weeks) to children aged 6 months through 8 years who are receiving seasonal influenza vaccine for the first time or who were vaccinated for the first time during the previous influenza season but only received one dose. Children 6 months through 8 years of age who received no doses of monovalent 2009 H1N1 vaccine should receive 2 doses of 2010-2011 seasonal influenza vaccine. Minimum age: 6 months for trivalent inactivated influenza vaccine; 2 years for live, attenuated influenza vaccine. For healthy children aged 2 years and older, either LAIV or TIV may be used, except LAIV should not be given to children aged 2 through 4 years who have had wheezing in the past 12 months.

24. Minimum age: 6 weeks for pneumococcal conjugate vaccine (PCV); 2 years for pneumococcal polysaccharide vaccine (PPSV). PCV is recommended for all children aged younger than 5 years. A PCV series begun with 7-valent PCV (PCV7) should be completed with 13-valent PCV (PCV13). A single supplemental dose of PCV13 is recommended for all children aged 14-59 months who have received an age-appropriate series of PCV7. A single supplemental dose of PCV13 is recommended for all children aged 60-71 months with underlying medical conditions who have received an age-appropriate series of PCV7. A single dose of 13-valent pneumococcal conjugate vaccine (PCV 13) may be administered to children aged 6-18 years who have functional or anatomic asplenia, HIV infection of other immunocompromised condition, cochlear implant or CSF leak.

25. Administer monovalent HepB to all newborns before hospital discharge. If mother is Hepatitis B surface antigen

positive, administer HepB and 0.5ml of Hepatitis B immune globulin (HBIG) within 12 hours of birth. If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine mother's HBsAg status as soon as possible and, if HBsAg-positive, administer HBIG (no later than age 1 week). For catch up vaccination, administer 3 dose series to those not previously vaccinated. The minimum age for the third dose of HepB is 24 weeks. For those with incomplete vaccination, follow the catch-up schedule. A 2-dose series (separated by at least 4 months) of adult formulation Recombivax HB is licensed for children aged 11 through 15 years.

26. The AAP states the teaching of self-breast examination at age 16 may assist in establishing responsible health habits but this topic remains controversial.

27. Clinical examination by a physician and self-examination are the potential screening options for testicular cancer. However, limited evidence is available to assess the accuracy, yield, or benefits of screening for testicular cancer in asymptomatic adolescents and adults.

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