




Pediatric Preventive Health Care Guidelines*

These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.
 *For the benefit-covered frequency of physical exams and screenings, refer to the "Specific Plan Details" document available at <http://hr.osu.edu/benefits/healthmedical.htm>.

To give your child's body the best chance to remain healthy and disease-free, get the right kinds of preventive health services—screenings, counseling, and preventive medicines—at the right times.

KEY

 = to be performed  = to be performed for patients at risk, with appropriate action to follow, if positive  = range during which a service may be provided, with the symbol indicating the preferred age

What does it mean to be "at risk"?

An "at risk" adult is one who, while currently healthy, may be at increased risk of developing learning, emotional, behavioral, or physical disabilities in the future. Risk may be based on your family history, tobacco use, and other behaviors, such as lack of physical activity, or health conditions, such as obesity or diabetes. If you are "at risk" or are not sure if you are "at risk," talk to your doctor. Your doctor will develop a personal schedule for the frequency of these and other tests or screenings based on your risk factors.

AGE	INFANCY									EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE														
	PRENATAL	NEWBORN	3-5 d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y				
HISTORY	[Dark red bar]																																			
PHYSICAL EXAM ¹	[Dark red bar]																																			
MEASUREMENTS	[Dark red bar]																																			
Height and Weight	[Dark red bar]																																			
Head Circumference	[Dark red bar]																																			
Body Mass Index	[Dark red bar]																																			
Blood Pressure	[Dark red bar]																																			
SENSORY SCREENING	[Dark red bar]																																			
Vision	[Light red bar]																																			
Hearing	[Light red bar]																																			
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT ²	[Dark red bar]																																			
GENERAL PROCEDURES	[Dark red bar]																																			
Newborn Metabolic/Hemoglobin Screening	[Dark red bar with arrow from 1d to 2d]																																			
Immunization	[Dark red bar]																																			
Hematocrit or Hemoglobin	[Light red bar]																																			
Urinalysis	[Light red bar]																																			
AT-RISK PROCEDURES	[Dark red bar]																																			
Lead Screening	[Light red bar]																																			
Tuberculin Test	[Light red bar]																																			
Cholesterol Screening	[Light red bar]																																			
STI Screening ³	[Light red bar]																																			
Pelvic Exam ⁴	[Light red bar]																																			
ANTICIPATORY GUIDANCE	[Dark red bar]																																			
ORAL HEALTH	[Dark red bar]																																			

1. All infants discharged within 72 hours of birth need a professional evaluation within 2 days of discharge. Weight check, breastfeeding support, and evaluation for jaundice is also recommended within the first week of life.
 2. Developmental/Behavioral Assessment including Developmental Screening, Autism Screening, Developmental Surveillance, Psychosocial/Behavioral Assessment, and Alcohol and Drug Use Assessment per AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Future Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with development disorders in the medical home: an algorithm for developmental surveillance and screening. Pediatrics. 2006;118:405-420 [URL: <http://aapolicy.aappublications.org/cgi/content/full/pediatrics;118/1/405>].

3. All sexually active patients should be screened for sexually transmitted infections (STIs).
 4. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
These clinical preventive services are recommended by the Committee on Practice and Ambulatory Care and Bright Futures/American Academy of Pediatrics. For additional materials, see www.aap.org.