The following guidelines are based on national standards and, therefore, should be utilized at the practitioner’s discretion based on needs unique to the member and to the geographic region. Because each child and family is unique, the pediatric preventative health care recommendations 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 become necessary if circumstances suggest variations from normal. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

If a child comes under care for the first time at any point on the schedule, or if the items are not accomplished at the suggested age (or age range), the schedule should be brought up to date at the earliest possible time. *See attached chart.

1. **Every infant should have a newborn evaluation at birth:** every breast-feeding infant should have an evaluation 48 – 72 hours after discharge from the hospital to include weight, breast-feeding evaluation (with encouragement and instruction), and a jaundice evaluation. Anticipatory guidance for sleep positioning will be discussed with the parent.

2. **All newborns are to have a hearing screen:** done in the hospital prior to discharge and are followed accordingly. If the patient is uncooperative, a re-screen is completed within three weeks. This is arranged with the hospital nursery from which the newborn was discharged.

3. **Developmental and behavioral assessment should include:** developmental screening, autism screening, developmental surveillance, psychosocial/behavioral assessment, and alcohol/drug use assessment. Recommend screening of adolescents (12-18 years of age) for depression, ensuring psychotherapy (cognitive-behavioral or interpersonal) and follow-up.

4. **Metabolic screening:** The Iowa Neonatal Metabolic Screening Program tests every newborn for all disorders on the American College of Medical Genetics and March of Dimes screening panels. See www.idph.state.is.us/genetics.

5. **Immunizations:** Follow the Center for Disease Control and Prevention’s (CDC) Recommended Immunization Schedule. Every visit should be an opportunity to update and complete a child’s immunizations.

6. **Hemoglobin/Hematocrit:** The American Academy of Pediatrics recommends screening for anemia between the ages of 9 to 12 months with additional screening for patients at risk. Children/adolescents with risk factors should be screened annually. The USPSTF recommends routine iron supplementation for asymptomatic children aged 6-12 months who are at increased risk for iron deficiency anemia.

7. **Lead Screening:** American Academy of Pediatrics Council on Environmental Health recommends that children be tested at least once when they are 2 years of age or, ideally, twice, at 1 and 2 years of age, unless lead exposure can be confidently excluded. Iowa legislation requires that all children have
a blood lead test before age 6 – prior to entering kindergarten. See the attached Iowa Department of Public Health Childhood Lead Poisoning Risk Questionnaire – Attachment A.

8. **Tuberculosis (TB) testing:** annual testing is recommended for high risk groups. High risk groups include household members of persons with TB or others at risk for close contact with the disease, recent immigrants or refugees from countries where TB is common, migrant workers, residents of correctional institutions or homeless shelters, persons with certain underlying disorders.

9. **Cholesterol screening:** for high risk patients. If family history cannot be ascertained and other risk factors are present, screening should be done at the discretion of the physician.

10. **Gynecologic Testing:** American College of Obstetricians and Gynecologists (ACOG) new screening guideline no longer recommends PAP smears on females younger than 21. Pregnancy testing to be done as indicated.

11. **Sexually transmitted infections:** Screening for chlamydia and gonorrhea is recommended for all sexually active (pregnant and non-pregnant) women age 24 and younger. Additional screening tests may be done for those at increased risk. Advise about risk factors and provide behavioral counseling to prevent sexually transmitted infections.

12. **HIV testing:** CDC and USPSTF recommend screening for HIV infection in persons aged 15-65. Their suggested interval is a one-time screening of adolescent and adult patients to identify those already HIV-positive. Repeated screening is then suggested for persons at higher risk for HIV infection, those actively engaged in risky behaviors, and those living in a high-prevalence setting. For some tests a written consent is needed – check state laws where test is ordered to determine if it is necessary. Individual offices/providers will determine the ability to follow these recommendations based upon their patient population and demographics.

13. **Oral Health:** Assessment – dental history (recent concerns, pain, or injury), visual inspection of hard and soft tissues of oral cavity, dental referral based on risk assessment. Earlier initial dental evaluations may be appropriate for some children. Subsequent examinations as prescribed by dentist. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.

14. **Visual Acuity:** recommend screening to detect amblyopia, strabismus, and defects in visual acuity in children younger than age 5 years.

15. **BMI:** On an annual basis, children ages 2-17 should have BMI assessed and documented in the medical record and plotted on an age growth chart. Recommend screening for obesity and eating disorders. Provide counseling or refer them to comprehensive behavioral interventions to promote a healthy weight status.

16. **Anticipatory Guidance:** should include injury prevention, violence protection, nutrition, and physical activity. This anticipatory guidance should be documented in the patient’s medical record.
References

- Department of Health and Human Services, Centers for Disease Control and Prevention, Recommended Immunization Schedule for: Persons Aged 0-6 Years, Persons Aged 7-18 Years, and Catch-up Immunization Schedule for Persons Aged 4 Months – 18 Years Who Start Late or Who Are More Than 1 Month Behind - United States. CDC website at www.cdc.gov


- ACOG Well Woman Care, Ages 13 and Older, http://www.acog.org/~/media/Departments/Annual%20Womens%20Health%20Care/PrimaryAndPreventiveCare.pdf?dmc=1&ts=20130724T1030191911

- Pap Smear and Cancer Screening Guidelines, ACOG Bulletin www.acog.org

- Iowa Department of Public Health website at http://www.idph.state.ia.us; “Iowa Recommendations for Scheduling Care for Kids Screenings.”


- HEDIS Technical Specifications; Prevention and Screening
## Preventive Care Guidelines for Pediatric Patients

### ~ Infancy ~

#### History
- 2-4 d
- By 1 mo
- 2 mo
- 4 mo
- 6 mo
- 9 mo
- 12 mo
- 15 mo
- 18 mo
- 2 yr
- 3 yr
- 4 yr
- 5 yr
- 6 yr
- 8 yr
- 10 yr
- 12 yr
- 14 yr
- 16 yr
- 18 yr
- 20 +

#### Physical Examination
- As part of each Screening

#### Measurements
- Length / Height & Weight
- Head Circumference
- Body Mass Index - BMI

#### Oral Health
- 12 mo

#### Developmental/Behavioral Assessment
- 3 yr

#### Sensory Screening
- Vision
- Hearing

#### Anticipatory Guidance
- 16 yr

### ~ Early Childhood ~

#### Blood Pressure
- per risk assessment

### ~ Late Childhood ~

### ~ Adolescence ~

### Procedures – General

#### Heredity / Metabolic Screening
- 4 yr

#### Immunization
- to be reviewed at each visit

#### Hematocrit Or Hemoglobin
- Additional screening if at risk, may be done annually

### Procedures / Patients At Risk

#### Lead Screening
- See Questionnaire - Attachment A

#### Tuberculin Test
- For High Risk Groups, Annual testing is recommended

#### Cholesterol Screening
- 9 yr

#### Gynecologic Testing
- 10 yr

#### STI Screening
- as appropriate

#### HIV Screening
- as appropriate

### Key
- ● To be performed
- S Subjective, by history
- * High risk
- ○ To be performed at every visit
- O Objective, by standard testing method

The range during which a service may be provided, with the indicating preferred age
IOWA DEPARTMENT OF PUBLIC HEALTH
CHILDHOOD LEAD POISONING RISK QUESTIONNAIRE

Date: ___________________________  Date of Birth: ___________________________
Name: ___________________________  Address: ___________________________

You may use this questionnaire to decide whether to use the high risk or low risk blood lead testing schedule or you may use the high risk testing schedule for all children.

If the answer to any question is “yes,” the child is at high risk for lead poisoning and must be tested according to the high-risk testing schedule shown below. If the parent does not know the answer to a question, assume that the answer is “yes.” If the child is at low risk for lead poisoning, test according to the low risk schedule shown below. This questionnaire is not accurate enough to decide that a child does not need to be tested.

1. Has your child ever lived in or regularly visited a house built before 1960? (Examples: home, day-care center, baby-sitter, relative’s home)  
   Yes  No

2. Have you noticed any peeling or chipping paint in or around the pre-1960 house that your child has lived in or regularly visited?  
   Yes  No

3. Is the pre-1960 home that your child has lived in or regularly visited been remodeled or renovated by:  
   A. Stripping, sanding, or scraping paint on the inside or outside of the house.  
   B. Removing walls and/or tearing out lath and plaster.  
   Yes  No

4. Does your child eat non-food items such as dirt?  
   Yes  No

5. Have any of your other children or their playmates had lead levels >= 15 μg/dL?  
   Yes  No

6. Does your child live with or frequently come in contact with an adult who works with lead on job or in a hobby? (Examples: painter, welder, foundry worker, old home renovator, shooting range worker, battery plant worker, battery recycling worker, ceramics worker, stained glass worker, sheet metal worker, scrap metal worker, plumber,)  
   Yes  No

7. Does your child live near a battery plant, battery recycling plant, or lead smelter?  
   Yes  No

8. Do you give your child any home or folk remedies? (Ex.: azarcon, greta, pay-loo-ah)  
   Yes  No

9. Does your child eat candy that comes from Mexico or is purchased from a Mexican grocery store? (Examples: picarindio, vero palerindio)  
   Yes  No

10. Has your child ever lived in Mexico, Central America, South America, Africa, Asia, or eastern Europe, or visited one of these areas for a period longer than two months?  
    Yes  No

**BASIC LEAD TESTING CHART**  
*(Based on Risk and Age)*

**RISK CLASSIFICATION**

- **Low-Risk**
  - Test at ages of 12 & 24 months.
  - If older than 24 months & no previous test, test once.
  - Continue to assess risk.
  - No additional testing needed if risk does not change.

- **High-Risk**
  - Test at ages of 12 months, 18 months, 24 months, 3 years, 4 years, 5 years.