

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** 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.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. 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.

| AGE: HISTORY Initial/Interval | INFANCY | | | | | EARLY CHILDHOOD | | | | | MIDDLE CHILDHOOD | | | | | ADOLESCENCE | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|----------------------|--------|---------|------|-----------------|------|------|-------|-------|------------------|-------|-------|------|------|-------------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|---|---|---|---|
| | PRENATAL ² | NEWBORN ³ | 3-5 yr | By 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 yr | 4 yr | 5 yr | 6 yr | 7 yr | 8 yr | 9 yr | 10 yr | 11 yr | 12 yr | 13 yr | 14 yr | 15 yr | 16 yr | 17 yr | 18 yr | 19 yr | 20 yr | 21 yr | | | | | |
| MEASUREMENTS Length/Height and Weight Head Circumference | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | | | |
| Weight for Length Body Mass Index Blood Pressure ⁶ | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | | |
| SENSORY SCREENING Vision Hearing | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | | |
| DEVELOPMENTAL/BEHAVIORAL ASSESSMENT ⁷ Developmental Screening ⁸ Autism Screening ⁹ Developmental Surveillance ¹⁰ Psychosocial/Behavioral Assessment Alcohol and Drug Use Assessment | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | |
| PHYSICAL EXAMINATION ¹⁰ PROCEDURES ¹¹ Newborn Metabolic/Hemoglobin Screening ¹² Immunization ¹³ Hematoctrit or Hemoglobin ¹⁴ Lead Screening ¹⁵ Tuberculin test ¹⁶ Dyslipidemia Screening ¹⁷ STI Screening ¹⁸ Cervical Dysplasia Screening ¹⁹ | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |
| ORAL HEALTH ²⁰ ANTICIPATORY GUIDANCE ²¹ | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • | • |

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding (URL: <http://aapolicy.aappublications.org/content/full/pediatrics;107/6/1458>).
3. Every infant should have an evaluation within 3 to 5 days of birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 48 to 72 hours after discharge from the hospital, breastfeeding encouraged, and instruction and support offered.
5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
6. If the patient is uncooperative, reexamine within 6 months per AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) (<http://aapolicy.aappublications.org/content/full/pediatrics;111/6/982>).
7. Hearing detection and intervention programs (URL: <http://aapolicy.aappublications.org/content/full/pediatrics;106/4/798>). Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics*. 2007;120:858-921.

8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2008;121:945-50 (URL: <http://aapolicy.aappublications.org/content/full/pediatrics;121/9/1409>).
9. American Academy of Pediatrics. Identifying children with autism early. *Pediatrics*. 2007;119:152-53 (URL: <http://pediatrics.aappublications.org/content/full/119/1/152>).
10. At each visit, age-appropriate physical examination is essential, with infant totally undressed, older child undressed and suitably draped.
11. Modified, depending on entry point into schedule and individual need.
12. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
13. Schedules per the Committee on Infectious Diseases, published annually in the January issue of *Pediatrics*. Every visit also Recommendations to prevent and control iron deficiency in the United States. *MMWR*. 1998;47(RR-3):1-36.
14. See *AAP Pediatric Nutrition Handbook*, 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR*. 1998;47(RR-3):1-36.
15. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) (<http://aapolicy.aappublications.org/content/full/pediatrics;116/4/1038>). Additionally, screening should be performed in children with specific risk conditions or screening as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas.

17. Tuberculin tests testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Pediatrics*.
18. "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) (URL: <http://circ.ahajournals.org/cgi/content/full/106/25/2873>) and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Sexually Transmitted Infections (STIs)" (2006) (URL: <http://aapolicy.aappublications.org/content/full/pediatrics;118/2/400>).
19. All sexually active patients should be screened for sexually transmitted infections (STIs).
20. 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).
21. For patients with specific risk conditions, consider oral health risk assessment. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
22. At the visits for 3 years and 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider referral to the specific guidelines by age as listed in Bright Futures Guidelines (Hagan JF, Shaw KS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

KEY
 • = to be performed
 ★ = risk assessment to be performed, with appropriate action to follow, if positive
 ← → = range during which a service may be provided, with the symbol indicating the preferred age