# Bright Futures Medical Screening Reference Table
## 2 to 5 Day (First Week) Visit

### Universal Screening

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
</table>
| Metabolic and Hemoglobinopathy | Verify documentation of newborn metabolic screening results, appropriate rescreening, and needed follow-up. Document result of newborn screening. If not done previously (eg, newborn delivered at home, newborn discharged from neonatal intensive care unit [NICU]), conduct screening as required by the state. 
If not done at birth (eg, newborn delivered at home, newborn discharged from NICU), screening should be completed within the first month of life. 
Regardless of screening results, a family history of hearing loss or conditions associated with hearing impairment should be obtained, as well as identification of any risk factors for progressive hearing loss, to inform ongoing surveillance of hearing and communication skill development. |

### Selective Screening

#### Blood Pressure
- A history of prematurity (<37 completed weeks), very low birth weight (<1,500 g), or other neonatal complication requiring intensive care; congenital heart disease (repaired or not repaired)
- A recurrent urinary tract infection, hematuria, or proteinuria
- Known renal disease or urologic malformations
- A family history of congenital renal disease, solid-organ transplant, or malignancy or bone marrow transplant
- Treatment with drugs known to raise blood pressure
- Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis)
- Evidence of increased intracranial pressure

#### Vision
- Very premature (<32 completed weeks)
- Family history of congenital cataracts, retinoblastoma, and metabolic or genetic diseases
- Significant developmental delay or neurologic difficulties
- Systematic diseases associated with eye abnormalities

#### Risk Assessment
- Children with specific risk conditions or change in risk
- Abnormal funduscopic examination results or prematurity with risk conditions
  - Do you have concerns about how your child sees?

#### Action if Risk Assessment is Positive
- Blood pressure
- Ophthalmology referral

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8 If completed, review results of the state newborn metabolic screening test. Unavailable or pending results must be obtained immediately. If there are any abnormal results, ensure that appropriate retesting has been performed or referrals are made to appropriate subspecialists, if required. State newborn screening programs are available for assistance with referrals to appropriate resources.

9 Any newborn that does not pass the initial screen or any subsequent rescreen should be referred for a diagnostic audiologic assessment, and any newborn with a definitive diagnosis should be referred to the state early intervention program.

9 "Rationale and Evidence" (pages 221–250) in Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, for the criteria on which risk assessment questions are based.

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# Bright Futures Medical Screening Reference Table
## 1 Month Visit

<table>
<thead>
<tr>
<th>Universal Screening</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metabolic and Hemoglobinopathy</td>
<td>Verify documentation of newborn metabolic screening results, appropriate rescreening, and needed follow-up. If not done previously (eg, baby delivered at home, baby discharged from neonatal intensive care unit [NICU]), conduct screening as required by the state.4</td>
</tr>
<tr>
<td>Hearing</td>
<td>If not done at birth (eg, baby delivered at home, baby discharged from NICU), screening should be completed within the first month of life.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Medical History Risk Factors</th>
<th>Risk Assessment*</th>
<th>Action if Risk Assessment Is Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blood Pressure</strong></td>
<td>• A history of prematurity (&lt;37 completed weeks), very low birth weight (&lt;1,500 g), or other neonatal complication requiring intensive care, congenital heart disease (repaired or not repaired)</td>
<td>Children with specific risk conditions or change in risk</td>
<td>Blood pressure</td>
</tr>
<tr>
<td></td>
<td>• A recurrent urinary tract infection, hematuria, or proteinuria</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Known renal disease or urologic malformations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A family history of congenital renal disease, solid-organ transplant, or malignancy or bone marrow transplant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Treatment with drugs known to raise blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Evidence of increased intracranial pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>• Very premature (&lt;32 completed weeks)</td>
<td>Parental concern, abnormal funduscopic examination results, or prematurity with risk conditions</td>
<td>Ophthalmology referral</td>
</tr>
<tr>
<td></td>
<td>• Family history of congenital cataracts, retinoblastoma, and metabolic or genetic diseases</td>
<td>• Do you have concerns about how your child sees?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Significant developmental delay or neurologic difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Systematic diseases associated with eye abnormalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td></td>
<td>• Has a family member or contact had tuberculosis or a positive tuberculin skin test?</td>
<td>Tuberculin skin test</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?</td>
<td></td>
</tr>
</tbody>
</table>

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*If completed, review results of the state newborn metabolic screening test. Unavailable or pending results must be obtained immediately. If there are any abnormal results, ensure that appropriate retesting has been performed or referrals are made to appropriate subspecialists, if required. State newborn screening programs are available for assistance with referrals to appropriate resources.

*Positive screenings should be followed up with a diagnostic audiologic assessment, and any infant with a definitive diagnosis should be referred to the state early intervention program.

*See “Rationale and Evidence” (pages 221–250) in Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, for the criteria on which risk assessment questions are based.

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# Bright Futures Medical Screening Reference Table
## 2 Month Visit

<table>
<thead>
<tr>
<th>Universal Screening</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metabolic and Hemoglobinopathy</td>
<td>If not done previously, verify documentation of newborn metabolic screening results, appropriate rescreening, and needed follow-up.</td>
</tr>
<tr>
<td>Hearing</td>
<td>If not done previously, verify documentation of newborn hearing screening results and appropriate rescreening.</td>
</tr>
</tbody>
</table>

### Selective Screening

<table>
<thead>
<tr>
<th>Medical History Risk Factors</th>
<th>Risk Assessment</th>
<th>Action if Risk Assessment Is Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A history of prematurity (&lt;37 completed weeks), very low birth weight (&lt;1,500 g), or other neonatal complication requiring intensive care; congenital heart disease (repaired or not repaired)</td>
<td>Children with specific risk conditions or change in risk</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>• A recurrent urinary tract infection, hematuria, or proteinuria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Known renal disease or urologic malformations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A family history of congenital renal disease, solid-organ transplant, or malignancy or bone marrow transplant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Treatment with drugs known to raise blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Evidence of increased intracranial pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Very premature (&lt;32 completed weeks)</td>
<td>Parental concern, abnormal funduscopic examination results, or prematurity with risk conditions</td>
<td>Ophthalmology referral</td>
</tr>
<tr>
<td>• Family history of congenital cataracts, retinoblastoma, and metabolic or genetic diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Significant developmental delay or neurologic difficulties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Systematic diseases associated with eye abnormalities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*a Positive screenings should be followed up with a diagnostic audiologic assessment, and any infant with a definitive diagnosis should be referred to the state early intervention program.*

*b See "Rationale and Evidence" (pages 221–250) in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition,* for the criteria on which risk assessment questions are based.*

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### Universal Screening

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Medical History Risk Factors</th>
<th>Risk Assessment*</th>
<th>Action if Risk Assessment Is Positive</th>
</tr>
</thead>
</table>
| **Blood Pressure**  | • A history of prematurity (<37 completed weeks), very low birth weight (<1,500 g), or other neonatal complication requiring intensive care; congenital heart disease (repaired or not repaired)  
• A recurrent urinary tract infection, hematuria, or proteinuria  
• Known renal disease or urologic malformations  
• A family history of congenital renal disease, solid-organ transplant, or malignancy or bone marrow transplant  
• Treatment with drugs known to raise blood pressure  
• Other systemic illnesses associated with hypertension (e.g., neurofibromatosis, tuberous sclerosis)  
• Evidence of increased intracranial pressure | Children with specific risk conditions or change in risk | Blood pressure |
| **Vision**          | • Very premature (<32 completed weeks)  
• Family history of congenital cataracts, retinoblastoma, and metabolic or genetic diseases  
• Significant developmental delay or neurologic difficulties  
• Systematic diseases associated with eye abnormalities | Parental concern, abnormal funduscopic examination results, or abnormal alignment of eyes  
• Do you have concerns about how your child sees? | Ophthalmology referral |
| **Hearing**         | Risk indicators that are marked with an asterisk (*) are of greater concern for delayed-onset hearing loss.  
• Caregiver concern about hearing, speech, language, or developmental delay*  
• Family history of permanent childhood hearing loss*  
• Neonatal intensive care of more than 5 days  
• In utero infections  
• Craniofacial anomalies  
• Physical findings such as white forelock  
• Syndromes associated with hearing loss or progressive or late-onset hearing loss*  
• Neurodegenerative disorders*  
• Culture-positive postnatal infections associated with sensorineural hearing loss*  
• Head trauma, especially basal skull or temporal bone fracture*  
• Chemotherapy* | • Do you have concerns about how your child hears? | Referral for diagnostic audiologic assessment |
| **Anemia**          | • A history of prematurity (<37 completed weeks)  
• Very low birth weight (<1,500 g) | Preterm and low birth weight infant and those not on iron-fortified formula  
• Is your child drinking anything other than breast milk or iron-fortified formula? | Hemoglobin or hematocrit |

*See “Rationale and Evidence” (pages 221–250) in Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, for the criteria on which risk assessment questions are based.
# Bright Futures Medical Screening Reference Table
## 6 Month Visit

<table>
<thead>
<tr>
<th>Universal Screening</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health</td>
<td>Administer the oral health risk assessment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Selective Screening</th>
<th>Medical History Risk Factors</th>
<th>Risk Assessment*</th>
<th>Action if Risk Assessment Is Positive</th>
</tr>
</thead>
</table>
| Blood Pressure      | • A history of prematurity (<37 completed weeks), very low birth weight (<1,500 g), or other neonatal complication requiring intensive care; congenital heart disease (repaired or not repaired)  
• A recurrent urinary tract infection, hematuria, or proteinuria  
• Known renal disease or urologic malformations  
• A family history of congenital renal disease, solid-organ transplant, or malignancy or bone marrow transplant  
• Treatment with drugs known to raise blood pressure  
• Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis)  
• Evidence of increased intracranial pressure | Children with specific risk conditions or change in risk | Blood pressure |
| Vision              | • Very premature (<32 completed weeks)  
• Family history of congenital cataracts, retinoblastoma, and metabolic or genetic diseases  
• Significant developmental delay or neurologic difficulties  
• Systemic diseases associated with eye abnormalities | Parental concern, abnormal funduscopic examination results, or abnormal alignment of eyes  
• Do you have concerns about how your child sees? | Ophthalmology referral |
| Hearing             | Risk indicators that are marked with an asterisk (*) are of greater concern for delayed-onset hearing loss:  
• Caregiver concern about hearing, speech, language, or developmental delay*  
• Family history of permanent childhood hearing loss*  
• Neonatal intensive care of more than 5 days  
• In utero infections  
• Craniofacial anomalies  
• Physical findings such as white forelock  
• Syndromes associated with hearing loss or progressive or late-onset hearing loss*  
• Neurodegenerative disorders*  
• Culture-positive postnatal infections associated with sensorineural hearing loss*  
• Head trauma, especially basal skull or temporal bone fracture*  
• Chemotherapy* | • Do you have concerns about how your child hears? | Referral for diagnostic audiologic assessment |
### Selective Screening

<table>
<thead>
<tr>
<th>Medical History Risk Factors</th>
<th>Risk Assessment&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Action if Risk Assessment Is Positive</th>
</tr>
</thead>
</table>
| **Lead<sup>b</sup>**        | If no previous screen or change in risk  
- Does your child have a sibling or playmate who has or had lead poisoning?  
- Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the last 6 months) renovated or remodeled?  
- Does your child live in or regularly visit a house or child care facility built before 1950?  
- Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?  
- Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?  
- Has a family member or contact had tuberculosis or a positive tuberculin skin test?  
- Is your child infected with HIV? | Lead screen |
| **Tuberculosis**            | Tuberculin skin test         |

<sup>a</sup>See “Rationale and Evidence” (pages 221–250) in Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, for the criteria on which risk assessment questions are based.

<sup>b</sup>Follow community and state recommendations.
## Universal Screening

<table>
<thead>
<tr>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured developmental screen</td>
</tr>
<tr>
<td>Administer the oral health risk assessment.</td>
</tr>
</tbody>
</table>

## Selective Screening

<table>
<thead>
<tr>
<th>Medical History Risk Factors</th>
<th>Risk Assessment</th>
<th>Action if Risk Assessment Is Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>Children with specific risk conditions or change in risk</td>
<td>Blood pressure</td>
</tr>
<tr>
<td>Vision</td>
<td>Parental concern, abnormal funduscopic examination results, or abnormal cover/uncover test results</td>
<td>Ophthalmology referral</td>
</tr>
<tr>
<td>Hearing</td>
<td>Do you have concerns about how your child hears?</td>
<td>Referral for diagnostic audiologic assessment</td>
</tr>
</tbody>
</table>

### Medical History Risk Factors

- A history of prematurity (<37 completed weeks), very low birth weight (<1,500 g), or other neonatal complication requiring intensive care; congenital heart disease (repaired or not repaired)
- A recurrent urinary tract infection, hematuria, or proteinuria
- Known renal disease or urologic malformations
- A family history of congenital renal disease, solid-organ transplant, or malignancy or bone marrow transplant
- Treatment with drugs known to raise blood pressure
- Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberous sclerosis)
- Evidence of increased intracranial pressure
- Very premature (<32 completed weeks)
- Family history of congenital cataracts, retinoblastoma, and metabolic or genetic diseases
- Significant developmental delay or neurologic difficulties
- Systematic diseases associated with eye abnormalities
- Risk indicators that are marked with an asterisk (*) are of greater concern for delayed-onset hearing loss:
  - Caregiver concern about hearing, speech, language, or developmental delay*
  - Family history of permanent childhood hearing loss*
  - Neonatal intensive care of more than 5 days
  - In utero infections
  - Craniofacial anomalies
  - Physical findings such as white forelock
  - Syndromes associated with hearing loss or progressive or late-onset hearing loss*
  - Neurodegenerative disorders*
  - Culture-positive postnatal infections associated with sensorineural hearing loss*
  - Head trauma, especially basal skull or temporal bone fracture*
  - Chemotherapy*
### Selective Screening

<table>
<thead>
<tr>
<th>Medical History Risk Factors</th>
<th>Risk Assessment</th>
<th>Action if Risk Assessment Is Positive</th>
</tr>
</thead>
</table>
| **Lead**                    | If no previous screen or change in risk  
  - Does your child live in or regularly visit a house or child care facility built before 1950?  
  - Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the last 6 months) renovated or remodeled?  
  - Does your child have a sibling or playmate who has or had lead poisoning? | Lead screen |

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*a* See "Rationale and Evidence" (pages 221–250) in Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, for the criteria on which risk assessment questions are based.

*b* Follow community and state recommendations.