RECOMMENDATIONS FOR PREV

Committee on Practic

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.

These guidelines represent a cons
Ambulatory Medicine in consultation
American Academy of Pediatrics. T
tance of **continuity of care** in compr
avoid **fragmentation of care.**

	INFANCY[3]								EARLY CH		
AGE[4]	NEWBORN[1]	2-4d[2]	By 1mo	2mo	4mo	6mo	9mo	12mo	15mo	18mo	24
HISTORY											
Initial/Interval	•	•	•	•	•	•	•	•	•	•	
MEASUREMENTS											
Height and Weight	•	•	•	•	•	•	•	•	•	•	
Head Circumference	•	•	•	•	•	•	•	•	•	•	
Blood Pressure											
SENSORY SCREENING											
Vision	S	S	S	S	S	S	S	S	S	S	
Hearing[6]	S/O	S	S	S	S	S	S	S	S	S	
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT[7]	•	•	•	•	•	•	•	•	•	•	
PHYSICAL EXAMINATION[8]	•	•	•	•	•	•	•	•	•	•	
PROCEDURES – GENERAL[9]											
Hereditary/Metabolic Screening[10]	←	—	•								
Immunization[11]	•—	—	→	•	•	•		←	•	→	
Lead Screening[12]							•—	→			
Hematocrit or Hemoglobin			←	—	—	—	•				
Urinalysis											
PROCEDURES – PATIENTS AT RISK											
Tuberculin Test[15]								*	*	*	
Cholesterol Screening[16]											
STD Screening[17]											
Pelvic Exam[18]											
ANTICIPATORY GUIDANCE[19]	•	•	•	•	•	•	•	•	•	•	
Injury Prevention[20]	•	•	•	•	•	•	•	•	•	•	
INITIAL DENTAL REFERRAL[21]								←	—	—	

1. Breastfeeding encouraged and instruction and support offered.
2. For newborns discharged in less than 48 hours after delivery.
3. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
4. 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.
5. If the patient is uncooperative, rescreen within six months.
6. Some experts recommend objective appraisal of hearing in the newborn period. The Joint Committee on Infant Hearing has identified patients at significant risk for hearing loss. All children meeting these criteria should be objectively screened. See the Joint Committee on Infant Hearing 1994 Position Statement.
7. By history and appropriate physical examination: if suspicious, by specific objective developmental testing.
8. At each visit, a complete physical examinat
   undressed and suitably draped.
9. These may be modified, depending upon e
10. Metabolic screening (eg, thyroid, hemoglob
    according to state law.
11. Schedule(s) per the Committee on Infectiou
    Every visit should be an opportunity to upd
12. Blood lead screen per AAP statement "Lea
    (1993).
13. All menstruating adolescents should be scr
14. Conduct dipstick urinalysis for leukocytes f
15. TB testing per AAP statement "Screening f
    should be done upon recognition of high ris
    continues, testing should be repeated on a

Key: • = to be performed * = to be performed for patients at risk S = subjective, by history O = objective, by a standard testing

NB: Special chemical, immunologic, and endocrine testing is usually carried out upon specific indications. Testing other than newborn (eg, in

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, t

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ENTIVE PEDIATRIC HEALTH CARE

e and Ambulatory Medicine

ensus by the Committee on Practice and with national committees and sections of the he Committee emphasizes the great importance of comprehensive health supervision and the need to

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 and pertinent medical history. Every infant should have a newborn evaluation after birth.

ILDHOOD[3]			MIDDLE CHILDHOOD[3]				ADOLESCENCE[3]										
mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
•																	
	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
S	O[5]	O	O	S	S	O	S	O	S	S	O	S	S	O	S	S	S
S	O	O	O	S	S	O	S	O	S	S	O	S	S	O	S	S	S
•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
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			•				←	←	←	←	•14	→	→	→	→	→	→
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•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
——	•																

ion is essential, with infant totally unclothed, older child

ntry point into schedule and individual need.

inopathies, PKU, galactosemia) should be done

s Diseases, published periodically in *Pediatrics*.

ate and complete a child's immunizations.

d Poisoning: From Screening to Primary Prevention"

eened.

r male and female adolescents.

r Tuberculosis in Infants and Children" (1994). Testing k factors. If results are negative but high risk situation n annual basis.

16. Cholesterol screening for high risk patients per AAP "Statement on Cholesterol" (1992). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
17. All sexually active patients should be screened for sexually transmitted diseases (STDs).
18. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
19. Appropriate discussion and counseling should be an integral part of each visit for care.
20. From birth to age 12, refer to AAP's injury prevention program (TIPP®) as described in "A Guide to Safety Counseling in Office Practice" (1994).
21. Earlier initial dental evaluations may be appropriate for some children. Subsequent examinations as prescribed by dentist.

method ←——•——→ = the range during which a service may be provided, with the dot indicating the preferred age.

born errors of metabolism, sickle disease, etc.) is discretionary with the physician.

aking into account individual circumstances, may be appropriate.

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Pediatrics 1995;96;373

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