

**AvMed Health Plans  
2009-2010 Pediatric Preventive Care Recommendations**

**Well Care Visit includes each of the following:**

**Health & Developmental History (Physical & Mental):**

History: allergies, injury/illness

Sensory Screen: vision, hearing, speech

Screenings: lead risk, tuberculosis assessment and administration of appropriate immunizations

Physical Exam: height, weight, head circumference, reflexes

**Health Education/Anticipatory Guidance:**

Habits: car seat, sunscreen, oral health

Family: cuddling, playtime, independence

Social: exploration, toilet training, success in school

Nutrition: good eating habits

	<b>0-1 (Infancy)</b>	<b>1-4 (Early Childhood)</b>	<b>5-10 (Middle Childhood)</b>	<b>11-18 (Adolescence)</b>
	Before baby is dismissed from hospital or 48-72 hours of age. Ages 2-4 weeks and 2,4,6,9 and 12 months. Assess breastfeeding infants between 3-5 days of age.	Ages 15,18,24 months and 3 and 4 years.	Ages 5,6,8 and 10 years. Annually between ages 11-21.	

**Recommended Screenings and Routine Labs**

<b>Anemia : Hb/Hct</b>	Once between ages 9-12 months.	At risk should be screened at ages 1-5.		Annually at physician's discretion.
<b>Lead</b>	Risk assessments at 6 and 9 months. If at risk, screening at age 1	Risk assessments at 18 months, 3,4,5, 6, and 8 years of age. If at risk, screening at age 2	Not routine.	
<b>Urinalysis</b>	Not routine.		Once at age 5 years or physician's discretion.	Not routine.
<b>Cholesterol</b>	Not routine.	Screen children age 2-17 years if at risk.		
<b>Blood Pressure</b>	Not routine.	Every routine visit starting at age 3.		
<b>T4/TSH</b>	First week.			

**Sensory Screening**

<b>Hearing</b>	Newborn prior to discharge or by age 1 month.	Hearing test at ages 4,5,6,8,10 years of age. If test is performed in another setting, such as a school, it does not need to be repeated, but findings should be documented in child's medical record. Subjective assessment at all other routine checkups.
<b>Vision/Eye Care</b>	Newborn prior to discharge. Evaluation by age 6 months.	Visual acuity test at ages 3,4,5,6,8,10,12,15 and 18 years. If test is performed in another setting, such as a school, it does not need to be repeated, but findings should be documented in child's medical record. Visual Acuity between ages 3 – 5 years.

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**Infectious Disease Screening**

<b>Tuberculosis (TB)</b>	Tuberculin skin testing of all patients at high risk.	Tuberculin skin testing of all patients at high risk.	Screen patients with risk factors and all pregnant adolescents.	
<b>Hepatitis C</b>	Not routine.	Test after age 12 months in children with hepatitis C virus-infected mothers.	Not routine.	Periodic testing of all patients at high risk.
<b>HIV</b>	Not routine.			Screen patients with risk factors and all pregnant adolescents.
<b>Sexually Transmitted Infections</b>	Not routine.			<p><b>For chlamydia and gonorrhea:</b> Annually screen all sexually active patients and pregnant adolescents if at risk.</p> <p><b>For syphilis:</b> Screen sexually active and pregnant adolescents at risk. Counsel regarding safe and healthy sexual behaviors, including abstinence.</p>

**Cancer Screening**

<b>Cervical Cancer Screenings</b>	Not routine.		Pap test and pelvic exam at 3 years after first sexual intercourse and thereafter every 1-3 years.
<b>Testicular Exam</b>	Not routine.		Clinical testicular exam and self-exam instruction annually beginning at age 15.

**General Counseling**

All parents and patients should be periodically screened and counseled as appropriate regarding infant sleep positioning, alcohol/substance abuse, tobacco, diet/nutrition, obesity & eating disorders, physical activity, injury and violence prevention/safety, motor vehicle injury prevention, behavioral health, media exposure, sexual activity, violent behavior/firearms safety, depression/suicide, family violence/abuse, parenting.

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	<b>0-1 (Infancy)</b>	<b>1-4 (Early Childhood)</b>	<b>5-10 (Middle Childhood)</b>	<b>11-18 (Adolescence)</b>
<b>Immunizations</b>				
<b>Hepatitis A (HepA)</b>	Not routine.	Between 12 - 24 months, 2 <sup>nd</sup> dose 6 months later.		
<b>Measles, Mumps, Rubella (MMR)</b>	Once between the ages of 12-15 months.	Once between the ages 4 and 6 years.	If not previously immunized or incomplete series.	
<b>Diphtheria, Tetanus, Pertussis (DTaP)</b>	At 2,4,6 months and once between ages 15-18 months.	Once between ages 4 and 6 years (DTaP).		Administer Tdap at age 11-12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a booster. 13-18 year olds who missed the 11-12 year Tdap or receive Td only, are to receive one dose of Tdap 5 years after the last Td/DTaP dose.
<b>Polio (IPV)</b>	At 2 and 4 months; once between ages 6-18 months.	Once between the ages of 4 and 6 years.		If not previously immunized or incomplete series.
<b>Varicella (VZV)</b>	First dose between 12 and 15 months.	2nd dose between 4 and 6 years of age		2 doses for aged 13 years or older at least 4 weeks apart.
<b>H. influenzae type b (Hib)</b>	At 2,4 and 6 months and once between ages of 12-15 months.	If not previously immunized or incomplete series.	Not routine.	
<b>Pneumococcal conjugate (PCV )*</b>	At 2,4,6 months and between 12 and 15 months.	Catch up dose at 2 years or next visit; Children 24- 59 months who are not vaccinated may need 1 or 2 doses of PCV7.	Administer to children aged 2 years and older with underlying medical conditions.	
<b>Hepatitis B (HepB)</b>	Birth, 1-2 months, 4 months and 6-18 months.	If not previously immunized or incomplete series.		
<b>Influenza</b>	Annually 6 months-18 years of age		2 doses to children younger than 9 years who are receiving for first time or who only received one dose last season. Doses should be 4 weeks apart.	
<b>Rotavirus (RV)</b>	3 doses (2,4, 6 months)			
<b>Meningococcal (MCV)</b>	Recommended for children ages 2-10 with certain medical conditions.			Once between the ages of 11 and 12 years. At age 15 if not previously immunized.

Sources: American Academy of Pediatrics, Center for Disease Control, US Preventive Services Task Force, National Institutes of Health, American Academy of Family Physicians

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<b>Immunizations, Cont.</b>				
<b>Human Papillomavirus (HPV)</b>				3 doses to 11 to 12 year olds, 2 <sup>nd</sup> and 3 <sup>rd</sup> doses given 2 and 6 months after first dose respectively  Administer at 13-18 if not previously vaccinated.

Sources: American Academy of Pediatrics, Center for Disease Control, US Preventive Services Task Force, National Institutes of Health, American Academy of Family Physicians