



## 2021-2022 Pediatric & Adolescence Preventive Care Recommendations

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	0-1 (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
<b>Well Care Visit</b>				
<p>Includes each of the following: <b>Health &amp; Developmental History (Physical &amp; Mental)</b>;</p> <p><b>History:</b> Allergies, Injury/illness;</p> <p><b>Sensory Screen:</b> Vision, hearing, speech;</p> <p><b>Screenings:</b> lead risk, tuberculosis assessment and administration of appropriate immunizations.</p> <p><b>Physical Exam:</b> height, weight, body mass index percentile, head circumference, reflexes, blood pressure.</p> <hr/> <p><b>Health Education/ Anticipatory Guidance:</b></p> <p><b>Habits:</b> Car seat, sunscreen, oral health;</p> <p><b>Family:</b> cuddling, playtime, independence;</p> <p><b>Physical Activity:</b> counseling, play time, dance, and sports;</p> <p><b>Social:</b> exploration, toilet training, success in school;</p> <p><b>Nutrition:</b> counseling and good eating habits discussed.</p>	<p>Newborn evaluation within 3 to 5 days of birth and within 48 to 72 hours of discharge.</p> <p>Breastfeeding infants should receive evaluation and instruction within 3-5 days of birth.</p> <p>1, 2, 4, 6, 9 and 12 months.</p>	<p>Ages 12, 15, 18, 24, &amp; 30 months, and ages 3 &amp; 4 years.</p>	<p>Annually for ages 5-18.</p>	
<b>Recommended Screenings and Routine Labs</b>				
<b>Anemia: Hgb/Hct</b>	<p>Once between birth and two months. Risk assessment at 4 months.</p>	<p>At risk should be screened at ages 1-5. Screen at 1 year of age. Risk assessment at 18 and 24 months and from ages 3-18.</p>		
<b>Lead</b>	<p>Risk assessments at 6 &amp; 9 months. If at risk, screen at age 1.</p>	<p>Risk assessments at 18 months, 3 &amp; 4, years of age. If at risk, screen at age 2.</p>	<p>Risk Assessment at 5 &amp; 6 years of age.</p>	<p>Not Routine</p>



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<b>Urinalysis</b>	Not routine.		Once at age 5 years or physician's discretion.	Once between ages 11-18 and annually for those who are sexually active
<b>Cholesterol</b>	Not routine.	Screen once between ages 9 to 11 and ages 17 to 18.		
<b>Blood Pressure</b>	Not routine.	Every routine visit starting at age 3.		
<b>T4/TSH</b>	Between 2 and 4 days of age.			
<b>Sensory Screenings</b>				
<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.	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.		
<b>Infectious Disease Screenings</b>				
<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>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>HIV</b>	Not routine.			Screen patients with risk factors and all pregnant adolescents.
<b>Sexually Transmitted Infections (STIs)</b>	Not routine.			<b>For chlamydia and gonorrhea:</b> Annually screen all sexually active patients and pregnant adolescents if at risk. <b>For syphilis:</b> Screen sexually active and pregnant adolescents at risk. Counsel regarding safe and healthy sexual behaviors, including abstinence.



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<b>Cancer Screening</b>				
Cervical Cancer	Not routine.			
Testicular Exam	Not routine.			
<b>General Counseling</b>				
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, and parenting.				
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<b>Immunizations: visit <a href="http://www.cdc.gov/vaccines/schedules">www.cdc.gov/vaccines/schedules</a> for scheduling based on medical conditions.</b>				
Hepatitis B (HepB)	1 <sup>st</sup> dose at Birth, 2 <sup>nd</sup> dose between 1-2 months and 3 <sup>rd</sup> dose between 6-18 months.	3-dose series to those that were not previously immunized or incomplete series.		
Hepatitis A (HepA)	Not routine.	2-dose series at age 12 - 23 months	if 1 <sup>st</sup> dose at age 12 months or older, 2 <sup>nd</sup> dose at least 6 months after 1 <sup>st</sup> dose.	
Diphtheria, Tetanus, & acellular Pertussis (DTaP: < 7yrs)  Tetanus, diphtheria, & acellular Pertussis (Tdap: ≥ 7yrs)	Administer <b>DTap</b> 1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, 3 <sup>rd</sup> dose at 6 months, & 4 <sup>th</sup> dose between ages 15-18 months.	Administer <b>DTap</b> 5 <sup>th</sup> -dose between the ages 4 & 6 years.		Administer <b>Tdap</b> between 11-12 years for those who have completed the recommended childhood DTP/DTaP vaccination series & have not received a booster.  11-18 year olds who missed the 11-12 year Tdap should receive this dose, followed by a Td booster every 10 years.
H. influenzae type b <sup>5</sup> (Hib)	Administer the 1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, & 3 <sup>rd</sup> dose at 6 months.	Administer the 4 <sup>th</sup> dose depending on vaccine used in primary series between ages 12-15 months. If not previously immunized or incomplete series.	Not routine.	
Inactive Poliovirus (IPV: < 18yrs)	1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, 3 <sup>rd</sup> dose between 6-18 months.	Administer the 4 <sup>th</sup> dose between the ages of 4 & 6 years.		If not previously immunized or incomplete series.



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<b>Immunizations (cont.)</b>				
<b>Pneumococcal conjugate (PCV13 )</b>	1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, 3 <sup>rd</sup> dose at 6 months, & 4 <sup>th</sup> dose between 12-15 months.	Administer 1-dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.		
<b>Pneumococcal polysaccharide (PPSV23)</b>		Administer PPSV23 to children aged 2 years and older with certain high-risk conditions.		
<b>Measles, Mumps, Rubella (MMR)</b>	Administer 1 <sup>st</sup> dose between 12-15 months.	Administer 2 <sup>nd</sup> dose between the ages 4 and 6 years of age.	2 dose series if not previously immunized or incomplete series up to age 12	
<b>Varicella (VAR)</b>	1 <sup>st</sup> dose between 12 and 15 months.	Administer 2 <sup>nd</sup> dose between the ages 4 and 6 years of age.		
		2 doses, if not previously immunized, for ages 7 to 18 years of age		
<b>Meningococcal (Men ACW)</b>	Recommended for children ages 2 months to 10 years of age with certain high-risk medical conditions.		1-dose at age 11 or 12 years with booster dose at age 16. If not previously immunized, 1-dose at 13-15 years of age, followed by a booster. If first shot is given at 16 years or older, no booster is needed.	
<b>Influenza</b>	Annual vaccination 6 months to 8 years (IIV4 or LAIV4) 1 or 2 doses. Doses should be 4 weeks apart. Annual vaccination 9 years to 18 years (IIV4 or LAIV4) 1-dose			
<b>Rotavirus (RV)</b>	2-dose series (RV1) at 2 & 4 months of age <b>or</b> 3-dose series (RV 5) at 2, 4, & 6 months of age			
<b>Human Papillomavirus (HPV)</b>			<p>Vaccine series may be started at age 9.</p> <p>Routine dosing intervals are recommended.</p> <p>Administer a 2-dose series of HPV vaccine on a schedule of 0, 6-12 months apart to all (male and female) adolescents aged 11 or 12 years.</p> <p>If 2nd dose given too close to 1st dose, a 3-dose series for females and males between ages 11 and 12 years of age may be recommended where the 3rd and 1st dose are at least 6 months apart.</p> <p>Speak with your healthcare practitioner for appropriate schedules.</p>	