



2021-2022 Pediatric & Adolescence Preventive Care Recommendations

Disclaimer: These are recommendations only; please speak to your healthcare provider for appropriate schedules for your child. All updates can be found visiting www.cdc.gov for vaccinations and www.uspreventiveservicestaskforce.org or www.brightfutures.aap.org for preventive and wellness care guidelines.

	0-1 (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
Well Care Visit				
<p>Includes each of the following: Health & Developmental History (Physical & Mental);</p> <p>History: Allergies, Injury/illness;</p> <p>Sensory Screen: Vision, hearing, speech;</p> <p>Screenings: lead risk, tuberculosis assessment and administration of appropriate immunizations.</p> <p>Physical Exam: height, weight, body mass index percentile, head circumference, reflexes, blood pressure.</p> <hr/> <p>Health Education/ Anticipatory Guidance:</p> <p>Habits: Car seat, sunscreen, oral health;</p> <p>Family: cuddling, playtime, independence;</p> <p>Physical Activity: counseling, play time, dance, and sports;</p> <p>Social: exploration, toilet training, success in school;</p> <p>Nutrition: 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, & 30 months, and ages 3 & 4 years.</p>	<p>Annually for ages 5-18.</p>	
Recommended Screenings and Routine Labs				
Anemia: Hgb/Hct	<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>		
Lead	<p>Risk assessments at 6 & 9 months. If at risk, screen at age 1.</p>	<p>Risk assessments at 18 months, 3 & 4, years of age. If at risk, screen at age 2.</p>	<p>Risk Assessment at 5 & 6 years of age.</p>	<p>Not Routine</p>



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



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Cancer Screening				
Cervical Cancer	Not routine.			
Testicular Exam	Not routine.			
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, and parenting.				
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Immunizations: visit www.cdc.gov/vaccines/schedules for scheduling based on medical conditions.				
Hepatitis B (HepB)	1 st dose at Birth, 2 nd dose between 1-2 months and 3 rd 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 st dose at age 12 months or older, 2 nd dose at least 6 months after 1 st dose.	
Diphtheria, Tetanus, & acellular Pertussis (DTaP: < 7yrs) Tetanus, diphtheria, & acellular Pertussis (Tdap: ≥ 7yrs)	Administer DTaP 1 st dose at 2 months, 2 nd dose at 4 months, 3 rd dose at 6 months, & 4 th dose between ages 15-18 months.	Administer DTaP 5 th -dose between the ages 4 & 6 years.		Administer Tdap 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 ⁵ (Hib)	Administer the 1 st dose at 2 months, 2 nd dose at 4 months, & 3 rd dose at 6 months.	Administer the 4 th 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 st dose at 2 months, 2 nd dose at 4 months, 3 rd dose between 6-18 months.	Administer the 4 th dose between the ages of 4 & 6 years.		If not previously immunized or incomplete series.



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Immunizations (cont.)				
Pneumococcal conjugate (PCV13)	1 st dose at 2 months, 2 nd dose at 4 months, 3 rd dose at 6 months, & 4 th 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. Administer PPSV23 to children aged 2 years and older with certain high-risk conditions.		
Pneumococcal polysaccharide (PPSV23)				
Measles, Mumps, Rubella (MMR)	Administer 1 st dose between 12-15 months.	Administer 2 nd dose between the ages 4 and 6 years of age.		2 dose series if not previously immunized or incomplete series up to age 12
Varicella (VAR)	1 st dose between 12 and 15 months.	Administer 2nd dose between the ages 4 and 6 years of age.		
		2 doses, if not previously immunized, for ages 7 to 18 years of age		
Meningococcal (Men ACW)	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.
Influenza	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			
Rotavirus (RV)	2-dose series (RV1) at 2 & 4 months of age or 3-dose series (RV 5) at 2, 4, & 6 months of age			
Human Papillomavirus (HPV)			<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>	