

Routine Preventive Services for Children and Adolescents (Ages 2-21)

The following guideline provides recommendations for routine preventive services for children and adolescents ages 2-21 years. Children at increased risk may warrant additional services, e.g. Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT)¹.

Recommendation	2-6 years	7-12 years	13-21 years
Annual health, developmental and risk assessments	X	X	X
Parent and Child age appropriate education and counseling:			
<ul style="list-style-type: none"> Nutrition, physical activity, dental health², violence and abuse/bullying (Michigan abuse and neglect hotline 855-444-3911), sexually transmitted infection prevention, suicide threats, alcohol and drug abuse, anxiety, stress reduction, coping skills, immunizations, skin cancer prevention Helmet use and protective gear for bicycle riding, skateboarding, skating, etc. [B] Motor vehicle safety³ - Car seat, booster seat, seat belt use [B] Poison prevention - Keep the National Poison Control number (800-222-1222) readily accessible; use child resistant containers; dispose of expired or unused medications Burn prevention - Install smoke detectors and test twice a year; carbon monoxide detectors; water heater temperature and fire prevention Injury prevention - Firearm safety; water safety; CPR training 	X	X	X
Tobacco use screening: Establish tobacco use and secondhand exposure	X	X	X
Weight assessment screening	Record height, weight and BMI percentile annually		
Chlamydia and other STI screening [A] (<i>rescreen if change in risk status</i>)			All sexually active adolescents
HIV Screening [A] (<i>age ≥ 15, younger if at increased risk</i>)			X
Preconception and pregnancy prevention counseling, Folic acid 400 mcg daily		Preventive counseling beginning at age 12 or earlier if sexually active	
Depression screening [B] (<i>age ≥ 12</i>)			X
Vision screening [A]	X (prior to school enrollment)	X Every 2 years	X Every 3 years
Developmental screening ⁴	X (30 months)		
Cholesterol screening (<i>if at increased risk, screen ages 2-8 and 12-16</i>) [B]		X (ages 9-11)	X (ages 17-21)
Immunizations:			
<ul style="list-style-type: none"> For updated immunization schedules see http://www.cdc.gov/vaccines/schedules/index.html Use combination vaccines to minimize the number of injections. 	4-6 years	11-12 years	15-18 years
DTaP [A]	X	Tdap	
IPV	X		
MMR (MMRV) [A]	X		
Varicella [A]	X		
Meningococcal (MCV4)		X	Booster at age 16 years
Influenza [B]	Two doses for the first year; one dose annually thereafter.		
Human papilloma virus (<i>3-dose series, minimum age 9</i>)		X	

¹Early Periodic Screening Diagnosis and Treatment: age specific exam and anticipatory guidance template (http://www.ihcs.msu.edu/qi/epsdt_clinician_toolkit.html)

²Adequate fluoridation, limited sugar intake, home oral care, avoid baby bottle use

³AAP Policy Statement-Child Passenger Safety (<http://pediatrics.aappublications.org/content/127/4/788.full>)

⁴AAP Section on Developmental and Behavioral Pediatrics (<http://www2.aap.org/sections/dbpeds/screening.asp>)

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on several sources, including: Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents Summary Report, National Heart Lung and Blood Institute, NIH Publication No. 12-7486-A, October 2012; Preventive Services for Children and Adolescents, Institute for Clinical Systems Improvement, 2012 (www.icsi.org); and AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, 2008. Individual patient considerations and advances in medical science may supersede or modify these recommendations.