

2010 Pediatric Preventive Schedule: Ages 0 through 6 years

History and Physical Exam	Description	References <i>Note: The specific references are listed in their entirety beginning on page 5 of this guideline.</i>	Comments
Well Child Exam :	Newborn, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months and 30 months 3 through 6 years annually These guidelines apply to healthy children. Children with medical conditions may require additional follow-up	1. AAP (2000), Updated 2007 2. Bright Futures 2008	
- Weight	All well child visits	1. AAP (2000) Updated 2007	
- Height	All well child visits	2. AAFP (2002) Updated 2005	
- BMI	All well child visits beginning at 2 yr. Calculate and plot BMI once a year in all children starting at 2 years of age.	3. USPSTF (1996) Updated 2004 4. CDC (2004) 5. Expert consensus opinion of the 2008 Preventive Health QI Committee	
- Head Circumference	All well child visits from newborn to 24 months of age	1. AAP (2000) Updated 2005	
- Blood Pressure	All well child visits starting at 3 years of age, unless clinically indicated before age 3.	1. AAP (2000) Updated 2005 2. USPSTF(1996) Updated 2004	

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- Vision Screening (integral to physical exam) Assessment : -Distance Visual Acuity -Ocular Alignment -Ocular Media Clarity	<p>3year, 4 year, 5 year, 6 year, and when indicated.</p> <p>If patient is uncooperative, re-screen within 6 months. *This is not an optical exam. Optical exams require additional vision benefits.</p>	<p>3. Bright Futures 2008</p> <p>1. AAP (2000) Updated 2005</p> <p>2. USPSTF(1996) Updated 2004</p>	
-Hearing Screening	<p>Newborn, 4 years, 5 years, 6 years and when indicated</p> <p>Children identified at risk for hearing loss should be objectively screened annually.</p> <p>AAP recommends objective screening for all newborns.</p> <p>US Preventive Services Task Force concludes that the evidence is insufficient to recommend for or against routine screening of newborns for hearing loss during the postpartum hospitalization.</p>	<p>1. AAP (2000) Updated 2005</p> <p>2. USPSTF(2001) Updated 2008</p>	
Development/ Behavioral Assessment	<p>18 and 24 months</p> <p>Screening for autism at 18 months and 24 months, using M-CHAT or equivalent tool.</p>	<p>1. AAP (2000) Updated 2008</p> <p>2. USPSTF(2001) Updated 2004</p> <p>3. Bright Futures 2008</p>	

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Anticipatory Guidance/ Psychosocial Screening/Sexual History & Reproductive Guidance	<p>All well child visits</p> <p><u>Anticipatory Guidance/Psychosocial Screening:</u></p> <p>Age appropriate discussions include but not limited to substance abuse, drinking and driving/riding with someone who is under the influence of alcohol and or other abusive substances, tobacco use and second hand smoke exposure, promote smoke-free household, counseling to promote breastfeeding, advise against offering any additional water to breast milk or formula up to 4 months of age due to water intoxication ; nutrition/exercise, initial dental exam at age three, oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride, child abuse / domestic violence</p> <p>Reaffirm adequate intake of Vitamin D recommend supplement of 400 IU per day for</p> <ul style="list-style-type: none"> • All breastfed infants unless weaned to at least 500ml/d of formula. • All nonbreastfed infants who are ingesting less than 500ml/d of formula • Children/adolescents who do not ingest at least 500 ml/d of Vitamin D fortified milk or do not take a daily vitamin supplement containing at least 400 IU of Vitamin D. <p>Routine Iron Supplementation for children who are at increased risk for iron deficiency anemia:</p> <ul style="list-style-type: none"> • Preterm and low birth weight infants • Infants whose principal dietary intake is unfortified cow's milk • Certain medical conditions 	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2008 2. AAFP (2001) Updated 2005 3. USPSTF (1996) Updated 2008 4. AAPD (2003) 5. ACOG (2006) 	
Safety Issues	<p>All well child visits</p> <p>Safety Issues – age appropriate discussions include:</p> <p>Traffic Safety; bicycle safety, car seats, motorcycle helmet use, seatbelts, ATVs .</p> <p>Burn Prevention: hot water temperature, milk and formula heating, smoke detectors, electrical outlets, grills, irons, ovens , fires</p> <p>Fall Prevention: window and stairway gates/guards, falls,</p> <p>Choking Prevention: choking/suffocation,</p> <p>Drowning Prevention: water safety, buckets, bathtubs, lifejackets, diving</p> <p>Firearm Safety: in home firearms, storage</p> <p>Sports Safety: protective equipment, conditioning</p> <p>Safe Sleep Environment: sleep position “Back to Sleep”, co-sleeping, family bed</p> <p>Poison Prevention; phone number for poison control center.</p> <p>Syrup of ipecac is no longer to be used as a home treatment strategy.</p> <p>Instructions on how to call for help local emergency services, CPR</p> <p>Sun exposure, depression/suicide, school hazards, recreational hazards, and other high risk behaviors such as cutting behavior, and the choking</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2008 2. AAFP (1996) Updated 2005 3. USPSTF (1996) updated 2004 4. Pediatrics 2007 	

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Laboratory Screening	Description	References	Comments
Hereditary/ Metabolic Screening	<ul style="list-style-type: none"> Newborn to 1 month 	<ol style="list-style-type: none"> AAP (2000) Updated 2003 AAFP (2001) Updated 2005 USPSTF (1996) Updated 2004 	
Lead Screening	<ul style="list-style-type: none"> 9 months or older when indicated by risk based tool. 	<ol style="list-style-type: none"> AAP (2005) USPSTF (1996) Updated 2006 Pennsylvania Department of Health, PA Lead Elimination Plan (6/28/2005) 	
Hematocrit or Hemoglobin	<ul style="list-style-type: none"> Once from 9 to 12 months Annually for females during adolescence When indicated 	<ol style="list-style-type: none"> AAP (2000) Updated 2003 USPSTF (1996) Updated 2004 	
Tuberculosis	<ul style="list-style-type: none"> 12 months to 18 years when indicated 	<ol style="list-style-type: none"> AAP (2000) Updated 2003 USPSTF (1996) Updated 2004 	
Cholesterol Screening	<ul style="list-style-type: none"> 24 months to 18 years when indicated 	<ol style="list-style-type: none"> AAP (2000) Updated 2003 	

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References:

1. www.cdc.gov/nip/recs/child-schedule.htm CDC (January 2009)
2. www.aafp.org/exam.xml AAFP (2005)
3. www.accessexcellence.org/WN/SUA05/dna_test_chlamydia.html *DNA Test for Chlamydia*, January 28, 1995.
4. www.health.state.mn.us/divs/fh/mch/webcourse/intro/comp12.html *Tuberculosis Screening Fact Sheet*, Minnesota Department of Health, March 2002.
5. American Academy of Pediatrics. *Don't Treat Swallowed Poison With Syrup of Ipecac Says AAP*. November 3, 2003.
6. www.cdc.gov/nccdphp/dnpa/bmi/ *BMI: Body Mass Index*. April 17, 2003.
7. www.aap.org/family/parents/immunize.htm AAP (2001).
8. US Preventive Services Task Force. *Guide to Clinical Preventive Services*. 2nd ed. Washington, DC: US Department of Health and Human Services; 1996.
9. <http://www.ahrq.gov/clinic/uspstfix.htm>. US Preventive Services Task Force. Washington, DC: US Department of Health and Human Services; 2008.
10. American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. Recommendations for pediatric preventive health care. www.aap.org 2000.
11. American Academy of Family Physicians. *Summary of Policy Recommendations for Periodic Health Examination*. Kansas City, MO: American Academy of Family Physicians; 2004.
12. American College of Obstetricians and Gynecologists. *Cervical Cancer Screening: Testing Can Start Later and Occur Less Often Under New ACOG Recommendations*. July 31, 2003.
13. American College of Obstetricians and Gynecologists. *Primary and Preventive Care: Periodic Assessments*. Washington, DC: 2000.
14. American College of Obstetricians and Gynecologists. *ACOG Clarifies Recommendations on Cervical Cancer Screening in Adolescents*. September 30, 2004. http://www.acog.org/from_home/publications/press_releases/nr09-30-04-1.cfm?printerFr
15. http://www.dsf.health.state.pa.us/health/CWP/view.asp?A=179&QUESTION_ID=240544 PA Dept of Health Lead Elimination Plan
16. Pediatrics 2007 Jan;119 (1):202-6
17. <http://www.guideline.gov/browse/summaryarchive.aspx>
18. <http://www.aap.org/advocacy/releases/dec08infantformula.htm>
19. <http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>
20. <http://www.aap.org/>

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Some flexibility in specific cases will require deviations from guideline recommendations. All providers are responsible for individualizing recommendations to the specific clinical characteristics of each patient.

Personal Nutrition Coaching is individual nutrition coaching by a registered dietitian to address weight management, heart health, or diabetes. The parent or main caregiver must accompany the child or adolescent during the coaching sessions. For more information, call 1-800-879-2217.

Please refer your Mountain State patient to Blues On CallSM (1-888-BLUE-428) or our Website at www.msbcbs.com, for health education services. **Blues On CallSM nurse Health Coaches are available 24/7 to provide one-on-one telephonic support for patients regarding chest pain and many other health topics. Your Mountain State patients can reach Blues On Call at 1-888-258-3428 (1-888-BLUE 428) toll free.**

As with any insurance, members are eligible for services only as long as they are active members of the plan and the services are covered benefits of their group contract.

If appropriate, consider prescribing medications included in the formulary to avoid noncovered expenses for your patient. Physicians may request to have a nonformulary drug covered for an individual patient. Evidence to support the ineffectiveness of formulary alternatives for the particular patient's condition or a reasonable expectation of adverse reactions from the use of formulary products must be submitted for a request to be considered.

Instructions and the request form for this process are located on the Provider Resource Center under "Provider Forms".