<table>
<thead>
<tr>
<th>Clinical Indicator</th>
<th>Infancy</th>
<th>Childhood</th>
<th>Adolescence</th>
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</thead>
<tbody>
<tr>
<td><strong>EXAM</strong></td>
<td>Birth to 1 mo</td>
<td>11 12 13 14 15 16 17 18</td>
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<tr>
<td>Newborn (NB) Metabolic/Hgb</td>
<td>NB to 2 mo</td>
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<td>Screening</td>
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<td>Physical and Developmental</td>
<td>Every visit</td>
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<td>Blood pressure</td>
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<td>Developmental Screening</td>
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<td>Autism Screening</td>
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<td><strong>DIAGNOSTICS</strong></td>
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<td>Screening</td>
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<td>Pap Test</td>
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<td>Chlamydia</td>
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<td>TB Testing</td>
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<td>Sickle Cell Test</td>
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<td>Screening</td>
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<td>STI Screening</td>
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<tr>
<td><strong>PATIENTS AT RISK</strong></td>
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Pediatric Preventive Guidelines 2009

# Pediatric Preventive Guidelines

## Anticipatory Guidance

**Clinical Indicator** | **Infancy** | **Childhood** | **Adolescence**
--- | --- | --- | ---
**Birth to 1 mo** | Each visit | Each visit | Each visit
**2–3 mo** | Each visit | Each visit | Each visit
**4–5 mo** | Each visit | Each visit | Each visit
**6–8 mo** | Each visit | Each visit | Each visit
**9–11 mo** | Each visit | Each visit | Each visit
**12 mo** | Each visit | Each visit | Through risk assessment beginning at age 11
**15 mo** | Each visit | Each visit | Through risk assessment beginning at age 11
**18 mo** | Each visit | Each visit | Through risk assessment beginning at age 11
**24 mo** | Each visit | Each visit | Through risk assessment beginning at age 11
**30 mo** | Each visit | Each visit | Through risk assessment beginning at age 11
**30 mo** | Each visit | Each visit | Through risk assessment beginning at age 11

### Injury Prevention

- **Injury Prevention**
- **Each visit**

### Violence Prevention

- **Violence Prevention**
- **Each visit**

### Sleep Position Counseling

- **Sleep Position Counseling**
- **Each visit through 6 months**

### Nutritional Counseling

- **Nutritional Counseling**
- **Each visit**

### Screen/Counsel for Tobacco, Alcohol & Substance Abuse

- **Screen/Counsel for Tobacco, Alcohol & Substance Abuse**

## Immunizations

UPMC Health Plan follows the Recommended Childhood and Adolescent Immunization Schedule approved in December 2008 by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the American College of Physicians (ACP).

The current 2009 Child and Adolescent Immunization Schedules are available at:

- **Ages 0-6:**
- **Ages 7-18:**

**Catch-up Schedule:**


### Scientific Evidence Sources:

- Recommendations for Blood Lead Screening of Young Children Enrolled in Medicaid: Targeting a Group at High Risk. MMWR December 8, 2000; 49(RR14); 1-13.
- Pennsylvania Early and Periodic Screening and Diagnostic Treatment Program Requirements (Centers for Medicare and Medicaid Services) September 1, 2008.
- CDC. Notice to Readers: Revised Recommendations of the Advisory Committee on Immunization Practices to Vaccinate All Persons Aged 11-18 Years with Meningococcal Conjugate Vaccine. MMWR August 10, 2007; 56(31); 794-795.
1. **Newborn Metabolic/Hemoglobin Screening.** Screening should take place between newborn and 2 months of age. Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007.

2. **Physical and Developmental.** This includes, at appropriate ages, height, and weight measurement, head circumference, psychosocial/behavioral assessment, developmental surveillance, and other care at the clinical discretion of the provider. Per PA Medicaid EPSDT Periodicity Schedule, annual physical exam is required for adolescents <21 years. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007)

3. **Blood Pressure.** Start annual screening at age three or earlier if clinically indicated. Per PA Medicaid EPSDT Periodicity guidelines. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007)

4. **BMI (Body Mass Index).** Calculate and plot BMI once a year in all children and adolescents beginning at age 2. (Source: AAP, Prevention of Pediatric Overweight and Obesity, Pediatrics. 2003;112:424-430, Reaffirmed February 2007)


6. **Dental.** Earlier dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007)

7. **Developmental Screening.** Identifying infants and young children with developmental disorders. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007)

8. **Autism Screening.** Screening with an autism-specific tool should be performed routinely at 18 and 24 months. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007)

9. **Lead Screening.** In accordance with Medicaid EPSDT standards all children should be screened for lead at 9-11 months and 24 months, or between 36 and 72 months if not previously screened. (Source: Recommendations for Blood Lead Screening of Young Children Enrolled in Medicaid: Targeting a Group at High Risk. MMWR December 8, 2000/49(RR14);1-13, USPSTF Screening for Elevated Blood Lead Levels in Children and Pregnant Women, 2007; AAFP Revision 6.4, August, 2007)

10. **Anemia Screening.** Screen infants between 9-12 months. Consider earlier screening for high-risk infants (e.g., premature infants and low birth weight infants). Screen all menstruating adolescents once at onset of menses and if indicated by history and/or symptoms. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007; AAFP Revision 6.4, August 2007)

11. **Pap Test.** A Pap smear should be done within 3 years of onset of sexual activity or age 21, whichever comes first, and should be done annually. (Source: American Cancer Society Guidelines for the Early Detection of Cancer, March 2008, USPSTF Screening for Cervical Cancer, 2008)

12. **Chlamydia screening.** Annual screening of all sexually active women ≤ 25 years. All pregnant women should be screened. (Source: USPSTF Screening for Chlamydial Infection, 2008; AAFP Revision 6.7, October 2008)

13. **Cholesterol Screening.** Screen high-risk patients and all adolescents at the age of 18–20. If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician. Per PA Medicaid follow EPSDT Periodicity guidelines. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007)

14. **TB Testing.** Testing should be done upon recognition of high-risk factors. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007)

15. **Sickle Cell Test.** Per PA Medicaid EPSDT Periodicity Schedule.

16. **STI Screening.** All sexually active patients should be screened for sexually transmitted infections (STIs). Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007)

17. **Injury Prevention.** Counsel parents and children more than 2 years old regarding accidental injury prevention, including, as appropriate: child safety seats, lap and shoulder belt use, bicycle safety, motorcycle helmet use, smoke detectors, poison control center number and driving while intoxicated. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007; AAFP Revision 6.7, October 2008)


19. **Sleep Position Counseling.** Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007)

20. **Nutrition Counseling.** Age-appropriate nutrition counseling should be an integral part of each visit. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007).

21. **Screen/Counsel for Tobacco, Alcohol and Substance Abuse.** Risk assessment to be performed beginning at age 11 with appropriate action to follow if indicated. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2007).