

2024 Pediatric Preventive Health Guidelines: Ages 0 through 6 Years

The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148, March 23, 2010, as amended) requires, among other things, coverage of Bright Futures Children and Adolescent Recommendations and all A and B Recommendations as promulgated by the United States

Preventive Services Task Force (USPSTF). Recommendations can be found at

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.123517835.1012687934.1671222549-249991078.1667565696 and https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations

History and Physical	Description	References
Exam		
Newborn:	Weight, length, head circumference.	1. USPSTF(1996) Updated 2005,
(before discharge from	Hearing:	2019
hospital)	AAP recommends objective screening for all newborns.	2. AAP (2000) Updated 2003
	US Preventive Services Task Force recommends screening for hearing	3. AAFP (2001) Updated 2005
	loss in all newborn infants. USPSTF – B Recommendation	4. USPSTF (1996) Updated 2004
	The USPSTF recommends prophylactic ocular topical medication for	5. USPSTF (2008) PKU
	all newborns to prevent gonococcal ophthalmia neonatorum.	6. USPSTF (1996) Updated 2007
	USPSTF – A Recommendation	Sickle Cell
	Counseling to promote breastfeeding USPSTF – B Recommendation,	7. USPSTF (2008) Hypothyroidism
	advise against offering any additional water to breast milk or formula	8. HRSA-SACHDNC (2010)
	up to 4 months of age due to water intoxication.	Bright Futures (2014)2018
	Hepatitis B vaccine (HepB) - Administer monovalent HepB to all newborns before hospital discharge.	
	Laboratory tests for hereditary/ metabolic screening/newborn blood	
	screening including:	
	Bilirubin – Bright Futures	
	<u>Phenylketonuria</u>	
	If tested within the first 24 hours after birth, repeat screening test by	
	2 weeks. Premature infants and those with illnesses should be tested	
	at or near 7 days of age, but in all cases before newborn nursery	
	discharge USPSTF – A Recommendation	

History and Physical Exam	Description	References
Exam	<u>Critical Congenital Heart Disease</u> (CCHD) screening with pulse	
	oximetry recommended by SACHNDC and Bright Futures. HHS has	
	not provided implementation guidance.	
	Sickle Cell Disease	
	All newborns regardless of birth setting. Birth attendants should make	
	arrangements for samples to be obtained, and the first physician to	
	see the child at an office visit should verify screening results.	
	Confirmatory testing should occur no later than 2 months of age.	
	USPSTF – A Recommendation	
	Congenital Hypothyroidism	
	All newborns between 2 and 4 days of age. Infants discharged from	
	hospitals before 48 hours of life should be tested immediately before	
	discharge. USPSTF – A Recommendation	
Well-Child Exam :		
	3-5 days, 1 month, 2 months, 4 months, 6 months, 9 months, 12	1. AAP (2000) Updated 2007
	months, 15 months, 18 months, 24 months and 30 months, 3 through	2. Bright Futures (2008)
	6 years annually.	
	These guidelines apply to healthy children. Children with medical	
- Weight	conditions may require additional follow-up	
		1. AAP (2000) Updated 2007
- Height	All well child visits	2. AAFP (2002) Updated 2005
		3. USPSTF (1996) Updated 2004,
- BMI percentile	All well child visits	2010, 2018
	All wall shild visits has inning at 2 vs	4. CDC (2004)
	All well child visits beginning at 2 yr. Calculate and plot BMI once a year in all children starting at 2 years of	5. Expert consensus opinion of the 2008 Preventive Health QI
	age.	Committee
	age.	6. Alliance for a Healthier
	Children with a BMI at or above the 95th percentile (obese or	Generation (2011)
	hypoventilation syndrome) would be allowed four (4) preventive	(2011)
	health office follow-up visits specifically for obesity per year and a	
	blood pressure taken; unlimited nutritional counseling visits	
	specifically for obesity per year and one (1) set of recommended	
	laboratory studies (lipid profile, hemoglobin A1c, AST, ALT and fasting	
	glucose)	

History and Physical Exam	Description	References
	Children with a BMI at or above the 85th percentile through the 94 th percentile (overweight) would be allowed four (4) preventive health office follow-up visits specifically for obesity per year and a blood pressure taken; unlimited nutritional counseling visits specifically for obesity per year and one (1) set of recommended laboratory studies (lipid profile, hemoglobin A1c, AST, ALT and fasting glucose.	
- Head Circumference - Blood Pressure	The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.USPSTF – B Recommendation	AAP (2000) Updated 2005
- Vision Screening Assessment : -Distance Visual Acuity	All well child visits from first visit to 24 months of age	 AAP (2000) Updated 2005 USPSTF(1996) Updated 2004 Bright Futures (2008)
-Ocular Alignment -Ocular Media Clarity	All well-child visits starting at 3 years of age, unless clinically indicated before age 3. 3 year, 4 year, 5 year, 6 year and when indicated.	 AAP (2000) Updated 2005 USPSTF(1996) Updated 2004,2014
	If patient is uncooperative, re-screen within 6 months. This is not an optical exam. Optical exams require additional vision benefits. The USPSTF recommends screening to detect amblyopia or its risk factors, strabismus, and defects in visual acuity at least once in children ages 3-5 years old. USPSTF – B Recommendation. Bright Futures Vision Screening: Instrument based screening may be	3. Bright Futures (2008) 2016
Maternal Depression Screening	used to assess risk at ages 12 and 24 months, in addition to the well visits at 3-5 years of age. Infant age - By 1 month, 2 months, 4 months and 6 months	1. Bright Futures

History and Physical Exam	Description	References
-Hearing Screening	4 years, 5 years, 6 years and when indicated Children identified at risk for hearing loss should be objectively screened annually.	 AAP (2000) Updated 2005 USPSTF(2001) Updated 2008 Bright Futures (2008)
Developmental Screening/ Autism Screening	Developmental screenings at 9, 18, and 30 months of age (though the 30 month screening can be completed as early as 24 months if the clinical need arises) and Autism Screening at 18 and 24 months of age. Different tests can be used for screenings (This list is not all-inclusive). • PEDS (parents' evaluation of developmental status) for general developmental screening • CHAT (checklist for autism in toddlers) • M-CHAT for autism screening • M-CHAT-R/F for autism screening	 AAP (2000) Updated 2010 USPSTF(2001) Updated 2004 Bright Futures (2008) NIH (2014)
Counseling Ultraviolet Radiation	The USPSTF recommends counseling young adults, adolescents, children, and parents of young children about minimizing exposure to ultraviolet (UV) radiation for persons aged 6 months to 24 years with fair skin types to reduce their risk of skin cancer. B Recommendation.	1.USPSTF 2018
Fluoride Varnish	The USPSTF recommends the application of fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. B Recommendation	USPSTF 2008, 2014
Safety Issues	All well child visits Safety Issues – age appropriate discussions include: Traffic Safety; bicycle safety, car seats, motorcycle helmet use, seatbelts, ATVs, skateboards, scooters, in-line skating. Burn Prevention: hot water temperature, milk and formula heating, smoke detectors, electrical outlets, grills, irons, ovens, fires. Fall Prevention: window and stairway gates/guards, falls, Choking Prevention: choking/suffocation, Drowning Prevention: water safety, buckets, bathtubs, lifejackets, diving, pool safety Firearm Safety: in home firearms, storage Sports Safety: protective equipment, conditioning	 AAP (2000) Updated 2008 AAFP (1996) Updated 2005 USPSTF (1996) updated 2004, 2020 Pediatrics 2007 AAP (2009)

History and Physical Exam	Description	References
Lead Screening	Heat Stress in Exercising Safe Sleep Environment: sleep position "Back to Sleep", co-sleeping, family bed Poison Prevention; phone number for poison control center. Syrup of ipecac is no longer to be used as a home treatment strategy. Instructions on how to call for help local emergency services, CPR Sun exposure, depression/suicide, bug safety, school hazards, and recreational hazards such as on playgrounds and in back yards, lawn mower hazards and other high risk behaviors such as cutting behavior, and the choking game. The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. B Recommendation. April 2020 9 months or older when indicated 12 and 24 months per Bright Futures and when indicated	 AAP (2005) (2017) USPSTF (1996) Updated 2006 Pennsylvania Department of Health, PA Lead Elimination Plan (6/28/2005) Bright Futures 2018
Hematocrit or Hemoglobin	 The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia in children ages 6 to 24 months. I Recommendation Once at 12 months (Bright Futures) a risk assessment thereafter 	 AAP (2000) Updated 2003 USPSTF (1996) Updated 2004, 2015 Bright Futures (2014) 2015, 2018
Tuberculosis	12 months to 18 years when indicated	 AAP (2000) Updated 2003 USPSTF (1996) Updated 2004
Cholesterol Screening	24 months to 18 years when indicated	1. AAP (2000) Updated 2003

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