



2024 Pediatric and Adolescent Preventive Health Guidelines: Ages 7 through 18 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 Exam	Description	References
<p>Well Child Exam:</p> <p>- Weight</p> <p>- Height</p> <p>- BMI percentile</p>	<p>7 to 18 years annually These guidelines apply to healthy children. Children with medical conditions may require additional follow-up.</p> <p>All well child visits</p> <p>All well child visits</p> <p>All well child visits beginning at 2 yr. Calculate and plot BMI once a year in all children and adolescents</p> <p>Children with a BMI at or above the 95th percentile (obese or hypoventilation syndrome) would be allowed four (4) preventive health office</p>	<p>1. AAP (2000)</p> <p>1. AAP (2000) Updated 2007 2. AAFP (2002) Updated 2005 3. USPSTF (1996) Updated 2004, 2010 4. CDC (2004) 5. Expert consensus opinion of the 2008 Preventive Health QI Committee 6. Alliance for a Healthier</p>

History and Physical Exam	Description	References
<p>- Blood Pressure</p>	<p>follow-up visits specifically for obesity per year and a blood pressure taken four (4) 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)</p> <p>Children with a BMI at or above the 85th percentile(through the 94th percentile (overweight) would be allowed four (4) preventive health office follow-up visits specifically for obesity per year and a blood pressure taken four (4) 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)</p> <p>In addition, the USPSTF recommends that children aged 6 years and older should be screened for obesity (age and gender-specific BMI at \geq 95th percentile) and offered or referred to comprehensive, intensive behavioral interventions to promote improvement in weight status. USPSTF – B Recommendation</p> <p>All well child visits.</p> <p>The USPSTF recommends screening for high blood pressure in adults aged 18 years or older with ambulatory blood pressure monitoring, or ABPM measurements outside of the clinical setting for diagnostic confirmation before starting</p>	<p>Generation (2011)</p> <p>1. AAP (2000) Updated 2005, 2.USPSTF, 2007, 2015</p>

History and Physical Exam	Description	References
<p>- Vision Screening Assessment:</p> <ul style="list-style-type: none"> - Distance Visual Acuity - Ocular Alignment - Ocular Media Clarity 	<p>treatment. A Recommendation</p> <p>8 year, 10 year, 12 year, 15 year, and when indicated.</p> <p>If patient is uncooperative, re-screen within 6 months.</p> <p>*This is not an optical exam. Optical exams require additional vision benefits.</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2005 2. USPSTF(1996) Updated 2004 3. Bright Futures (2008), 2021
<p>Hearing Screening</p>	<p>8 years, 10 years, once between: 11-14; 15-17; 18-21 years.</p> <p>Children identified at risk for hearing loss should be objectively screened annually.</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2005 2. USPSTF(2001) Updated 2004 3. Bright Futures 2018
<p>Development/ Behavioral Assessment</p> <p>Depressive Disorders</p>	<p>All well child visits.</p> <p>The USPSTF recommends screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. B Recommendation</p> <p>The USPSTF recommends screening for depression in the general adult population, including pregnant and postpartum women (age 18 and older). Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. B Recommendation 2016</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2003 2. USPSTF(2001) Updated 2004 <p>USPSTF(2002) Updated 2009, 2016, 2022</p>

History and Physical Exam	Description	References
Anxiety Screening	<p>Depression screening every year from ages 12 through 21 (Bright Futures). Different tests can be used for screenings such as PHQ-19 or PHQ-A. (This list is not all-inclusive).</p> <p>The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years. B Recommendation</p>	<p>Bright Futures (2014), 2021</p> <p>USPSTF 2022</p>

History and Physical Exam	Description	References
<p>Anticipatory Guidance/ Psychosocial Screening/Sexual History & Reproductive Guidance</p>	<p>At office visits</p> <p><u>Anticipatory Guidance/Psychosocial Screening:</u> The USPSTF recommends that clinicians screen adults aged 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse . B Recommendation</p> <p>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</p> <p>Adults who are not pregnant: The USPSTF recommends that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA)–approved pharmacotherapy for cessation to adults who use tobacco. A Recommendation</p> <p>Pregnant women: The USPSTF recommends that clinicians ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco. A Recommendation</p> <p>The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians provide interventions,</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2009 2. AAFP (2001) Updated 2005 3. USPSTF (1996) 2008, 2012, 2013, 2015, 2017, 2020 4. AAPD (2003) 5. ACOG (2006)

History and Physical Exam	Description	References
	<p>including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. B Recommendation.</p> <p>Promote smoke-free household nutrition/exercise, annual dental exam, child abuse / domestic violence and maintain adequate calcium intake to prevent osteoporosis.</p> <p>To prevent rickets and vitamin D deficiency in healthy children and adolescents, a vitamin D intake of at least 400 IU/day is recommended.</p> <p>Routine Iron Supplementation for children who are at increased risk for iron deficiency anemia.</p> <p><u>Anticipatory Guidance Sexual History & Reproductive Guidance:</u></p> <p>Age appropriate discussions to include but not limited to normal growth, development and maturation, the benefits of healthy lifestyle behaviors and choices, health education related to sexual choices including abstinence/birth control/safe sex,</p> <p>The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800</p>	

History and Physical Exam	Description	References
	μg) of folic acid.– A Recommendation)	

History and Physical Exam	Description	References
Safety Issues	<p>At office visits Safety Issues – age appropriate discussions include: Traffic Safety: bicycle safety, car seats, motorcycle helmet use, seatbelts, ATVs , teenage driving, pickup truck bed riding, skateboards, scooters, in-line skating. Burn Prevention: hot water temperature, smoke detectors, electrical outlets, grills, irons, ovens, fires Choking Prevention: choking/suffocation, Drowning Prevention: water safety, buckets, bathtubs, lifejackets, diving, and pool safety. Firearm Safety: in home firearms, storage Sports Safety: protective equipment, conditioning, appropriate and thorough sports H&P if indicated, AAP Pre Participation Physical Evaluation form, counseling against inappropriate nutrient supplements. Heat Stress in Exercising. Poison Prevention; phone number for poison control center. Instructions on how to call for help local emergency services, CPR</p> <p>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.</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2008 2. AAFP (1996) Updated 2005 3. USPSTF (1996) Updated 2004, 2012, 2018 4. Pediatrics (2007) 5. AAP (2009)

History and Physical Exam	Description	References
	<p>Sun exposure (tanning beds), depression/suicide, bug safety, occupational hazards, school hazards, recreational hazards such as on playgrounds and back yards, body piercing, tattoos, and other high risk behaviors such as cutting behavior, and the choking game.</p> <p>Syrup of ipecac is no longer to be used as a home treatment strategy.</p> <p>Domestic Violence: The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. This recommendation applies to women who do not have signs or symptoms of abuse. USPSTF – B Recommendation.</p> <p>Examples of IPV Screening Tools (not a comprehensive list)</p> <ul style="list-style-type: none"> • Woman Abuse Screening Tool (WAST) • HITS • Humiliation, Afraid, Rape, Kick (HARK) from: BMC Fam Pract. 2007; 8: 49 – Permission required • RADAR • Personalized Safety Plan 	

Laboratory Screening	Description	References
Tuberculosis	<ul style="list-style-type: none"> • 12 months to 18 years when indicated <p>A Mantoux should be done upon recognition of high risk factors. Community and personal risk factors should determine frequency. Tine test use is discouraged.</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2003 2. USPSTF (1996) Updated 2004 3. Bright Futures
Cholesterol Screening	<ul style="list-style-type: none"> • 24 months to 18 years when indicated • Screen for dyslipidemia once in patients between 9 and 11 years old (Bright Futures) <p>If family history cannot be obtained and other high risk factors are present, screening should be done at the discretion of the physician.</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2003 2. Bright Futures (2014) 2018
Chlamydia/ Gonorrhea and other STD Screening	<p><u>STI Screening</u></p> <p><u>HIV:</u> Bright Futures expanded the age range for a one-time general population check for HIV from 15-18 years to 15-21 years. 1.2023 Final Release</p> <p><u>Chlamydia:</u> The USPSTF recommends screening for chlamydia in sexually active women age 24 years or younger and in older women who are at increased risk for infection. USPSTF – B Recommendation</p> <p><u>Gonorrhea:</u> The USPSTF recommends screening for gonorrhea in sexually active women age 24 years or younger and in older women who are at increased risk for infection. USPSTF – B Recommendation</p> <p><u>Human immunodeficiency virus (HIV)</u> The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years.</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2003 2. USPSTF (1996)2007, 2012, 2014, 2016, 2019, 2020, 2022 3. AAFP (1996) Updated 2005 4. CDC (2006) 5. Bright Futures (2014) 2018, 2023

Laboratory Screening	Description	References
<p>STI Counseling</p>	<p>Younger adolescents and older adults who are at increased risk of infection should also be screened. A recommendation updated June 2019</p> <p>The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. A recommendation updated June 2019.</p> <p><u>Syphilis:</u> Screen all patients at increased risk for syphilis USPSTF A Recommendation</p> <p>The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection. A Recommendation</p> <p><u>Hepatitis C:</u> The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years. B Recommendation. March 2020</p> <p><u>Hepatitis B:</u> The USPSTF recommends screening for hepatitis B virus (HBV) infection in persons at high risk for infection. B recommendation for non-pregnant adolescents and adults</p> <p>The USPSTF recommends intensive behavioral</p>	<p>1. USPSTF 2014</p>

Laboratory Screening	Description	References
	counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. B Recommendation	
Papanicolaou Test (Pap Smear)	<p>The USPSTF recommends against screening for cervical cancer in women younger than age 21 years.</p> <p>The USPSTF recommends against screening for cervical cancer with HPV testing, alone or in combination with cytology, in women younger than age 30 years.</p> <p>ACOG/ACS/ASCCP/ASCPS all mirror USPSTF recommendations.</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2003 2. USPSTF (1996) Updated 2004, 2012 3. ACOG (2000) Updated 2010 4. AAFP (2005) 5. ACS -- American Cancer Society (2012) 6. ASCCP -- American Society for Colposcopy (2012) 7. ASCPS -- American Society for Clinical Pathology (2012)
Genetic Risk Assessment and BRCA Mutation Testing for Breast and Ovarian cancer Susceptibility	<p>The USPSTF recommends that primary care clinicians assess women with a personal or family history of breast, ovarian, tubal, or peritoneal cancer or who have an ancestry associated with breast cancer susceptibility 1 and 2 (BRCA1/2) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic counseling and, if indicated after counseling, genetic testing. B recommendation updated August 2019. Different tests can be used for screenings (This list is not all-inclusive).</p> <ul style="list-style-type: none"> • B-REST • FHS-7 <p>Any one of the following indicates a risk of having a BRCA mutation:</p>	<ol style="list-style-type: none"> 1. USPSTF (2005) 2. AMA (2006) 3. USPSTF (2014) 2019

Laboratory Screening	Description	References
	<ul style="list-style-type: none"> • Personal and/or family history of breast cancer diagnosed under the age of 50. • Personal and/or family history of ovarian cancer at any age. • Women of Ashkenazi Jewish ancestry diagnosed with breast cancer or ovarian cancer at any age, regardless of family history. • Personal and/or family history of male breast cancer. • Affected relatives with a known BRCA1 or BRCA2 mutation. • Bilateral breast cancer, especially if diagnosed at an early age. • Breast cancer and ovarian cancer in the same person. 	
Behavioral Counseling for Prevention of CVD	<p>The USPSTF recommends offering or referring adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention. B Recommendation</p>	<p>(USPSTF 2014)</p>

References

1. www.aafp.org/exam.xml AAFP (2005)
2. www.accessexcellence.org/WN/SUA05/dna_test_chlamydia.html *DNA Test for Chlamydia*, January 28, 1995.
3. *Tuberculosis Screening Fact Sheet*, Minnesota Department of Health, March 2002
4. American Academy of Pediatrics. *Don't Treat Swallowed Poison With Syrup of Ipecac Says AAP*. November 3, 2003.
5. www.cdc.gov/nccdphp/dnpa/bmi/ *BMI: Body Mass Index*. April 17, 2003.
6. www.aap.org/family/parents/immunize.htm AAP (2001)
7. US Preventive Services Task Force. *Guide to Clinical Preventive Services*. 2nd ed. Washington, DC: US Department of Health and Human Services; 1996.
8. <http://www.ahrq.gov/clinic/uspstfix.htm>. US Preventive Services Task Force. Washington, DC: US Department of Health and Human Services; 2005.
9. American Academy of Pediatrics, Committee on Practice and Ambulatory Medicine. Recommendations for pediatric preventive health care. www.aap.org . 2008.
10. American Academy of Family Physicians. *Summary of Policy Recommendations for Periodic Health Examination*. Kansas City, MO: American Academy of Family Physicians; 2004.
11. American College of Obstetricians and Gynecologists. *Cervical Cancer Screening: Testing Can Start Later and Occur Less Often Under New ACOG Recommendations*. July 31, 2003.
12. American College of Obstetricians and Gynecologists. *Primary and Preventive Care: Periodic Assessments*. Washington, DC: 2000.
13. American College of Obstetricians and Gynecologists. *ACOG Clarifies Recommendations on Cervical Cancer Screening in Adolescents*. September 30, 2004.
14. <http://www.portal.state.pa.us/portal/server.pt> In the "Search PA" box type "lead_elimination_plan_for_2010.pdf" PA Dept of Health Lead Elimination Plan
15. Pediatrics 2007 Jan;119 (1):202-6
16. U.S. Preventive Services Task Force. *Screening and Treatment for Major Depressive Disorder in Children and Adolescents: Recommendation Statement*. AHRQ Publication No. 09-05130-EF-2, March 2009. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf09/depression/chdeprsr.htm>
17. Wagner, CL, Greer FR, American Academy of Pediatrics Section on Breastfeeding, American Academy of Pediatrics Committee on Nutrition. Prevention of rickets and vitamin D deficiency in infants, children, and adolescents. Pediatrics 2008 Nov;122(5): 1142-52, National Guideline Clearinghouse Summary updated on June 8, 2009.
18. American Academy of Pediatrics, Summer Safety Tips – Part 1, 2009
19. U.S. Preventive Services Task Force. Screening for obesity in children and adolescents: U. S. Preventive Services Task Force Recommendation Statement.

20. *Pediatrics* 2010; 125: (2):265–272, 361-367. Klein JD, Sesselberg TS, Johnson MS, et al. Adoption of Body Mass Index Guidelines for Screening and Counseling in Pediatric Practice.
- 21 American College of Obstetricians and Gynecologists. *First Cervical Cancer Screening Delayed Until Age 21 Less Frequent Pap Tests Recommended*. November 20, 2009
22. *Pediatrics* 2007;120;S164-S192; "Expert Committee recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" by Sarah E. Barlow and the Expert Committee.