

# Preventive Health Guidelines for Adolescents

	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr
<b>HISTORY</b>	●	●	●	●	●	●	●	●	●
<b>NUTRITION SCREENING</b>	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>									
Height & Weight	●	●	●	●	●	●	●	●	●
Blood Pressure	●	●	●	●	●	●	●	●	●
<b>SENSORY SCREENING</b>									
Vision	○	◇	◇	○	◇	◇	○	◇	◇
Hearing/Speech	○	◇	◇	○	◇	◇	○	◇	◇
<b>DEVELOPMENTAL/ BEHAVIORAL HEALTH ASSESSMENT</b>	●	●	●	●	●	●	●	●	●
<b>PHYSICAL EXAM</b>	●	●	●	●	●	●	●	●	●
<b>DENTAL EXAM</b>	●	●	●	●	●	●	●	●	●
<b>SCREENINGS – General</b>									
Urinalysis				●					
Tuberculin Test	All teens screened for risk factors; testing based on individual risk								
Pelvic Exam	All sexually active females or initially at 18 to 21 years								
STD Screen	All sexually active teens								
Cholesterol	All teens screened for risk factors; testing based on individual risk								
<b>IMMUNIZATIONS<sup>1</sup></b>									
Tetanus	Td								
Measles, Mumps, Rubella	MMR <sup>2</sup>								
Varicella	Var <sup>2</sup>								
Hepatitis A	Hep A <sup>2</sup>								
Hepatitis B	Complete series if necessary								
Influenza	Yearly for high-risk groups								
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●

## Key

- To be performed
- ◇ Subjective by history
- Objective by standard testing method

Shading indicates range during which service should be performed

● range during which service should be provided with preferred age indicated

<sup>1</sup> Per the Recommended Childhood and Adolescent Immunization Schedule - United States, January - June 2004, Advisory committee on Immunization Practices ([www.cdc.gov/nip/aicp](http://www.cdc.gov/nip/aicp)).

<sup>2</sup> Vaccines to be assessed and given if indicated and not previously given

## Tips for Good Parenting

- Spend time with your teens, even older teens. Keep open and comfortable communication.
- Be a good role model. Show healthy habits like eating properly, exercising, using seat belts, not smoking.
- Have family rules, with clear limits and consequences for breaking the rules. Include the teen in setting expectations and rules. Some rules are not negotiable.
- Encourage responsibility, independence and working toward goals.
- Allow the teen to make age-appropriate decisions.
- Know about your teen's friends, school, and activities.
- Talk about ways to solve problems without violence.
- Tell your teens that drug use and underage drinking are not acceptable. Set a good example.
- Focus on encouraging positive behavior with constructive criticism and praise instead of just nagging. Be proud of your teen.
- Talk about sexuality and the family's expectations. Emphasize abstinence and responsible sex.
- Talk with your teen's health care practitioner if you have concerns about health, depression, school, social or other problems.

## Anticipatory Guidance for Teens

### Work on Having Healthy Habits

- Get enough sleep.
- Exercise vigorously at least 3 times each week.
- Limit TV time to an hour or less per day. Limit computer and video game time.
- Eat 3 meals a day, especially breakfast. Brush and floss your teeth.
- Choose healthy foods: lots of fruits and veggies, whole grains, low-fat dairy products, lean meats. Limit candies, chips, sugared soft drinks.
- Do not use tobacco, alcohol, marijuana, or other drugs including diet pills or body building steroids.
- Sexual abstinence is the best way to prevent pregnancy and diseases. If you are having sex, have an exam, educate yourself about birth control and safer sex and use condoms every time you have sex.

### Work on Preventing Injuries and Violence

- Use seatbelts, helmets, protective sports gear, and sunscreen.
- Do not carry or use a weapon of any kind.
- Develop skills in conflict resolution, negotiation, and dealing with your anger constructively.
- Get help if you are physically or sexually abused or fear you are in danger.

### Work on Being a Competent, Responsible Person

- Spend time with your family doing something you all enjoy.
- Respect your family's rules and consequences for unacceptable behaviors.
- Respect the rights and needs of others.
- Discuss gay and lesbian issues, abstinence and other issues related to sexuality.
- Practice handling negative peer pressure. Use your family's rules to help you.
- Recognize and learn to deal with stress.
- Identify your talents and interests and make plans for the future.
- Participate in school, social, religious, cultural, volunteer and recreational activities.
- Talk with someone if you are often stressed, nervous, sad or things are not going right.

## Recommended Developmental and Behavioral Health Assessment for Teens (HEADSS)

Home	Drugs and Alcohol	Sexuality
<ul style="list-style-type: none"> <li>● Where do you live? Who do you live with? How are things going at home? How do you get along with family members?</li> <li>● What would you like to change about your family's lifestyle if you could?</li> <li>● Have you or anyone in your family been involved with the criminal justice system in the last 12 months?</li> <li>● If living with 1 parent: how often do you see the parent who does not live with you? How do you feel about this arrangement?</li> <li>● If planning to leave home: how are you and your parent(s) dealing with your plans to leave home?</li> <li>● If already living away from home: how are you and your parent(s) dealing with your living away from home?</li> </ul>	<ul style="list-style-type: none"> <li>● Many young people experiment with drugs, alcohol, or tobacco. Do your friends smoke? Chew tobacco? Drink? Take drugs?</li> <li>● Tell me about your own smoking, drinking, drug use.</li> <li>● Are you worried about any friends or family members and how much they drink or use drugs?</li> <li>● Do you think your family is concerned about your smoking, drinking, or drug use?</li> <li>● Are you concerned about your smoking, drinking, or drug use?</li> </ul>	<ul style="list-style-type: none"> <li>● Has anyone ever tried to harm you physically or sexually? Is violence a part of your relationships with other people?</li> </ul>
Education	Social & Emotional Development	Sexuality
<ul style="list-style-type: none"> <li>● Are you going to school? Working?</li> <li>● Tell me some of the things you do best at school/work.</li> <li>● What is hard for you in school/at work?</li> <li>● If not in school or work: How is the school/job search going?</li> </ul>	<ul style="list-style-type: none"> <li>● Are there things that make you very worried, sad or angry? Who can you talk to about these things?</li> <li>● Have you ever thought about running away or leaving home?</li> <li>● Have you ever felt really down and depressed? What did you do?</li> <li>● Have you ever thought about hurting or killing yourself? Have you tried? Tell me about that...</li> <li>● Do you know if any of your friends or relatives have tried to hurt or kill themselves?</li> <li>● Have you ever been in trouble at school or with the law?</li> <li>● If you could change anything in your life, what would you change?</li> <li>● Do you own a gun or is one kept in your house? Can you handle it if you like or is it locked away?</li> <li>● Do you feel safe at home and at school? If not, why not?</li> </ul>	<ul style="list-style-type: none"> <li>● Have you started dating?</li> <li>● An interest in sex is normal and healthy at your age. Do you have any worries or questions about sex?</li> <li>● Have you ever had sex? If no, praise abstinence. Offer support, services if needed later. If yes, do you have sex with males, females, or both?</li> <li>● Would you say that you have had sex when you really didn't want to? What can you do if that situation happens again?</li> <li>● Have you ever been pregnant or gotten someone pregnant?</li> <li>● Have you ever had any sexually transmitted diseases?</li> <li>● Do you use any kind of birth control? What kind? Do you always use it or sometimes forget?</li> </ul>
<ul style="list-style-type: none"> <li>● What do you do for fun or in your spare time?</li> <li>● Tell me about your best friend(s). What do you like to do together?</li> <li>● Outside school, work and family, what activities are really important to you?</li> <li>● How easy or hard is it for you to make friends?</li> </ul>	<ul style="list-style-type: none"> <li>● 2 or more of the following characteristics may indicate a need for additional screening</li> <li>● Teen parent</li> <li>● Death of family member or good friend in past year</li> <li>● Parental mental retardation, mental illness, substance abuse, incarceration, involvement with criminal justice system</li> <li>● Current or historical abuse or neglect</li> <li>● Chronic unemployment or homelessness</li> </ul>	

Adapted from the Guide to Clinical Preventive Services (2<sup>nd</sup> Ed.) Bright Futures ([www.brightfutures.org](http://www.brightfutures.org)), American Academy of Pediatrics ([www.aap.org](http://www.aap.org)) Recommendations for Preventive Pediatric Health Care, AAP Guidelines for Health Supervision III; American Medical Association Guidelines for Adolescent Preventive Services, Advisory Committee on Immunization Practices (ACIP) ([www.cdc.gov/nip](http://www.cdc.gov/nip)) and State of New Mexico Department of Health ([www.health.state.nm.us](http://www.health.state.nm.us)). These recommendations are intended to be guidelines. In some cases, it may be necessary to tailor the recommendations to meet the needs of the patient and their individual situation.