

# Preventive Health Guidelines for Children

## 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> See guidelines for Development/Behavioral Assessment and Anticipatory Guidance

<sup>2</sup> State of New Mexico Metabolic Screen includes:  
 ● Biotinidase Deficiency  
 ● Galactosemia  
 ● Hemoglobinopathies  
 ● Congenital Hypothyroidism  
 ● PKU

<sup>3</sup> The immunization schedule reflects the current ACIP schedule. If the ACIP schedule changes, immunizations should be given according to the most current ACIP schedule

<sup>4</sup> The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11–12 year old visit.

<sup>5</sup> The American Dental Association Position Statement (2000:454), the American Academy of Pediatrics Policy Statement (May 2003), & the American Academy of Pediatric Dentistry Policy (revised 2003) regarding Early Childhood Caries uniformly recommends the “initiation of a child’s first dental visit to occur within 6 months of eruption of the first tooth and no later than 12 months of age.

<sup>6</sup> Influenza vaccine is recommended annually for children age ≥ 6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes, and household members of person in groups at high risk; see MMWR2002;51 (RR-3); 1-31), and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6–23 months are encouraged to receive influenza vaccine if feasible because children in this age group are at substantially increased risk for influenza-related hospitalizations. Children aged ≤ 12 years should receive vaccine in a dosage appropriate for their age. Children aged ≤ 8 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

<sup>7</sup> Hepatitis A vaccine is recommended for children and adolescents in selected states and regions, and for certain high-risk groups; consult your local public health authority. Children and adolescents in these states, regions, and high risk groups who have not been immunized against hepatitis A can begin the hepatitis A vaccination series during any visit. The two doses in the series should be administered at least 6 months apart. See MMWR 1999; 48(RR-12); 1-37.

<sup>8</sup> The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children age 2–23 months. It is also recommended for certain children age 24–59 months. Pneumococcal polysaccharide vaccine (PPV) is recommended in addition to PCV for certain high risk groups including Native Americans/Alaska Natives. See MMWR 2000;49(RR-9);1-38.

(Revised 7/04)

### INFANCY

### EARLY CHILDHOOD MIDDLE CHILDHOOD

### ADOLESCENCE

	Birth	1 mo	2 mo	4 mo	6 mo	9 mo	12mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	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>																									
Length/Height & Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>SENSORY SCREENING</b>																									
Vision	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	○	○	○	○	○	○	○	◇	◇	○	◇	◇	○	◇	◇
Hearing/Speech	○	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	○	○	○	○	○	○	◇	◇	○	◇	◇	○	◇	◇
<b>DEVELOPMENTAL/ BEHAVIORAL HEALTH ASSESSMENT<sup>1</sup></b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>PHYSICAL EXAM</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>DENTAL EXAM<sup>5</sup></b>							●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>PROCEDURES – General</b>																									
State Metabolic Screen <sup>2</sup>	●																								
Vitamin K	●																								
Eye Prophylaxis	●																								
Hematocrit/Hemoglobin							●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Lead Screen							●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Urinalysis												●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>PROCEDURES – Pts at Risk</b>																									
Tuberculin Test	Testing should be done upon recognition of high risk factors																								
Pelvic Exam																	All sexually active females or initially at 18-21 years								
STD Screen																	All sexually active teens								
Cholesterol	Testing should be done upon recognition of high risk factors																								
<b>IMMUNIZATIONS<sup>3</sup></b>																									
Hepatitis A <sup>7</sup>																									
Hepatitis B	#1	#2		#3																					
Diphtheria, Pertussis, Tetanus			DTaP	DTaP	DTaP									DTaP											
Polio			IPV	IPV										IPV											
Measles, Mumps, Rubella																									
Haemophilus Influenza B			HIB	HIB	HIB																				
Varicella																									
Pneumococcal (PCV and PPV) <sup>8</sup>			PCV	PCV	PCV																				
Influenza (yearly) <sup>6</sup>			Influenza yearly (for high risk groups)																						
<b>ANTICIPATORY GUIDANCE<sup>1</sup></b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

Adapted from the Guide to Clinical Preventive Services (2nd Ed.), Bright Futures (www.brightfutures.org), American Academy of Pediatrics (www.aap.org) Recommendations for Preventive Pediatric Health Care, Advisory Committee on Immunization Practices (ACIP) (www.cdc.gov/nip), and State of New Mexico Department of Health (www.health.state.nm.us). Recommended Childhood and Adolescent Immunization Schedule – United States, 2003, Approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians, February 2000 American Dental Association Policy Statement. 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. (Sources: Recommended Childhood and Adolescent Immunization Schedule – United States, 2003, Approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. February 2000 American Dental Association Policy Statement)