

**AvMed Health Plans
2011-2012 Pediatric Preventive Care Recommendations**

	0-1 (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
Well Care Visit				
<p>Includes each of the following: Health & Developmental History (Physical & Mental);</p> <p><u>History</u>: Allergies, Injury/illness;</p> <p><u>Sensory Screen</u>: Vision, hearing, speech; <u>Screenings</u>: lead risk, tuberculosis assessment and administration of appropriate immunizations.</p> <p><u>Physical Exam</u>: height, weight, head circumference, reflexes.</p> <hr/> <p>Health Education/ Anticipatory Guidance:</p> <p><u>Habits</u>: Car seat, sunscreen, oral health;</p> <p><u>Family</u>: cuddling, playtime, independence;</p> <p><u>Social</u>: exploration, toilet training, success in school;</p> <p><u>Nutrition</u>: good eating habits.</p>	<p>Before baby is dismissed from hospital or 48-72 hours of age.</p> <p>Ages 2-4 weeks and 2,4,6,9 and 12 months.</p> <p>Assess breastfeeding infants between 3-5 days of age.</p>	<p>Ages 15, 18, 24 months and 3 and 4 years.</p>	<p>Ages 5, 6, 8 and 10 years. Annually between ages 11-21.</p>	

Sources: American Academy of Pediatrics, Center for Disease Control, US Preventive Services Task Force, National Institutes of Health, American Academy of Family Physicians

*ACIP-Advisory Committee on Immunization Practices

Approved by CQIC: 03/15/07; 05/15/08; 03/19/09, 03/25/10, 04/14/11

AvMed Health Plans
2011-2012 Pediatric Preventive Care Recommendations

	0-1 (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
Recommended Screenings and Routine Labs				
Anemia: Hgb/Hct	Once between ages 9-12 months.	At risk should be screened at ages 1-5.		Annually at physician's discretion.
Lead	Risk assessments at 6 and 9 months. If at risk, screening at age 1	Risk assessments at 18 months, 3 and 4, years of age. If at risk, screening at age 2	Risk Assessment at 5 and 6 years of age	Not Routine
Urinalysis	Not routine.		Once at age 5 years or physician's discretion.	Not routine.
Cholesterol	Not routine.	Screen children age 2-17 years if at risk.		
Blood Pressure	Not routine.	Every routine visit starting at age 3.		
T4/TSH	Between 2 and 4 days of age.			
Sensory Screenings				
Hearing	Newborn prior to discharge or by age 1 month.	Hearing test at ages 4,5,6,8,10 years of age. If test is performed in another setting, such as a school, it does not need to be repeated, but findings should be documented in child's medical record. Subjective assessment at all other routine checkups.		
Vision/Eye Care	Newborn prior to discharge. Evaluation by age 6 months.	Visual acuity test at ages 3,4,5,6,8,10,12,15 and 18 years. If test is performed in another setting, such as a school, it does not need to be repeated, but findings should be documented in child's medical record. Visual Acuity between ages 3 – 5 years.		

Sources: American Academy of Pediatrics, Center for Disease Control, US Preventive Services Task Force, National Institutes of Health, American Academy of Family Physicians

*ACIP-Advisory Committee on Immunization Practices

Approved by CQIC: 03/15/07; 05/15/08; 03/19/09, 03/25/10, 04/14/11

**AvMed Health Plans
2011-2012 Pediatric Preventive Care Recommendations**

	0-1 (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
Infectious Disease Screenings				
Hepatitis C	Not routine.	Test after age 12 months in children with hepatitis C virus-infected mothers.	Not routine.	Periodic testing of all patients at high risk.
Tuberculosis (TB)	Tuberculin skin testing of all patients at high risk.	Tuberculin skin testing of all patients at high risk.	Screen patients with risk factors and all pregnant adolescents.	
HIV	Not routine.			Screen patients with risk factors and all pregnant adolescents.
Sexually Transmitted Infections	Not routine.			<p>For chlamydia and gonorrhea: Annually screen all sexually active patients and pregnant adolescents if at risk.</p> <p>For syphilis: Screen sexually active and pregnant adolescents at risk. Counsel regarding safe and healthy sexual behaviors, including abstinence.</p>
Cancer Screening				
Cervical Cancer Screenings	Not routine.			Pap test and pelvic exam at 3 years after first sexual intercourse and thereafter every 1-3 years.
Testicular Exam	Not routine.			Clinical testicular exam and self-exam instruction annually beginning at age 15.

Sources: American Academy of Pediatrics, Center for Disease Control, US Preventive Services Task Force, National Institutes of Health, American Academy of Family Physicians

*ACIP-Advisory Committee on Immunization Practices

Approved by CQIC: 03/15/07; 05/15/08; 03/19/09, 03/25/10, 04/14/11

AvMed Health Plans
2011-2012 Pediatric Preventive Care Recommendations

	0-1 (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
--	----------------------	------------------------------	--------------------------------	----------------------------

General Counseling

All parents and patients should be periodically screened and counseled as appropriate regarding infant sleep positioning, alcohol/substance abuse, tobacco, diet/nutrition, obesity & eating disorders, physical activity, injury and violence prevention/safety, motor vehicle injury prevention, behavioral health, media exposure, sexual activity, violent behavior/firearms safety, depression/suicide, family violence/abuse, parenting.

Immunizations

Hepatitis B (HepB)	Birth, 1-2 months and 6-18 months.	3 dose series to those that were not previously immunized or incomplete series.		
Hepatitis A (HepA)	Not routine.	Between 12 - 23 months, 2 nd dose at 6 months apart.		
Diphtheria, Tetanus, Pertussis (DTaP)	At 2,4,6 months and once between ages 15-18 months.	Once between ages 4 and 6 years.		Administer Tdap at age 11-12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a booster. 13-18 year olds who missed the 11-12 year Tdap or received TD, followed by a Td booster every 10 years
H. influenzae type b (Hib)	At 2,4 and 6 months and once between ages of 12-15 months.	If not previously immunized or incomplete series.	Not routine.	
Polio (IPV)	At 2 and 4 months; once between ages 6-18 months.	Once between the ages of 4 and 6 years.	If not previously immunized or incomplete series.	

Sources: American Academy of Pediatrics, Center for Disease Control, US Preventive Services Task Force, National Institutes of Health, American Academy of Family Physicians

*ACIP-Advisory Committee on Immunization Practices

Approved by CQIC: 03/15/07; 05/15/08; 03/19/09, 03/25/10, 04/14/11

**AvMed Health Plans
2011-2012 Pediatric Preventive Care Recommendations**

	0-1 (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
Immunizations (cont.)				
Pneumococcal conjugate (PCV)*	At 2,4,6 months and between 12 and 15 months.	Catch up dose at 2 years or next visit; Children 24-59 months who are not vaccinated may need 1 or 2 doses of PCV.		Administer to children aged 2 years and older with certain high-risk conditions.
Measles, Mumps, Rubella (MMR)	Once between the ages of 12-15 months.	Once between the ages 4 and 6 years.		If not previously immunized or incomplete series.
Varicella (VZV)	First dose between 12 and 15 months.	2nd dose between 4 and 6 years of age		2 doses, if not previously immunized, for ages 13 years or older at least 4 weeks apart.
Meningococcal (MCV)	Recommended for children ages 2-10 with certain medical conditions.			Once at age 11 or 12 years. At age 13-18 if not previously immunized.
Influenza	One dose annually 2 doses to children younger than 8 years who are receiving for first time or who only received one dose last season. Doses should be 4 weeks apart.			One dose annually
Rotavirus (RV)	3 doses at 2, 4, and 6 months depending on type of RV administered.			

Sources: American Academy of Pediatrics, Center for Disease Control, US Preventive Services Task Force, National Institutes of Health, American Academy of Family Physicians

*ACIP-Advisory Committee on Immunization Practices

Approved by CQIC: 03/15/07; 05/15/08; 03/19/09, 03/25/10, 04/14/11

**AvMed Health Plans
2011-2012 Pediatric Preventive Care Recommendations**

	0-1 (Infancy)	1-4 (Early Childhood)	5-10 (Middle Childhood)	11-18 (Adolescence)
Immunizations (cont.)				
Human Papillomavirus (HPV)				<p>Females first dose 11 or 12 year olds, 2nd dose 1-2 mths after the 1st dose & 3rd dose 6 mths after first dose.</p> <p>HPV4 maybe administered in a 3-dose series to males aged 9-18 years. ACIP* does not recommend HPV4 for routine use among males.</p> <p>Administer at 13-18 if not previously vaccinated.</p>

Sources: American Academy of Pediatrics, Center for Disease Control, US Preventive Services Task Force, National Institutes of Health, American Academy of Family Physicians

*ACIP-Advisory Committee on Immunization Practices

Approved by CQIC: 03/15/07; 05/15/08; 03/19/09, 03/25/10, 04/14/11