1. General Recommendations – see table below. Provide preventive services for children in accordance with the recommendation summarized in the following table. (References: 1, - AAP; 14, 16, 17, 18, 21, 22, 23, 25 - USPSTF).

For Texas Medicaid, ages 0 to 21, please use the periodicity schedule at http://www.dshs.texas.gov/thsteps/providers.shtm

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<tr>
<th>AGE</th>
<th>Height and Weight</th>
<th>Length/Height and Weight</th>
<th>Head Circumference</th>
<th>Heart Circumference</th>
<th>Weight for Length</th>
<th>Back Mass Index*</th>
<th>Blood Pressure*</th>
<th>Vision*</th>
<th>Hearing</th>
<th>Dental Exam</th>
<th>Developmental Screening</th>
<th>Oral Health Assessment</th>
<th>Immunizations*</th>
<th>Nutritional Assessment</th>
<th>Physical Examination*</th>
<th>Immunizations*</th>
<th>Orally Discontinued*</th>
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**KEY:** ● = to be performed * = risk assessment to be performed with appropriate action to follow, if positive = range during which a service may be provided.

Footnotes:

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up-to-date at the earliest possible time.

2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per “The Prenatal Visit” (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).

4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full).

5. Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).


7. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

8. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and “Procedures for the Evaluation of the Visual System by Pediatricians” (http://pediatrics.aappublications.org/content/137/1/e20153597).

9. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (http://pediatrics.aappublications.org/content/120/4/898.full).

10. Verify results as soon as possible, and follow up, as appropriate.

11. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See “The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies” (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).

12. See “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (http://pediatrics.aappublications.org/content/118/1/405.full).

13. Screening should occur per “Identification and Evaluation of Children With Autism Spectrum Disorders” (http://pediatrics.aappublications.org/content/120/5/1183.full).

14. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See “Promoting Optimal Development: Screening for Behavioral and Emotional Problems” (http://pediatrics.aappublications.org/content/135/2/384) and “Poverty and Child Health in the United States” (http://pediatrics.aappublications.org/content/137/4/e20160339).


17. Screening should occur per “Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice” (http://pediatrics.aappublications.org/content/126/5/1032).

18. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Chaperones During the Physical Examination of the Pediatric Patient” (http://pediatrics.aappublications.org/content/127/5/991.full).

19. These may be modified, depending on entry point into schedule and individual need.

20. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs.

21. Verify results as soon as possible, and follow up, as appropriate.

22. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See “Hyperbilirubinemia in the Newborn Infant ≥35 Weeks’ Gestation: An Update with Clarifications” (http://pediatrics.aappublications.org/content/124/4/1193).

23. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (http://pediatrics.aappublications.org/content/129/1/190.full).

24. Schedules, per the AAP Committee on Infectious Diseases, are available at http://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child’s immunizations.

25. See “Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0–3 Years of Age)” (http://pediatrics.aappublications.org/content/126/5/1040.full).


27. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.

28. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.


30. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases.

31. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsshiv.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active,
participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

32. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm). Indications for pelvic examinations prior to age 21 are noted in “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (http://pediatrics.aappublications.org/content/126/3/583.full).

33. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See “Maintaining and Improving the Oral Health of Young Children” (http://pediatrics.aappublications.org/content/134/6/1224).


35. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/content/134/3/626).

36. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/content/134/3/626).

Preventive Health Guidelines for Children Age Birth To 18

Part I: Neonates (Birth to 1 Month)

1. History and Physical Examination (Reference: 1-AAP)
   - Perform newborn examination and at 3-5 days:
     a) History
     b) Physical exam
     c) Length and weight, weight for length
     d) Head circumference
     e) Development surveillance

2. Screening Tests (References: 2, 3 – AAP; 4, 5, 6 – USPSTF; 7, 8, 9, 10, 11 – States of Illinois, Montana, New Mexico, Oklahoma and Texas)
   - Perform screening tests prior to discharge or transfer from the nursery, but no later than 7 days of age. The USPSTF is not updating the recommendation for screening for phenylketonuria, congenital hypothyroidism and sickle-cell disease and refers to the Health Resources & Service Administration (HRSA) and the Recommended Uniform Screening Panel (RUSP). However, state regulations define required screening. The state-specific lists of required newborn screening can be found at these sites:

   IL http://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening
   MT http://dpdhs.mt.gov/publichealth/cshs/NewbornScreeningPrograms.aspx
   NM http://nmhealth.org/about/phd/fhb/cms/nbgs/
   OK Newborn Screening Program - Oklahoma State Department of Health
   TX https://www.dshs.texas.gov/newborn/screened_disorders.shtm
3. **Ocular Chemoprophylaxis** (Reference: 12 – USPSTF)
   - Administer ocular antibiotic prophylaxis at birth.

4. **Immunizations** (References: 13, 19 – CDC)
   - Administer immunizations in accordance with the ACIP Recommended Immunization Schedules for Persons Aged 0 through 18 Years. Copies of the Schedules are attached at the end of the document.

5. **Counseling/Anticipatory Guidance** (Reference: 1 – AAP)
   - Relevant topics include injury prevention, nutrition, and sleep positioning.

**Part II: Children Age 1 month through 17 years – Average Risk Pediatric Population**

1. **General Recommendations – see table below.** Provide preventive services for children in accordance with the recommendation summarized in the following table. (References: 1, - AAP; 14, 16, 17, 18, 21, 22, 56, 66 - USPSTF).
   - For Texas Medicaid, ages 0 to 21, please use the periodicity schedule at http://www.dshs.texas.gov/thsteps/providers.shtm.

2. **Immunizations** (References: 13 - CDC; 19 – ACIP; 20 – NMDOH)
   - Administer immunizations in accordance with ACIP Recommended Immunization Schedules for Persons Aged 0 through 18 years, or in accordance with state law or mandates if such exist. Copies of the ACIP immunization schedules are attached at the end of this document.
   - NOTE: New Mexico physicians/practitioners are encouraged to follow the optimized “Done By One” immunization schedule. A copy of the “Done By One” schedule is attached and the most current version is available online at http://nmhealth.org/publication/view/general/450.

3. **Prevention of Dental Caries in Children from Birth through Age 5 Years** (Reference: 67 - USPSTF)
   - The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride. It is also recommended that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

**Part III: Recommendations for Select Populations at Risk**

1. **Iron Supplementation** (Reference: 15 – USPSTF)
   - The U.S. Preventive Services Task Force (USPSTF) concludes that evidence is insufficient to recommend for or against routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months.

2. **Hepatitis B Screening** (Reference: 68 – USPSTF)
   - Screen for Hepatitis B in adolescents at high risk for infection. Risk factors include country of origin, HIV-positive persons, injection drug users, household contacts or sexual partners of persons with HBV infection, and men who have sex with men. Screening is also recommended for persons receiving hemodialysis or cytotoxic or immunosuppressive therapy.

3. **Behavioral Counseling to Prevent Skin Cancer** (Reference: 62 - USPSTF)
   - Children and adolescents age 6 months to 24 should be counseled about minimizing ultraviolet radiation to reduce risk for skin cancer.

4. **Sexually Transmitted Infections** (Reference: 16, 17, and 18 – USPSTF)
   - **a) Gonorrhea** - Screen for Gonorrhea in sexually active adolescent females.
   - **b) Chlamydia** - Screen for Chlamydia in sexually active adolescent females.
   - **c) Behavioral Counseling** - Intensive behavioral counseling is recommended for all sexually active adolescents.
References


8. Texas Department of State Health Services. All Texas newborns are screened for these disorders. Available at: https://www.dshs.texas.gov/health/newborn/screened_disorders.shtm. Accessed March 27, 2018. A list of the disorders for which Texas newborns are screened is provided.

9. Oklahoma State Department of Health. Newborn Screening. Accessed March 27, 2018. Available at: https://www.ok.gov/health/Community_Family/HealthScreening_SpecialServices/Newborn_Screening_Program/. Every baby born in Oklahoma is required to have a blood test in the first week of life; a link is provided to the list of disorders included in the testing.

10. New Mexico Department of Health. New Mexico Department of Health Newborn Screening Program. Available at: https://nmhealth.org/about/phd/ftb/cms/nbs/. Accessed March 27, 2018. The State of New Mexico mandates two Newborn Screens be collected on every Newborn born in New Mexico.


15. U.S. Preventive Services Task Force. Screening and supplementation for iron deficiency anemia May 2006. Available at: http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/iron-deficiency-anemia-screening. Accessed March 20, 2018. USPSTF concludes that evidence is insufficient to recommend for or against routine screening for iron deficiency anemia in asymptomatic children aged 6 to 12 months, but recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia. This Recommendation is for informational purposes only since it is not an A or B recommendation.


56. U.S. Preventive Services Task Force. Screening for human immunodeficiency virus infection. April 2013. Available at: http://www.uspreventiveservicestaskforce.org/uspshepb.htm. Accessed March 30, 2018. The USPSTF recommends that clinicians screen for HIV infections in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at risk should also be screened. The USPSTF recommends that clinicians screen all pregnant women for HIV. The evidence is insufficient to determine optimum time intervals for HIV screening.


