



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
Well Child Exam:	7 to 18 years annually These guidelines apply to healthy children. Children with medical conditions may require additional follow-up.	1. AAP (2000) 2. Bright Futures (2008)
- Weight	All well child visits	1. AAP (2000) Updated 2007 2. AAFP (2002) Updated 2005
- Height	All well child visits	3. USPSTF (1996) Updated 2004, 2010
- BMI percentile	All well child visits beginning at 2 yr. Calculate and plot BMI once a year in all children and adolescents. Children with a BMI at or above the 95th percentile (obese or hypoventilation syndrome) would be allowed four (4) preventive health office follow-up visits specifically for obesity per year and a blood pressure taken; unlimited nutritional counseling visits specifically for obesity per year; and one (1) set of recommended laboratory	4. CDC (2004) 5. Expert consensus opinion of the 2008 Preventive Health QI Committee 6. Alliance for a Healthier Generation (2011)

History and Physical Exam	Description	References
<p>- Blood Pressure</p> <p>Vision Screening Assessment:</p> <p>- Distance Visual Acuity</p>	<p>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; unlimited 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 $\geq 95^{\text{th}}$ 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. 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 treatment. A Recommendation</p> <p>8-year, 10-year, 12-year, 15-year, and when indicated. If patient is uncooperative, re-screen within 6</p>	<p>1. AAP (2000) Updated 2005, 2. USPSTF, 2007, 2015</p> <p>1. AAP (2000) Updated 2005 2. USPSTF (1996) Updated 2004, 2015</p>

History and Physical Exam	Description	References
Anxiety Screening	The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years. B Recommendation	4. USPSTF 2022
Illicit Drug Use	The USPSTF recommends screening for illicit drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. B Recommendation	1. USPSTF 2020

History and Physical Exam	Description	References
Anticipatory Guidance/ Psychosocial Screening/Sexual History & Reproductive Guidance	<p>At office visits</p> <p><u>Anticipatory Guidance/Psychosocial Screening:</u> Age-appropriate discussions include but not limited to substance abuse, drinking and driving/riding with someone who is under the influence of alcohol and or other abusive substances.</p> <p>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>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 USPSTF recommends that primary care clinicians provide interventions, including</p>	<ol style="list-style-type: none"> 1. AAP (2000) Updated 2009 2. AAFP (2001) Updated 2005 3. USPSTF (1996) 2008, 2012, 2013,2014, 2017, 2020 4. AAPD (2003) 5. ACOG (2006)

History and Physical Exam	Description	References
	<p>education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. B Recommendation. April 2020</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 µg) of folic acid. A Recommendation</p>	

History and Physical Exam	Description	References
Safety Issues	<p>At office visits</p> <ul style="list-style-type: none"> • 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 • 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 	<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>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 <ul style="list-style-type: none"> • 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. • Sun exposure (tanning beds) • Depression/suicide • Bug safety • Occupational hazards • School hazards and 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. 	

History and Physical Exam	Description	References
	<ul style="list-style-type: none"><li data-bbox="892 321 1446 386">• Syrup of ipecac is no longer to be used as a home treatment strategy.	

Laboratory Screening	Description	References
Tuberculosis	<ul style="list-style-type: none"> 12 months to 18 years when indicated. A Mantoux should be done upon recognition of high-risk factors. Community and personal risk factors should determine frequency. Tine test use is discouraged. 	<ol style="list-style-type: none"> AAP (2000) Updated 2003 USPSTF (1996) Updated 2004 Bright Futures
Latent TB Screening	<ul style="list-style-type: none"> The USPSTF recommends screening for latent tuberculosis infection (LTBI) in populations that are at increased risk. 	<ol style="list-style-type: none"> USPSTF 2016
Cholesterol Screening	<ul style="list-style-type: none"> 24 months to 18 years when indicated Screen for dyslipidemia in patients once 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"> AAP (2000) Updated 2003 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. 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. B Recommendation</p> <p><u>NYS: Human immunodeficiency virus (HIV)</u></p>	<ol style="list-style-type: none"> AAP (2000) Updated 2003 USPSTF (1996) 2007, 2012, 2014, 2016, 2019, 2020, 2022 AAFP (1996) Updated 2005 CDC (2006) Bright Futures (2014) 2018, 2023 NYS Public Health Law, Article 27-F (2010)

Laboratory Screening	Description	References
	<p>The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. 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>NY Public Health Law, Article 27-F, section 2781-A requires that every individual age 13 and older be offered an HIV test at least once as part of routine health care. All pregnant women in NYS must be offered HIV testing as a clinical recommendation as early as possible during pregnancy. Third trimester testing is recommended for all pregnant women in NYS who tested negative for HIV earlier in their pregnancy.</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.</p>	

Laboratory Screening	Description	References
	<p>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>	
STI Counseling	The USPSTF recommends intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections. B Recommendation	1. USPSTF (2014), 2020
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 2004,2011, 2012 3. ACOG (2000) Updated 2010,2011 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	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 (<i>BRCA1/2</i>) gene mutations with an appropriate brief familial risk assessment tool. Women with a positive result on the risk assessment tool should receive genetic	<ol style="list-style-type: none"> 1. USPSTF (2005) (2013) 2. AMA (2006) 3. USPSTF (2014) 2019

Laboratory Screening	Description	References
	<p>counseling and, if indicated after counseling, genetic testing. B Recommendation</p> <p>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> <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	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	1. USPSTF (2014), 2020

Laboratory Screening	Description	References
	<p>healthful diet and physical activity for CVD prevention. B Recommendation</p> <p>The USPSTF recommends offering or referring adults with cardiovascular disease risk factors to behavioral counseling interventions to promote a healthy diet and physical activity. B Recommendation</p>	

References

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