2021 Pediatric Preventive Health Guidelines: Ages 0 through 6 Years


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<th>History and Physical Exam</th>
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### Well-Child Exam

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| **Sickle Cell Disease**   | All newborns regardless of birth setting. Birth attendants should make arrangements for samples to be obtained, and the first physician to see the child at an office visit should verify screening results. Confirmatory testing should occur no later than 2 months of age. USPSTF – A Recommendation. | 1. AAP (2000) Updated 2007  
2. Bright Futures (2008) |
| **Congenital Hypothyroidism** | All newborns between 2 and 4 days of age. Infants discharged from hospitals before 48 hours of life should be tested immediately before discharge. USPSTF – A Recommendation. | 1. AAP (2000) Updated 2007  
5. Expert consensus opinion of the 2008 Preventive Health QI Committee  
6. Alliance for a Healthier Generation (2011) |
| **Weight** | **- Weight** | All well child visits | 1. AAP (2000) Updated 2007  
2. Bright Futures (2008) |
| **Height** | All well child visits | 1. AAP (2000) Updated 2007  
5. Expert consensus opinion of the 2008 Preventive Health QI Committee  
6. Alliance for a Healthier Generation (2011) |
| **BMI percentile** | All well child visits beginning at 2 yr. Calculate and plot BMI once a year in all children starting at 2 years of age. | 1. AAP (2000) Updated 2007  
2. Bright Futures (2008) |

**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 studies (lipid profile, hemoglobin A1c, AST, ALT and fasting glucose). The USPSTF recommends that clinicians screen for obesity in children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status. USPSTF – B Recommendation.
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<tr>
<td>Head Circumference</td>
<td>All well child visits from first visit to 24 months of age</td>
<td>AAP (2000) Updated 2005</td>
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| Blood Pressure            | All well-child visits starting at 3 years of age, unless clinically indicated before age 3. | 1. AAP (2000) Updated 2005  
2. USPSTF(1996) Updated 2004  
| Vision Screening Assessment: | | |
| - Distance Visual Acuity  | 3 year, 4 year, 5 year, 6 year and when indicated. If patient is uncooperative, re-screen within 6 months. This is not an optical exam. Optical exams require additional vision benefits. The USPSTF recommends screening to detect amblyopia or its risk factors, strabismus, and defects in visual acuity at least once in children ages 3-5 years old. USPSTF – B Recommendation. Bright Futures Vision Screening: Instrument based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3-5 years of age. | 1. AAP (2000) Updated 2005  
| - Ocular Alignment        | | |
| - Ocular Media Clarity    | | |
| Hearing Screening         | 4 years, 5 years, 6 years and when indicated Children identified at risk for hearing loss should be objectively screened annually. | 1. AAP (2000) Updated 2005  
| Developmental Screening/ Autism Screening | Developmental screenings at 9, 18, and 30 months of age (though the 30 month screening can be completed as early as 24 months if the clinical need arises) and Autism Screening at 18 and 24 months of age. Different tests can be used for screenings (This list is not all-inclusive). • PEDS (parents' evaluation of developmental status) for general developmental screening  
• CHAT (checklist for autism in toddlers)  
• M-CHAT for autism screening  
• M-CHAT-R/F for autism screening | 1. AAP (2000) Updated 2010  
2. USPSTF(2001) Updated 2004  
4. NIH (2014) |
<p>| Counseling Ultraviolet Radiation | 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. | 1.USPSTF 2018 |
| Fluoride Varnish          | The USPSTF recommends the application of fluoride varnish to the | USPSTF 2008, 2014 |</p>
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| Primary teeth of all infants and children starting at the age of primary tooth eruption in primary care practices. The USPSTF recommends primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is fluoride deficient. B Recommendation | | 1. AAP (2000) Updated 2008  
2. AAFP (1996) Updated 2005  
5. AAP (2009) |
| Safety Issues | All well child visits  
Safety Issues – age appropriate discussions include:  
Traffic Safety; bicycle safety, car seats, motorcycle helmet use, seatbelts, ATVs, skateboards, scooters, in-line skating.  
Burn Prevention: hot water temperature, milk and formula heating, smoke detectors, electrical outlets, grills, irons, ovens, fires.  
Fall Prevention: window and stairway gates/guards, falls,  
Choking Prevention: choking/suffocation,  
Drowning Prevention: water safety, buckets, bathtubs, lifejackets, diving, pool safety  
Firearm Safety: in home firearms, storage  
Sports Safety: protective equipment, conditioning  
Heat Stress in Exercising  
Safe Sleep Environment: sleep position “Back to Sleep”, co-sleeping, family bed  
Poison Prevention; phone number for poison control center.  
Syrup of ipecac is no longer to be used as a home treatment strategy. Instructions on how to call for help local emergency services, CPR  
Sun exposure, depression/suicide, bug safety, school hazards, and recreational hazards such as on playgrounds and in back yards, lawn mower hazards and other high risk behaviors such as cutting behavior, and the choking game.  
The USPSTF recommends that primary care clinicians provide interventions, including education or brief counseling, to prevent initiation of tobacco use among school-aged children and adolescents. B Recommendation. April 2020 | 1. AAP (2000) Updated 2008  
2. AAFP (1996) Updated 2005  
5. AAP (2009) |
| Lead Screening | • 9 months or older when indicated  
• 12 and 24 months per Bright Futures and when indicated | 1. AAP (2005) (2017)  
4. Bright Futures 2018 |
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| Hematocrit or Hemoglobin | • The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for iron deficiency anemia in children ages 6 to 24 months. I Recommendation  
• Once at 12 months (Bright Futures) a risk assessment thereafter | 1. AAP (2000) Updated 2003  
3. Bright Futures (2014) 2015, 2018 |
| Tuberculosis | • 12 months to 18 years when indicated | 1. AAP (2000) Updated 2003  
2. USPSTF (1996) Updated 2004 |
| Cholesterol Screening | • 24 months to 18 years when indicated | 1. AAP (2000) Updated 2003 |

References

15. http://www.aap.org/advocacy/releases/dec08vaccinatefamily.htm
17. http://www.aap.org/
22. Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV 13) and Recommendations for Use Among Children, Advisory Committee on Immunization Practices (ACIP), 2010. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5909a2.htm?s_cid=mm5909a2_e (March 12, 2010)


