POLICY STATEMENT

2014 Recommendations for Pediatric Preventive Health Care

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2014 Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these recommendations for Preventive Pediatric Health Care are designed for the care of children who are seeking competent parenting. There are no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal development, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus of the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care. In comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidelines for age by age listed in Bright Futures guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics, 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standarad of pediatric care. Variations, taking into account individual circumstances, may be appropriate.

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### Table: Preventive Services for Children and Adolescents

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-4Y</td>
<td>Immunizations, Newborn Blood Screening, Injury Prevention, Health Maintenance, International Travel Preparation, Nutrition Counseling, Oral Health, Preventive Sensory Screening, Uterine Pain</td>
</tr>
<tr>
<td>4-5Y</td>
<td>Immunizations, Newborn Blood Screening, Injury Prevention, Health Maintenance, International Travel Preparation, Nutrition Counseling, Oral Health, Preventive Sensory Screening, Uterine Pain</td>
</tr>
<tr>
<td>5-10Y</td>
<td>Immunizations, Newborn Blood Screening, Injury Prevention, Health Maintenance, International Travel Preparation, Nutrition Counseling, Oral Health, Preventive Sensory Screening, Uterine Pain</td>
</tr>
<tr>
<td>10-14Y</td>
<td>Immunizations, Newborn Blood Screening, Injury Prevention, Health Maintenance, International Travel Preparation, Nutrition Counseling, Oral Health, Preventive Sensory Screening, Uterine Pain</td>
</tr>
</tbody>
</table>

### Key:
- "×" to be performed
- "✓" risk assessment to be performed with appropriate action to follow, if positive
- "○" range during which a service may be provided

1. A recommended screening for an anemia is available at http://www.healthychildren.org/English/health-issues/early-childhood/health-prevention/Pages/Anemia-Age-5Years.aspx.
2. Recommended screening for lead poisoning is available at http://www.healthychildren.org/English/health-issues/early-childhood/health-prevention/Pages/Lead-Poisoning.aspx.
3. For children in need of appropriate screening, see the 2010 AAP statement "Screening for Childhood Lead Poisoning: A Call to Action" (Pediatrics 2010;126:445-449).
4. The American Academy of Pediatrics (AAP) recommends that all children be screened for autism spectrum disorders at 18 and 24 months of age. See the 2008 AAP statement "Screening for Autism Spectrum Disorders in Infants, Children, and Young Adults by Health-Care Providers" (Pediatrics 2008;121:1007-1012).
5. For children at risk of lead exposure, see the 2010 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement: "Lead-Level Exposure: A Parental Call to Action" (http://www.cdc.gov/nceh/lead/pdf/Lead%20Journal%202010.pdf).
Summary of changes made to the
2014 AAP Recommendations for Preventive Pediatric Health Care
(Pediatrics Schedule)

Changes to Developmental/Behavioral Assessment
- Alcohol and Drug Use Assessment - Information regarding a recommended screening tool (CRAFFT) was added.
- Depression - Screening for depression at ages 11 through 21 has been added, along with suggested screening tools.

Changes to Procedures
- Dyshidrosis screening - An additional screening between 9 and 11 years of age has been added. The reference has been updated to the AAP-endorsed National Heart Blood and Lung Institute policy (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
- Hemoglobin or hematocrit - A risk assessment has been added at 15-30 months. The reference has been updated to the current AAP policy (http://pediatrics.aappublications.org/content/126/6/1045.full).
- STI/HIV screening - A screen for HIV has been added between 16 and 18 years. Information on screening adolescents for HIV has been added in the footnotes. STI screening now references recommendations made in the AAP Red Book. This category was previously titled “STI Screening.”
- Cervical dysplasia - Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Indicators for pelvic exams prior to age 21 are noted in the 2010 AAP statement “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (http://pediatrics.aappublications.org/content/126/3/83.full).
- Critical Congenital Heart Disease - 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 the 2011 AAP statement, “Enrollment of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (http://pediatrics.aappublications.org/content/129/1/190.full).

For several recommendations, the AAP Policy has been updated since 2007 but there have been no changes in the timing of recommendations on the Periodicity Schedule. These include:
- Footnote 4 - Breastfeeding and the Use of Human Milk (2012): http://pediatrics.aappublications.org/content/129/3/587.full and Hospital Stay for Healthy Term Newborns (2010): http://pediatrics.aappublications.org/content/125/2/405.full

New references were added for several footnotes, also with no change to recommendations in the Periodicity Schedule:
- Footnote 13 - Use of Chaperones During the Physical Examination of the Pediatric Patient (2011): http://pediatrics.aappublications.org/content/127/5/991.full
- Footnote 15 - The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchb/advisory/hesdisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary’s Advisory Committee on Hesdisorders in Newborns and Children, and state newborn screening laws/regulations (http://ajmh.org/docs/files/rdorders.pdf), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

For consistency, the title of “Tuberculosis Test” has been changed to “Tuberculosis Testing.” The title of “Newborn Metabolic/Hemoglobin Screening” has been changed to “Newborn Blood Screening.”