



## 2023 Pediatric & Adolescence Preventive Care Recommendations

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|  | 0-9 months (Infancy)   | 1-4 (Early Childhood)  | 5-10 (Middle Childhood)                | 11-18 (Adolescence) |
|--|--|--|--|---------------------|
| <b>Well Care Visit</b>   |  |  |  |                     |
| <p>Includes each of the following: <b>Health &amp; Developmental History (Physical &amp; Mental)</b>;</p> <p><b>History:</b> Allergies, Injury/illness;</p> <p><b>Sensory Screen:</b> Vision, hearing, speech;</p> <p><b>Screenings:</b> lead risk, tuberculosis assessment and administration of appropriate immunizations.</p> <p><b>Physical Exam:</b> height, weight, body mass index percentile, head circumference, reflexes, blood pressure.</p> <p><b>Health Education/ Anticipatory Guidance:</b></p> <p><b>Habits:</b> Car seat, sunscreen, oral health;</p> <p><b>Family:</b> cuddling, playtime, independence;</p> <p><b>Physical Activity:</b> counseling, play time, dance, and sports;</p> <p><b>Social:</b> exploration, toilet training, success in school;</p> <p><b>Nutrition:</b> counseling and good eating habits discussed.</p> | <p>Newborn evaluation within 3 to 5 days of birth and within 48 to 72 hours of discharge.</p> <p>Breastfeeding infants should receive evaluation and instruction within 3-5 days of birth.</p> <p>1, 2, 4, 6, 9 and 12 months.</p> | <p>Ages 12, 15, 18, 24, &amp; 30 months, and ages 3 &amp; 4 years.</p>                                       | <p>Annually for ages 5-18.</p>         |                     |
| <b>Recommended Screenings and Routine Labs</b>   |  |  |  |                     |
| <b>Anemia: Hgb/Hct</b>   | Risk assessment at 4 months.   | Screen at 1 year of age. Risk assessment at 15 and 30 months and from ages 3-18.                             |  |                     |
| <b>Lead</b>  | Risk assessments at 6 & 9 months.  | <p>If at risk, screen at age 1 and age 2.</p> <p>Risk assessments at 18 months, 3 &amp; 4, years of age.</p> | Risk Assessment at 5 & 6 years of age. | Not Routine         |



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|---|---|--|--|---|
| <b>Urinalysis</b>                             | Not routine.  |  | Once at age 5 years or physician's discretion.   | Once between ages 11-18 and annually for those who are sexually active. |
| <b>Cholesterol</b>                            | Not routine.  |  | Screen once between ages 9 to 11 and ages 17 to 18.  |   |
| <b>Blood Pressure</b>                         | Risk assessment between 0 – 9 months                            | Risk assessment at 12 – 30 months of age. Every routine visit starting at age 3.   |  |   |
| <b>T4/TSH</b>                                 | Between 2 and 4 days of age.                                    |  |  |   |
| <b>Sensory Screenings</b>                     |   |  |  |   |
| <b>Hearing</b>                                | Newborn prior to discharge or by age 2 months.                  | 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.<br><br>Subjective assessment at all other routine checkups. |  |   |
| <b>Vision/Eye Care</b>                        | Risk assessment between 0 - 9 months.                           | Visual acuity test at ages 3, 4, 5, 6, 8,10,12, and 15. 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.<br><br>Risk assessments prior to age 3.               |  |   |
| <b>Infectious Disease Screenings</b>          |   |  |  |   |
| <b>Hepatitis C</b>                            | Not routine.  |  | Periodic testing of all patients at high risk after age 18.  |   |
| <b>Tuberculosis (TB)</b>                      | Screen patients with risk factors and all pregnant adolescents. |  |  |   |
| <b>HIV</b>                                    | Not routine.  |  | Screen patients with risk factors and all pregnant adolescents.  |   |
| <b>Sexually Transmitted Infections (STIs)</b> | Not routine.  |  | <p><b>For chlamydia and gonorrhea:</b> Annually screen all sexually active females and pregnant adolescents.</p> <p><b>For syphilis:</b> Screen all sexually active persons and pregnant adolescents at risk. Counsel regarding safe and healthy sexual behaviors, including abstinence.</p> |   |



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|--|---|--|---|---------------------|
| <b>General Counseling</b>  |   |  |   |                     |
| 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, and parenting. |   |  |   |                     |
| <b>Skin Cancer Behavioral Counseling-</b> counseling parents and patients 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>Immunizations: visit <a href="http://www.cdc.gov/vaccines/schedules">www.cdc.gov/vaccines/schedules</a> for scheduling based on medical conditions.</b>   |   |  |   |                     |
| <b>Hepatitis B (HepB)</b>  | 1st dose at Birth, 2nd dose between 1-2 months and 3rd dose between 6-18 months.                                    | 3-dose series to those that were not previously immunized or incomplete series.                                  |   |                     |
| <b>Rotavirus (RV)</b>  | 2-dose series (RV1) at 2 & 4 months of age or 3-dose series (RV 5) at 2, 4, & 6 months of age.                      | Not routine.   |   |                     |
| <b>Diphtheria, Tetanus, &amp; acellular Pertussis (DTaP: &lt; 7yrs)</b>  | Administer the 1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, 3 <sup>rd</sup> dose at 6 months | 4 <sup>th</sup> dose between ages 15-18 months. 5 <sup>th</sup> dose between the ages 4-6 years.                 | Not routine.  |                     |
| <b>Haemophilus influenzae type b (Hib)</b>   | Administer the 1 <sup>st</sup> dose at 2 months, 2nd dose at 4 months, 3 <sup>rd</sup> dose at 6 months.            | Booster dose may be administered at ages 12-15 months.   | Not routine.  |                     |
| <b>Pneumococcal conjugate (PCV13, PCV15)</b>   | 1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, 3 <sup>rd</sup> dose at 6 months.               | 4 <sup>th</sup> dose between 12-15 months.   | Not routine.  |                     |
| <b>Inactive Poliovirus (IPV: &lt; 18yrs)</b>   | 1 <sup>st</sup> dose at 2 months, 2 <sup>nd</sup> dose at 4 months, 3 <sup>rd</sup> dose between 6-18 months.       | Administer the 4 <sup>th</sup> dose between the ages of 4 & 6 years.   | For adolescents 18 years at increased risk, if not previously immunized or incomplete series. |                     |
| <b>COVID-19 (1vCOV-mRNA, 2vCOV-mRNA, 1vCOV-aPS)</b>  | Administered after 6 months of age 2-or-3 dose primary series and booster.  |  |   |                     |
| <b>Influenza (IIV4)</b>  | Annual vaccination starting at 6 months. 1 or 2 doses.  |  |   |                     |
| <b>Influenza (LAIV4)</b>   | Not routine.  | Annual vaccination starting at 2 years and older. 1 or 2 doses.  |   |                     |
| <b>Measles, Mumps, Rubella (MMR)</b>   | Ages 6-9 months range is recommended for high-risk groups.  | Administer 1st dose between 12-15 months. Administer 2 <sup>nd</sup> dose between the ages 4 and 6 years of age. | Not routine.  |                     |
| <b>Varicella (VAR)</b>   | 1 <sup>st</sup> dose between 12 and 15 months.  | Administer 2nd dose between the ages 4 and 6 years of age.   | Not routine.  |                     |



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| <b>Hepatitis A (HepA)</b>  | Not routine for children 1-4 months.<br><br>Administer HepA to children aged 6-12 months with certain high-risk conditions. | 2-dose series at age 12-23 months.<br><br>If 1 <sup>st</sup> dose at age 12 months or older, 2 <sup>nd</sup> dose at least 6 months after 1 <sup>st</sup> dose. | Not routine.  |  |
| <b>Tetanus, diphtheria, &amp; acellular Pertussis (Tdap: ≥ 7yrs)</b> | Not routine.  |   |   | Administer the 1 <sup>st</sup> dose to children from 11-12 years.<br><br>13-18 years range of recommended ages for certain high-risk groups. |
| <b>Human Papillomavirus (HPV)</b>                                    |   |   | Vaccine series may be started at age 9. Routine dosing intervals are recommended. Administer a 2-dose series of HPV vaccine on a schedule of 0, 6-12 months apart to all (male and female) adolescents aged 11 or 12 years.<br><br>If 2 <sup>nd</sup> dose given too close to 1 <sup>st</sup> dose, a 3-dose series for females and males between ages 11 and 12 years of age may be recommended where the 3 <sup>rd</sup> and 1 <sup>st</sup> dose are at least 6 months apart. Speak with your healthcare practitioner for appropriate schedules. |  |
| <b>Meningococcal (Men ACW)</b>                                       | Recommended for children ages 2 months to 10 years of age with certain high-risk medical conditions.                        |   |   | 1 <sup>st</sup> dose at age 11 or 12 years, and 2 <sup>nd</sup> dose at age 16.  |
| <b>Meningococcal (Men B)</b>   |   |   |   | Not routine. At age 16-18 based on shared clinical decision-making.  |
| <b>Pneumococcal polysaccharide (PPSV23)</b>                          | Not routine.  | Administer PPSV23 to children aged 2 years and older with certain high-risk conditions (at least 8 weeks after completing all recommended PCV doses.)           |   |  |
| <b>Dengue (DEN4CYD; 9-16 YRS)</b>                                    |   |   | Recommended for children ages 9-16 years in seropositive in endemic dengue areas.   |  |