

## **AVMed** 2020-2021 Pediatric & Adolescence Preventive Care Recommendations

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

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Urinalysis	Not routine.		Once at age 5 years or physician's discretion.	Once between ages 11-18 and annually for those who are sexually active
Cholesterol	Not routine.	Screen once between ages 9 to 11 and ages 17 to 18.		
Blood Pressure	Not routine.	Every routine visit starting at age 3.		
T4/TSH	Between 2 and 4 days of age.			
Sensory Screenings				
Hearing	Newborn prior to discharge or by age 1 month.	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.  Subjective assessment at all other routine checkups.		
Vision/Eye Care	Newborn prior to discharge.	Visual acuity test at ages 3, 4, 5, 6, 8,10,12,15 and 18 years. 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.  Visual Acuity between ages 3 – 5 years.		
Infectious Disease Sc	reenings			
Hepatitis C	Not routine.	Test after age 12 months i children with hepatitis C vi infected mothers.		Periodic testing of all patients at high risk.
Tuberculosis (TB)	Tuberculin skin testing of all patients at high risk.	Tuberculin skin testing of a patients at high risk.	Screen patients with ris adolescents.	k factors and all pregnant
HIV	Not routine.		,	Screen patients with risk factors and all pregnant adolescents.
Sexually Transmitted Infections (STIs)	Not routine.			For chlamydia and gonorrhea: Annually screen all sexually active patients and pregnant adolescents if at risk. For syphilis: Screen sexually active and pregnant adolescents at risk. Counsel regarding safe and healthy sexual behaviors, including abstinence.



## **AVMed** 2018-2019 Pediatric & Adolescence Preventive Care Recommendations

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Cancer Screening					
Cervical Cancer	Not routine	Not routine.			
Testicular Exam	Not routine	Not routine.			
General Counseling	 B				
All parents and patient alcohol/substance abu motor vehicle injury prodepression/suicide, far Skin Cancer Behavior persons aged 6 months Immunizations: vi	ts should be periodic se, tobacco, diet/nu revention, behaviora mily violence/abuse al Counseling- cour s to 24 years with fair	n 1-2 and 3 <sup>rd</sup>			
Hepatitis A (HepA)	18 months.  Not routine.	2-dose series: 1st dose between 12 - 23 months	2nd-dose separated between 6- 18 months.		
Diphtheria, Tetanus, & acellular Pertussis (DTaP: < 7yrs)  Tetanus, diphtheria, & acellular Pertusis (Tdap: ≥ 7yrs)	Administer <b>DTap</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 ages 15-18  months.	Administer <b>DTap</b> 5 <sup>th</sup> -dose between the ages 4 & 6 years.		Administer <b>Tdap</b> between 11-12 years for those who have completed the recommended childhood DTP/DTaP vaccination series & have not received a booster.  11-18 year olds who missed the 11-12 year Tdap should receive this dose, followed by a Td booster every 10 years.	
H. influenzae type b <sup>5</sup> (Hib)	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.	Administer the 4 <sup>th</sup> dose depending on vaccine used in primary series between ages 12-15 months. If not previously immunized or incomplete series.	Not routine.		
Inactive Poliovirus (IPV: < 18yrs)	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 bet	ween the ages of 4 & 6 years.	If not previously immunized or incomplete series.	



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Immunizations (co	ont.)			
Pneumococcal conjugate (PCV13 )	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.	Administer 1-dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.  Administer PPSV23 to children aged 2 years and older with certain high-risk conditions.		
Measles, Mumps, Rubella (MMR)	Administer 1- dose between 12-15 months.	One dose between the ages 4 and 6 years of age.		If not previously immunized or incomplete series.
Varicella (VAR)	1 <sup>st</sup> dose between	2 <sup>nd</sup> dose between 4 and 6 years of age		
(VZV)	12 and 15 months.	2 doses, if not previously immunized, for ages 7 to 18 years of age		
Meningococcal (MCV)	Recommended for high-risk medical c	ted for children ages 2 months to 10 years of age with certain lical conditions.  1-dose at age 11 or 12 ye with booster dose at age If not previously immuniz 1-dose at 13-18 years of a followed by a booster. If shot is given at 16 years of older, no booster is need.		
Influenza	Annual vaccination 6 months to 15 months (IIV only) 1 or 2 doses. Doses should be 4 weeks apart.  Annual vaccination 18 months to 8 years (IIV) 1 or 2 doses. Doses should be 4 weeks apart.  Annual vaccination 9 years to 18 years (IIV) 1-dose			
Rotavirus (RV)	2-dose series (RV1) at 2 & 4 months of age <b>or</b> 3-dose series (RV 5) at 2,4, & 6 months of age			
Human Papillomavirus (HPV)			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.  If 2nd dose given too close to 1st dose, a 3-dose series for females and males between ages 11 and 12 years age may be recommended where the 3rd and 1st dose are at least 6 months apart.  Speak with your healthcare practitioner for approprischedules.	