POLICY STATEMENT
Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

2016 Recommendations for Preventive Pediatric Health Care

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE and BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP

COMMITTEE ON PRACTICE AND AMBULATORY MEDICINE, 2014–2015
Geoffrey R. Simon, MD, FAAP, Chairperson
Cynthia N. Baker, MD, FAAP
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Scott B. Moore, MD, FAAP
Julia E. Richerson, MD, FAAP

STAFF
Elizabeth Sobczyk, MPH, MSW

BRIGHT FUTURES PERIODICITY SCHEDULE WORKGROUP
Edward S. Curry, MD, FAAP
Paula M. Duncan, MD, FAAP
Mary Margaret Gottesman, PhD, RN, CPNP
Joseph F. Hagan, Jr, MD, FAAP
Judith S. Shaw, EdD, MPH, RN, FAAP
Jack T. Swanson, MD, FAAP
Lynn Van Pelt, DMD, CAPT — United States Public Health Service, Maternal and Child Health Bureau, Health Resources and Services, Administration — Federal Liaison to Steering Committee

STAFF
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### Recommendations for Preventive Pediatric Health Care

Each child and family must, therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any major health problems, and are not undergoing any treatment in a satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

### Developmental, Psychologic, and Social Issues for Children and Adolescents

May require frequent counseling and treatment visits to be made from preventive care visits.

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#### ADOLESCENCE

<table>
<thead>
<tr>
<th>Age</th>
<th>Medical Questions</th>
<th>Physical Exam</th>
<th>Laboratory Exams</th>
<th>Immunizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>12+</td>
<td>Sexuality, substance use, mental health, violence</td>
<td>Height, weight, body mass index</td>
<td>Blood pressure, urinalysis</td>
<td>DTP, MMR, Hep A, Hep B, HPV, Tdap, Flu, Chlamydia, Gonorrhea, Syphilis</td>
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#### INFANCY

<table>
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<tbody>
<tr>
<td>0-3 months</td>
<td>Nutrition, growth, development</td>
<td>Height, weight, head circumference</td>
<td>Blood lead screening</td>
<td>DTP, Hep B, Hep A, IPV, Rotavirus</td>
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#### EARLY CHILDHOOD

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<tr>
<td>4-5 years</td>
<td>Nutrition, growth, development</td>
<td>Height, weight, head circumference</td>
<td>Blood lead screening</td>
<td>DTP, Hep B, Hep A, IPV, Rotavirus, Varicella</td>
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#### MIDDLE CHILDHOOD

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<td>6-12 years</td>
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#### ORAL HEALTH

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#### UTILITY OF SCREENING

- Urinalysis
- Blood pressure
- Vision screening
- Hearing screening
- Dental screening
- Immunizations

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#### SUMMARY

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

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### KEY

- **= to be performed
- **= risk assessment to be performed with appropriate action to follow, if positive
- **= during which a service may be provided
Summary of changes made to the
Bright Futures/AAP Recommendations for Preventive Pediatric Health Care
(Periodicity Schedule)

This Schedule reflects changes approved in October 2015 and published in January 2016. For updates, visit www.aap.org/periodicityschedule.

Changes made October 2015
• Vision Screening: The routine screening at age 18 has been changed to a risk assessment.
• Footnote 7 has been updated to read, “A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3 year olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age.” See 2016 AAP statement, “Visual System Assessment in Infants, Children, and Young Adults by Pediatricians” (www.pediatrics.org/cgi/content/full/137/1/e20153598) and “Procedures for the Evaluation of the Visual System by Pediatricians” (www.pediatrics.org/cgi/content/full/137/1/e20153597).

Changes made May 2015
• Oral Health: A subheading has been added for fluoride varnish, with a recommendation from 6 months through 5 years.
• Footnote 25 wording has been edited and also includes reference to the 2014 clinical report, “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699) and 2014 policy statement, “Maintaining and Improving the Oral Health of Young Children” (http://pediatrics.aappublications.org/content/134/5/224.full).
• Footnote 26 has been added to the new fluoride varnish subheading: See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsfluorh.htm). Once teeth are present, fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report “Fluoride Use in Caries Prevention in the Primary Care Setting” (http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699).

Changes made March 2014
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
• Dyslipidemia 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).
• Hematocrit or hemoglobin- A risk assessment has been added at 15 and 30 months. The reference has been updated to the current AAP policy (http://pediatrics.aappublications.org/content/123/5/1040.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. Indications for pelvic examinations before age 21 are noted in the 2010 AAP statement “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (http://pediatrics.aappublications.org/content/126/3/583.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, “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (http://pediatrics.aappublications.org/content/128/1/90.full).

See www.aap.org/periodicityschedule for additional updates made to footnotes and references in March 2014.
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The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/early/2015/12/07/peds.2015-3908.citation