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



2015 Recommendations for Preventive Pediatric Health Care Committee on Practice and Ambulatory Medicine and Bright Futures Periodicity Schedule Workgroup

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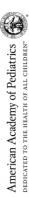
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2015 Recommendations for Preventive Pediatric Health Care

Each child and family is unique; 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 important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.



The recommendations in this statement 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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Bright Futures/American Academy of Pediatrics

These guidelines represent a consensus by 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 guidance by age as 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, It. American Academy of Pediatrics; 2008).

Developmental, psychosocial, and chronic disease issues for children and adolescents may require	ease issues	for childrer	and a ו	idolescer	nts may	require	•		Shaw J.	3, Duncar	pecilic gu ι PM, eds.	Bright Fu	tures Gui	idelines	neter to the specific guidance by age as instead in pright Fudures guidanines (hagari ar, Shaw JS, Duncan PM, eds. <i>Bright Futures Guidelines for Health Supervision of Infants, Children</i>	Supervisid	on of Infa	ants, Chii	dren		lo part of th	is stateme	No part of this statement may be reproduce	peonpode	in any form	in any form or by any means without prior written	No part of this statement may be reproduced in any form or by any means without prior written permission from the	t prior written	permission	from the	
frequent counseling and treatment visits separate from preventive care visits.	e from preve	entive care v	risits.						and Adı	lescents.	3rd ed. Ei	k Grove V	/Illage, IL:	: Americ	and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008)	ny of Pedi	atrics; 20	.(80			merican A	cademy of	Pediatrics ex	xcept for or	ne copy for	American Academy of Pediatrics except for one copy for personal use.	ė.				
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AGE1	Prenatal 2	Newborn	3-5 d ⁴	By 1 mo	o 2 mo	4 mo	6 mo	9 mo	12 mo 1	15 mo 18	18 mo 24	24 mo 30	30 mo	3y 4y	у 5 у	6 у	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y 20	20 y 21 y	>
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
MEASUREMENTS																															
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																			
Weight for Length		•	•	•	•	•	•	•	•	•	•																				
Body Mass Index ⁵												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Blood Pressure ⁶		*	*	*	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
SENSORY SCREENING																															
Vision		*	*	*	*	*	*	*	*	*	*	*	*	• 2	•	•	*	•	*	•	*	•	*	*	•	*	*	•	*	* *	
Hearing			*	*	*	*	*	*	*	*	*	*	*	*	•	•	*	•	*	•	*	*	*	*	*	*	*	*	*	* *	
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																															
Developmental Screening ⁹								•			•		•																		
Autism Screening ¹⁰											•	•																			
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Alcohol and Drug Use Assessment ¹¹																					*	*	*	*	*	*	*	*	*	*	
Depression Screening ¹²																					•	•	•	•	•	•	•	•	•	•	
PHYSICAL EXAMINATION ¹³		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
PROCEDURES ¹⁴																															
Newborn Blood Screening ¹⁵			•		1																										
Critical Congenital Heart Defect Screening16		•																			_		_								
Immunization ¹⁷		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hematocrit or Hemoglobin ¹⁸						*			•	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Lead Screening ¹⁹							*	*	● or ★ 20		*	● or ★ 20		*	*	*															
Tuberculosis Testing ²¹				*			*		*			*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Dyslipidemia Screening ²²						_						*		*		*		*	\	• +	<u></u>	*	*	*	*	*	*	+	Ť		
STI/HIV Screening ²³																					*	*	*	*	*	\	•	1	*	* *	
Cervical Dysplasia Screening ²⁴																														•	
ORAL HEALTH ²⁵							*	*	• or *	•	• or *	• or *	• or *	•		•															
Fluoride Varnish ²⁶							*			+	•					_															
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

- If a child comes under care for the first time at any point on the schedule or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-lime parents, and for those who request a conference. The prenatal visit should included anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement The Prenatal Visit (http://jecilatins.aappublications.arg/content/1944/1277.fulb.

 Every infant should have an evabour evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).

 Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharage from the hospital to include evaluation feeding and jaundice. Breastfeeding infants should receive formula resolve formula breastfeeding evaluation, and their mothers should receive encouragement and
- restruction, as recommended in the 2012 AAP statement "Pacestheading and the Use of Human Milk" (http://pediatrics.pressuppulseations.org/content/120/826/27/Lull). Newborn infants discipled 40 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Health 'rem Newborns' (http://pediatrics.aappublications.org/content/125/2405.full). Newborn infants discipled 448 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Health 'rem Newborns' (http://pediatrics.aappublications.org/content/125/2405.full). Screen, per the 2010 AAP statement "Expet Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report' (http://pediatrics.aappublications.org/content/1114/6402_abstract). If the patient is uncooperative, rescene within 6 months, per the 2010 AAP statement "Principles and Guidelines for Early Hearing Detection and Intervention Programs' (http://pediatrics.aappublications.org/content/114/4602_abstract). See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Should excrement, purply/ibediatrics.aappublications.org/content/1120/4888.full).

 See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Shoulding Robert and Should are appublications organized and Should are appublications and Evaluation of Children with Autism Spectrum Disorders' (http://pediatrics.aappublications.are).

- ental Disorders in the Medical Home: An Algorithm for Developmental

- A recommended screening tool is available at https://www.ceasar-boston.org/CRAFFT/index.php.
 Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at
- children undressed and suitably draped. See http://www.aap.orgen-us/aarvocacy-and-policy/aap-healm-initatives/Metriat-reamprocuments/with soc 13. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older of 2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" http://nepdiatrics.aarvothicacinns.org/continued/px/5/5994 htm.
 - (IIII) Lipsulatilis, perputurinemens surgiscenses reconsistentes may be modified, depending on entry point into schedule and individual need.

 The Recommended Uniform Newborn Screening Progressing Progressing Progressing
 - 4. 5.

- Age) (http://pediatrics.aappublications.org/content/126/5/1040.ful).

 19. For children at risk for lead exposure, see the 2012 Centers for Disease Control and Prevention Advisory Committee on Childrond Lead Poisoning Prevention at risk for lead exposure, see the 2012 Centers for Disease Control and Prevention Advisory Committee on Children Lead Poisoning Prevention (http://www.cdc.gov/nceh/lead/
- ACCLPPFinal Document, 030712.pdf).
 Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence

- Tuberculosis testing per recommendations of the Committee on infectious Diseases, published in the current edition of AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk feators.
 See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents' (http://www.hulblib.in.gov/guidelines/ord_getines.html).
 Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for two sexually statistics and profile in the Committee on Infections (Diseases. Additionally, all adolescents should be screened for two sexually active, participate in infections (Diseases. Additionally and observed the ABP Statement Children and the ABP Statement Children and the ABP Statement and the Committee of the ABP Statement and Children and the ABP Statement Children and ABP Statemen and Establishment of the Dental Home" (http://pediatrics.aappublication Caries Prevention in the Primary Care Setting" (http://pediatrics.aappub statement "Maintaining and Improving the Oral Health of Young Childre
- See US Preventive Services Task Force recommendations (<u>thtp://www.uspreventivesenvicestaskforce.org/uspatf/uspsafnch.htm</u>). Once teeth
 are present, fluoride unstits 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 evention in the Primary Care Setting"
 (http://pedatrica.aappullications.org/cgi/cdi/nc1.542/peds.2014-1699).

Summary of Changes Made to the 2015 Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in May 2015 and published in September 2015. For updates, visit www.aap.org/peri

Footnote 25 wording has been edited and also includes reference to the 2014

Changes Made May 2011

• **Oral Health-** a subheading has been added for fluoride varnish, with a recommendation from 6 months through 5 years.

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.phbi.nih.gov/quidelines/cyd.pod/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/126/5/1040.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 exams 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/129/1/190.full).

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/134/6/1224.full).

For several recommendations, the AAP Policy has been updated since 2007, but

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 the following:

- Footnote 2- The Prenatal Visit (2009): http://pediatrics.aappublications.org/content/124/4/1227.full
- Footnote 4- Breastfeeding and the Use of Human Milk (2012):
 http://pediatrics.aappublications.org/content/129/3/e827.full and Hospital Stay for Healthy Term Newborns (2010):
 http://pediatrics.aappublications.org/content/125/2/405.full
- Footnote 8- Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs (2007):
- Footnote 10- Identification and Evaluation of Children With Autism Spectrum Disorders (2007): http://pediatrics.aappublications.org/content/120/5/1183.full
- Footnote 17- Immunization Schedules (2014): http://aapredbook.aappublications.org/site/resources/IZSchedule0-6yrs.pdf, http://aapredbook.aappublications.org/site/resources/IZSchedule7-18yrs.pdf and
- Footnote 19- Centers for Disease Control and Prevention Advisory Committee
 on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure
 Harms Children: A Renewed Call for Primary Prevention" (2012):

 http://www.cdc.gov/nceh/lead/ACCi.pp/Final.pociment 030712.ndf
- Footnote 22- AAP-endorsed guideline "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (2011): http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm
- Footnote 25- Preventive Oral Health Intervention for Pediatricians (2008): http://pediatrics.aappublications.org/content/122/6/1387.full and Oral Health Risk Assessment Timing and Establishment of the Dental Home (2009): http://pediatrics.aappublications.org/content/11/5/1113.full. Additional information from the policies regarding fluoride supplementation and fluoride varnish has been added to the footnote.

Footnote 26 has been added to the new fluoride varnish subheading: see US Preventive Services Task Force recommendations

(http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.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).

New references were added for several footnotes, also with no change to recommendations in the Periodicity Schedule:

- Footnote 5- Expert Committee Recommendations Regarding the Prevention,
 Assessment, and Treatment of Child and Adolescent Overweight and Obesity:
 Summary Report (2007):
- 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/mchbadvisory/heritabledisorders/ recommendedpanel/uniformscreeningpanel.pdf), as determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf), establi 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 "Tuberculin Test" has been changed to "Tuberculosis Testing." The title of "Newborn Metabolic/Hemoglobin Screening" has been changed to "Newborn Blood Screening."

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