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

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

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### 2015 Recommendations for Preventive Pediatric Health Care

#### Bright Futures/American Academy of Pediatrics

These recommendations represent 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 guideline by age as listed in Bright Futures guidelines (Regier JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd ed. Elk Grove Village, Ill: American Academy of Pediatrics; 2008).

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![Image of the table]

#### Table:

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<th>AGE</th>
<th>INFANCY</th>
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#### Anticipatory Guidance:


#### KEY:

- **1.** To be performed
- **2.** Risk assessment to be performed with appropriate action to follow if positive
- **3.** Range during which a service may be provided

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**Note:** This table is a summary of the American Academy of Pediatrics (AAP) 2015 recommendations for preventive health care. It is intended to provide a general guide for health care providers. It is not a replacement for individual clinical judgment and should not be used as a substitute for the AAP guidelines. Providers should refer to the full guidelines for detailed information and specific recommendations. The AAP guidelines are available at [http://www.aap.org](http://www.aap.org) and [http://www.healthychildren.org](http://www.healthychildren.org).
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/periodicityschedule](http://www.aap.org/periodicityschedule).

**Changes Made May 2015**

- **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.nhlbi.nih.gov/health/dci/Digests/cvd_ped/index.htm](http://www.nhlbi.nih.gov/health/dci/Digests/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/125/5/1040.full](http://pediatrics.aappublications.org/content/125/5/1040.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 exam 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](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, "Endorsment of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" ([http://pediatrics.aappublications.org/content/128/1/193.full](http://pediatrics.aappublications.org/content/128/1/193.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 the following:

- **Footnote 4** - Breastfeeding and the Use of Human Milk (2012): [http://pediatrics.aappublications.org/content/129/3/a57.full](http://pediatrics.aappublications.org/content/129/3/a57.full) and Hospital Stay for Healthy Term Newborns (2010): [http://pediatrics.aappublications.org/content/125/2/405.full](http://pediatrics.aappublications.org/content/125/2/405.full)
- **Footnote 10** - Identification and Evaluation of Children With Autism Spectrum Disorders (2007): [http://pediatrics.aappublications.org/content/120/5/1183.full](http://pediatrics.aappublications.org/content/120/5/1183.full)
- **Footnote 19** - Centers for Disease Control and Prevention Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Lead Level Exposure Harms Children: A Renewed Call for Primary Prevention" (2012): [http://www.cdc.gov/nceh/lead/AGCLCP/PC_92000.pdf](http://www.cdc.gov/nceh/lead/AGCLCP/PC_92000.pdf)

Information from the policies regarding fluoride supplementation and fluoride varnish has been added to the footnote.

**Footnote 25** - Preventive Oral Health Intervention for Pediatricians (2008): [http://pediatrics.aappublications.org/content/122/6/1387.full](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/119/6/1113.full](http://pediatrics.aappublications.org/content/119/6/1113.full). Additional information from the policies regarding fluoride supplementation and fluoride varnish has been added to the footnote.


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](http://pediatrics.aappublications.org/content/127/5/991.full)

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