



Well Child Visit

Colette Reahl, MD

“Health involves much more than simply the absence of disease; health involves optimal physical, mental, social and emotional functioning and well-being”

World Health Organization

Health Supervision Visit

- Includes
 - Disease detection
 - Disease prevention
 - Health promotion
 - Anticipatory Guidance
- Is a partnership between healthcare providers and families to attain these goals

Resources for Guidelines for the Visit

- Bright Futures Guidelines, from Maternal Health Bureau of the US Department of Health and Human Services
- The American Academy of Pediatrics Guidelines for Health Supervision
- The American Medical Association's Guidelines for Adolescent Preventive Services (GAPS)

Structure of Well Visits

- Subjective
 - Parents'/Guardians' Concerns
 - Current status and follow up of Past Medical Problems
 - Routine Care: feeding, sleeping, elimination, dental, vision, hearing
 - Development
 - Behavior
 - Child's Environment: family composition, caregiving schedule, family stresses, activities inside and outside the home, safety
 - Review of Systems
- Objective
 - Vital Signs
 - Growth Parameters
 - Vision/Hearing Screen
 - PE
 - Developmental Screen
 - Screening Labs
- Plan
 - Anticipatory Guidance
 - Immunization Update
 - Dental Supplement
 - Needed Referrals: Dental, Optometry, Audiology, Behavioral Health, Subspecialist
 - Management and Follow-up for Acute/Chronic Problems

Abnormal Exam Findings

- Abnormal Vital Signs
 - Hypoxia
 - Hypertension
- Failure to Thrive
- Short Stature
- Abnormal Head Shape/Size
 - Microcephaly
 - Macrocephaly
 - Craniosynostosis
- Abnormal Red Reflex
- Torticollis
- Heart Murmur
- Abdominal Mass
- Positive Ortolani/Barlow
- Scoliosis
- Spinal Dysraphism
- Abnormal Tone or Neurologic Exam
- Developmental Delay
- Depression

Special Populations

- Prematurity
 - Growth Chart based on Gestational Age instead of Chronologic age
 - 2000 CDC Chart for Preterm
 - At least 40 Weeks Gestation
 - Chart based on Gestational Adjusted Age
 - Ie. 12 week old Ex 30 Week Premie = 2 Weeks Adjusted Age
 - Until 24 months old
 - Synagis Recommendations
 - Monitor development and Early Intervention
- Down Syndrome
 - Plot Growth Parameters on Standard Growth Charts
 - Specific Screening, Monitoring, Anticipatory Guidance
 - <http://pediatrics.aappublications.org/content/pediatrics/128/2/393.full.pdf>

Synagis (Palivizumab)

Recommendations

- In the first year of life, infants born before 29 weeks, 0 days' gestation.
- In the first year of life, preterm infants with CLD of prematurity, defined as birth at <32 weeks, 0 days' gestation and a requirement for >21% oxygen for at least 28 days after birth.
- In the first year of life, certain, infants with hemodynamically significant heart disease.
- Clinicians may administer up to a maximum of 5 monthly doses of palivizumab (15 mg/kg per dose) during the RSV season to infants who qualify for prophylaxis in the first year of life. Qualifying infants born during the RSV season may require fewer doses. For example, infants born in January would receive their last dose in March.
- In the second year of life except for children who required at least 28 days of supplemental oxygen after birth and who continue to require medical intervention (supplemental oxygen, chronic corticosteroid, or diuretic therapy).
- Monthly prophylaxis should be discontinued in any child who experiences a breakthrough RSV hospitalization.
- Children with pulmonary abnormality or neuromuscular disease that impairs the ability to clear secretions from the upper airways may be considered for prophylaxis in the first year of life.
- Children younger than 24 months who will be profoundly immunocompromised during the RSV season may be considered for prophylaxis.
- Palivizumab prophylaxis is not recommended for prevention of health care-associated RSV disease.
- ***“On the basis of the epidemiology of RSV in Alaska, particularly in remote regions where the burden of RSV disease is significantly greater than the general US population, the selection of Alaska Native infants eligible for prophylaxis may differ from the remainder of the United States.”***

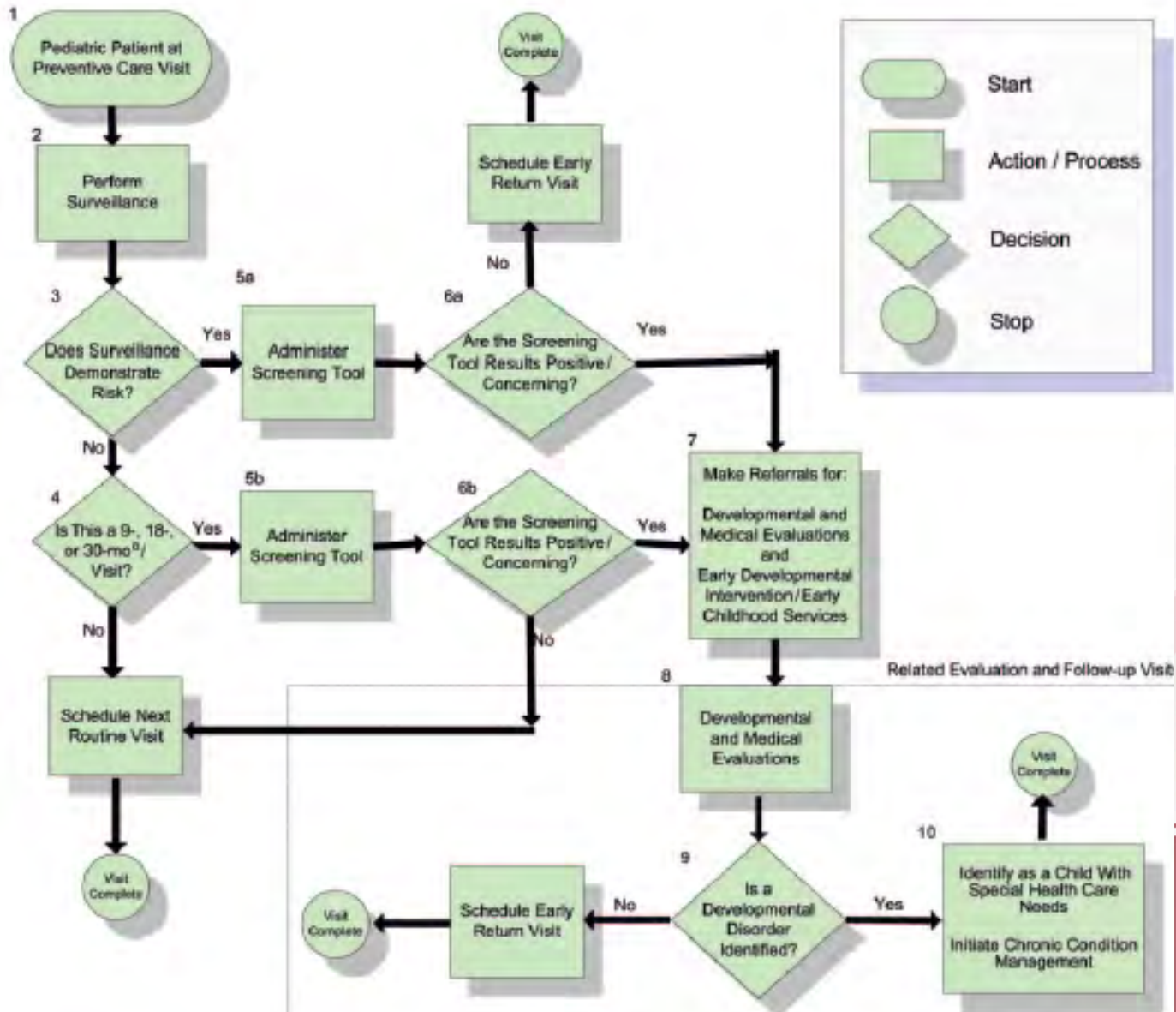
Growth Parameters

- CDC, NIH, WHO recommend using
 - WHO Growth Standard Chart for Birth to 2 years
 - Weight, Length, Weight for Length and Head Circumference
 - Measure recumbent length
 - CDC 2000 Reference Chart for 2-19 years
 - Weight, Length, BMI
 - Measure standing length
 - There are discrepancies when transitioning from WHO to CDC chart (a weight/length at 25-50%ile may change to a BMI at 10%ile)
- WHO infant statistics were based on breastfed infants
 - Formula fed babies tend to cross percentile lines trending towards overweight after 3 months
 - There are no evidence based guidelines for treating overweight infants
 - But, studies have shown that higher weight gain during infancy increases the risk of obesity in childhood

Interpreting Growth Parameters

Anthropometric Index	Percentile Cut-off Values	Nutritional Status Indicators
WHO Growth Charts 2nd and 98th percentiles		
Length-for-age	< 2nd	Short stature
Weight-for-length	< 2nd	Low weight-for-length
Weight-for-length	> 98th	High weight-for-length
CDC Growth Charts 5th and 95th percentile		
BMI-for-age	≥ 95 th	Obesity
BMI-for-age	≥ 85 th and < 95th	Overweight
BMI-for-age	< 5th	Underweight
Stature-for-age	< 5th	Short Stature

Developmental Surveillance and Screening



Developmental Surveillance and Screening

- Ages and Stages Questionnaire- 2nd Edition
 - <http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/>
- Child Development Inventories
 - <http://www.pearsonassessments.com/>
- Parents' Evaluation of Developmental Status (PEDS)
 - <http://www.pedstest.com/default.aspx>
- Pediatric Symptom Checklist
 - <http://psc.partners.org/>
- Denver Developmental Screening Test II
 - <http://denverii.com/>
- Modified Checklist for Autism in Toddlers (MCHAT)
 - <https://www.m-chat.org/>

AAP Autism Recommendations

Surveillance factors

- Sibling with ASD
- Parent concern, inconsistent hearing, unusual responsiveness
- Other caregiver concern
- Pediatrician concern

If 2 or more, refer for EI, ASD Evaluation, and Audiology simultaneously.

If 1 and child at least 18 mos old, use screening tool.

When screen is positive, refer for EI, ASD Evaluation, and Audiology

M-CHAT

Please fill out the following about how your child usually is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

- | | |
|--|--------|
| 1. Does your child enjoy being swung, bounced on your knee, etc.? | Yes No |
| 2. Does your child take an interest in other children? | Yes No |
| 3. Does your child like climbing on things, such as up stairs? | Yes No |
| 4. Does your child enjoy playing peek-a-boo/hide-and-seek? | Yes No |
| 5. Does your child ever pretend, for example, to talk on the phone or take care of a doll or pretend other things? | Yes No |
| 6. Does your child ever use his/her index finger to point, to ask for something? | Yes No |
| 7. Does your child ever use his/her index finger to point, to indicate interest in something? | Yes No |
| 8. Can your child play properly with small toys (e.g. cars or blocks) without just mouthing, fiddling, or dropping them? | Yes No |
| 9. Does your child ever bring objects over to you (parent) to show you something? | Yes No |
| 10. Does your child look you in the eye for more than a second or two? | Yes No |
| 11. Does your child ever seem oversensitive to noise? (e.g., plugging ears) | Yes No |
| 12. Does your child smile in response to your face or your smile? | Yes No |
| 13. Does your child imitate you? (e.g., you make a face-will your child imitate it?) | Yes No |
| 14. Does your child respond to his/her name when you call? | Yes No |
| 15. If you point at a toy across the room, does your child look at it? | Yes No |
| 16. Does your child walk? | Yes No |
| 17. Does your child look at things you are looking at? | Yes No |
| 18. Does your child make unusual finger movements near his/her face? | Yes No |
| 19. Does your child try to attract your attention to his/her own activity? | Yes No |
| 20. Have you ever wondered if your child is deaf? | Yes No |
| 21. Does your child understand what people say? | Yes No |
| 22. Does your child sometimes stare at nothing or wander with no purpose? | Yes No |
| 23. Does your child look at your face to check your reaction when faced with something unfamiliar? | Yes No |

Tanner Staging

Boys

- External Genitalia
 - Stage 1: Prepubertal
 - Stage 2: Enlargement of scrotum and testes; scrotum skin reddens and changes in texture
 - Stage 3: Enlargement of penis (length at first); further growth of testes
 - Stage 4: Increased size of penis with growth in breadth and development of glans; testes and scrotum larger, scrotum skin darker
 - Stage 5: Adult genitalia

Girls

- Breast development
 - Stage 1: Prepubertal
 - Stage 2: Breast bud stage with elevation of breast and papilla; enlargement of areola
 - Stage 3: Further enlargement of breast and areola; no separation of their contour
 - Stage 4: Areola and papilla form a secondary mound above level of breast
 - Stage 5: Mature stage: projection of papilla only, related to recession of areola

Tanner Staging

Boys and girls

- Pubic hair
 - Stage 1: Prepubertal (can see velus hair similar to abdominal wall)
 - Stage 2: Sparse growth of long, slightly pigmented hair, straight or curled, at base of penis or along labia
 - Stage 3: Darker, coarser and more curled hair, spreading sparsely over junction of pubes
 - Stage 4: Hair adult in type, but covering smaller area than in adult; no spread to medial surface of thighs
 - Stage 5: Adult in type and quantity, with horizontal distribution ("feminine")

Anticipated Growth based on Tanner Stage

- Boys Growth
 - Stage 1: 5-6cm/year
 - Stage 2: 5-6cm/year
 - Stage 3: 7-8cm/year
 - Stage 4: 10cm/year
 - Stage 5: No further height increase after 17 years
- Girls Growth
 - Stage 1: 5-6cm/year
 - Stage 2: 7-8cm/year
 - Stage 3: 8cm/year
 - Stage 4: 7cm/year
 - Stage 5: No further height after 16 years

HEADSS Assessment

Psychosocial Interview for Adolescents

- Confidentiality
- Belief System
- Assumptions

- *HOME*
- *ENVIRONMENT*
- *ACTIVITIES*
- *DRUGS*
- *SEXUALITY*
- *SUICIDE/DEPRESSION*

Screening for Substance Abuse

- **C – Car**
Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- **R – Recreation**
Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
- **A – Alone**
Do you ever use alcohol/drugs while you are by yourself, ALONE?
- **F – Forget**
Do you ever FORGET things you did while using alcohol or drugs?
- **F – Family/Friends**
Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?
- **T – Trouble**
Have you gotten into TROUBLE while you were using alcohol or drugs?

Adolescent Depression Screening

- As many as 2/3 depressed adolescents are not identified by PCP and do not receive appropriate care
- Even when identified, only ½ are treated appropriately
- Recommendations
 - Screen ages 11-21 years
 - Identify youth at high risk
 - Parental depression, Co-morbid anxiety, Temperament , Negative cognitions, Chronic or intense stress , Family conflict , Poor health
 - Systematic assessment procedures
 - Patient Health Questionnaire-9 (PHQ-9)
 - Patient/Family Psychoeducation
 - Establish relevant links in the Community
 - Establish Safety Plan

Screening for Suicide Risk

SAD PERSONS & Family History

- S – Sex (Females attempt more but males* complete)
- A – Age over 16*
- D – Depression
- P – Previous attempts*
- E – Ethanol abuse
- R – Rational thinking is lost*
- S – Social supports lacking*
- O – Organized plan*
- N – No significant other
- S – Sickness (stressors)

- First degree relative of a completer

** Critical Item*

1 point for each factor (0-2- low risk, 3-4- monitor, 5-6- strongly consider hospitalization, 7-10 – hospitalize voluntarily or involuntarily)

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4: People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____
Urgent Care Services Address _____
Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

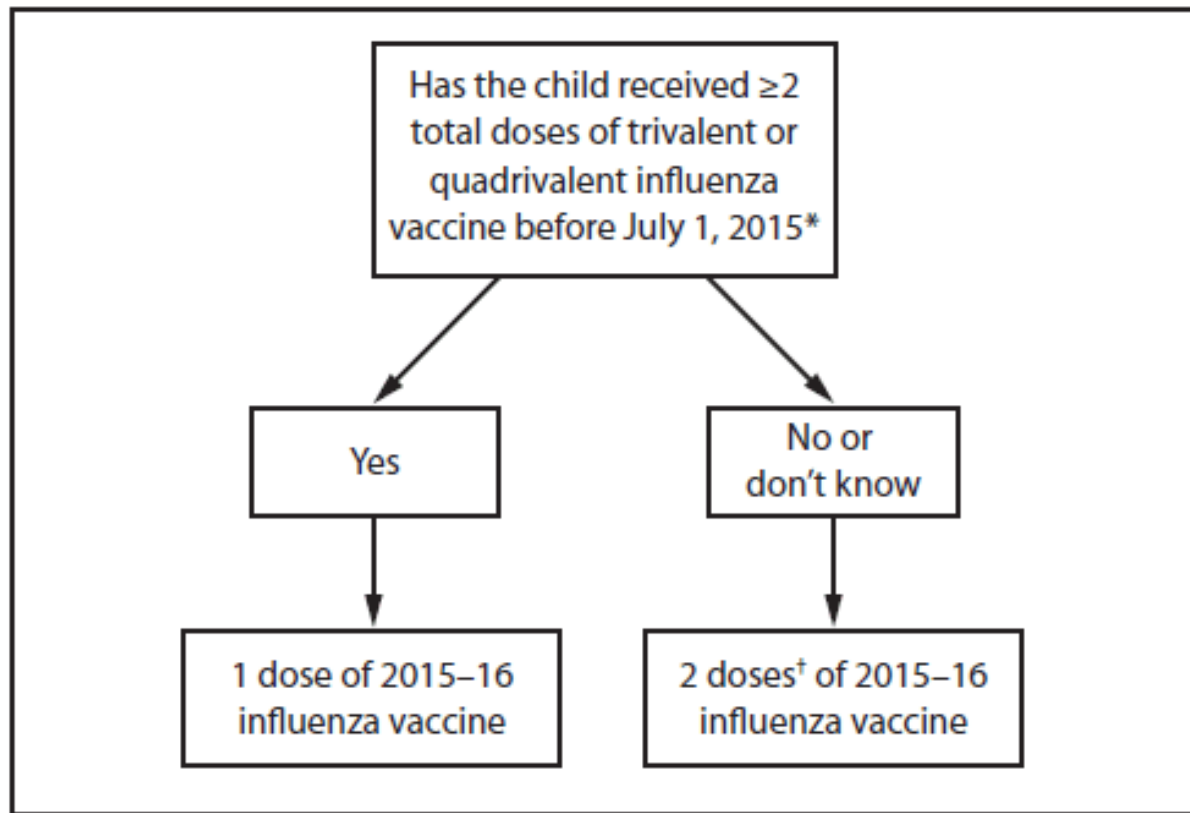
1. _____
2. _____

Immunizations

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose		3 rd dose												
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1 st dose	2 nd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP; <7 yrs)			1 st dose	2 nd dose	3 rd dose			4 th dose				5 th dose				
Tetanus, diphtheria, & acellular pertussis ³ (Tdap; ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b ⁴ (Hib)			1 st dose	2 nd dose	See footnote 5		3 rd or 4 th dose See footnote 5									
Pneumococcal conjugate ⁶ (PCV13)			1 st dose	2 nd dose	3 rd dose			4 th dose								
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV; <18 yrs)			1 st dose	2 nd dose	3 rd dose						4 th dose					
Influenza ⁸ (IV; LAV) 2 doses for some; See footnote 8					Annual vaccination (IV only) 1 or 2 doses					Annual vaccination (LAV or IV) 1 or 2 doses		Annual vaccination (LAV or IV) 1 dose only				
Measles, mumps, rubella ⁹ (MMR)					See footnote 9		1 st dose				2 nd dose					
Varicella ¹⁰ (VAR)							1 st dose				2 nd dose					
Hepatitis A ¹¹ (HepA)							2-dose series, See footnote 11									
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)														(3-dose series)		
Meningococcal ¹³ (Hib-MenCY ≥6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥2 mos)			See footnote 13										1 st dose		booster	

 Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
 Not routinely recommended

Influenza Vaccine Guidelines



* The two doses need not have been received during the same season or consecutive seasons.

† Doses should be administered ≥4 weeks apart.

Influenza Vaccine Guidelines

- All persons aged ≥ 6 months should receive influenza vaccine annually.
- For healthy children aged 2 through 8 years who have no contraindications or precautions, either LAIV or IIV is an appropriate option. No preference is expressed for LAIV or IIV for any person aged 2 through 49 years for whom either vaccine is appropriate. An age-appropriate formulation of vaccine should be used.
- LAIV should not be used in the following populations:
 - Persons aged < 2 years or > 49 years;
 - Persons with contraindications listed in the package insert:
 - Children aged 2 through 17 years who are receiving aspirin or aspirin-containing products;
 - Persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine;
 - Pregnant women;
 - Immunocompromised persons (see also "Vaccine Selection and Timing of Vaccination for Immunocompromised Persons");
 - Persons with a history of egg allergy;
 - Children aged 2 through 4 years who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health care provider stated that they had wheezing or asthma within the last 12 months . For persons aged ≥ 5 years with asthma, recommendations are described in item 4 of this list;
 - Persons who have taken influenza antiviral medications within the previous 48 hours.
- In addition to the groups for whom LAIV is not recommended above, the "Warnings and Precautions" section of the LAIV package insert indicates that persons of any age with asthma might be at increased risk for wheezing after administration of LAIV .
- Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for 7 days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus to close contacts.

Community/Government Resources

- Early Intervention (Developmental Screen, PT, OT, ST)
 - **FIT** (Family Infant Toddler) - (907) 543-3690
 - **Head Start** through Association of Village Council President (AVCP)- (907) 543-7430
- **Poison Control**- 1-800-222-1222
- **WIC** (Women, Infant and Children)- (907) 543-6459
- **Reach Out and Read** through Immunization Services- (907) 543-6300
- Social Services
 - **OCS**- (907) 543-3141
 - **Child Advocacy Center** through Tundra Women's Coalition (TWC)- (907) 543-6300

Pre-natal Visit

- Recommended for all expectant families
 - Especially beneficial for:
 - First time parents, New to practice, High risk pregnancies, Single parents, Multiple gestations, Parents who previously experienced peri-natal death
 - Usually referred by family's OB
 - Objectives
 - Establish positive Pediatrician/Provider and Family Relationship
 - Information Gathering from Family
 - Anticipatory Guidance
 - Identification and Approaches to High Risk Issues
 - Reimbursement sometimes problematic!

Structure of Well Visits

- Subjective
 - Parents'/Guardians' Concerns
 - Current status and follow up of Past Medical Problems
 - Routine Care: feeding, sleeping, elimination, dental, vision, hearing
 - Development
 - Behavior
 - Child's Environment: family composition, caregiving schedule, family stresses, activities inside and outside the home, safety
 - Review of Systems
- Objective
 - Vital Signs
 - Growth Parameters
 - Vision/Hearing Screen
 - PE
 - Developmental Screen
 - Screening Labs
- Plan
 - Anticipatory Guidance
 - Immunization Update
 - Dental Supplement
 - Needed Referrals: Dental, Optometry, Audiology, Behavioral Health, Subspecialist
 - Management and Follow-up for Acute/Chronic Problems

Newborn (2 weeks-1 Month)

- Feeding- breastfeeding every 2-4 hrs; 1-2 ounces bottle every 2-4 hours
- Elimination- at least 6 wet diapers daily
- Sleeping- between feeds
- ***Maternal Depression Symptoms- Edinburg Maternal Depression***

- **Regained Birth Weight?**
- **Total Serum Bilirubin if Jaundice on Exam**
- **Second PKU**

- Anticipatory Guidance
 1. Develop consistent sleep and feeding routines.
 2. **Ensure baby on back to sleep.**
 3. Encourage tummy time when awake.
 4. Wash hands often.
 5. **Keep cord dry; may start bath after cord falls off.**
 6. Hold, talking to baby, rock, stroke, but never shake baby.
 7. Pacifier while asleep decreased risk for SIDS; introduce at 4 weeks if breastfeeding; make sure to routinely clean pacifier.
 8. Ensure at least 6 wet diapers daily.
 9. **No extra fluids or solid foods.**
 10. Car seat should be rear facing until at least 2 years and greater than 35 pounds.
 11. Encourage smoke free environment.
 12. Keep hands on baby when changing; monitor for risk of falling.
 13. **Baby to be immediately evaluated if rectal temperature > 100.4.**

Edinburgh Postnatal Depression Scale

In the past 7 days:

1. I have been able to laugh and see the funny side of things
 - As much as I always could
 - Not quite so much now
 - Definitely not so much now
 - Not at all
2. I have looked forward with enjoyment to things
 - As much as I ever did
 - Rather less than I used to
 - Definitely less than I used to
 - Hardly at all
- *3. I have blamed myself unnecessarily when things went wrong
 - Yes, most of the time
 - Yes, some of the time
 - Not very often
 - No, never
4. I have been anxious or worried for no good reason
 - No, not at all
 - Hardly ever
 - Yes, sometimes
 - Yes, very often
- *5. I have felt scared or panicky for no very good reason
 - Yes, quite a lot
 - Yes, sometimes
 - No, not much
 - No, not at all
- *6. Things have been getting on top of me
 - Yes, most of the time I haven't been able to cope at all
 - Yes, sometimes I haven't been coping as well as usual
 - No, most of the time I have coped quite well
 - No, I have been coping as well as ever
- *7. I have been so unhappy that I have had difficulty sleeping
 - Yes, most of the time
 - Yes, sometimes
 - Not very often
 - No, not at all
- *8. I have felt sad or miserable
 - Yes, most of the time
 - Yes, quite often
 - Not very often
 - No, not at all
- *9. I have been so unhappy that I have been crying
 - Yes, most of the time
 - Yes, quite often
 - Only occasionally
 - No, never
- *10. The thought of harming myself has occurred to me
 - Yes, quite often
 - Sometimes
 - Hardly ever
 - Never

Questions 1, 2, 4 (top box- 0 to bottom box- 3); Questions 3, 5-10 (top box- 3 to bottom box- 0); Possible Depression: Score of 10 or greater

2 Month

- Feeding- breastfeeding every 2-4 hrs; 1-2 ounces bottle every 2-4 hours
- Elimination- at least 6 wet diapers daily
- Sleeping- between feeds

- Development- Social smile, looks at caregiver, lifts head when prone, moves both arms midline, is able to console/comfort self.

- Anticipatory Guidance-
 1. Encourage consistent sleep and feeding routines.
 2. Ensure baby on back to sleep.
 3. Encourage tummy time when awake.
 4. Hold, talking to baby, rock, stroke, but never shake baby.
 5. Pacifier while asleep decreased risk for SIDS; make sure to routinely clean pacifier.
 6. Keep small objects/plastic bags away from baby.
 7. No extra fluids or solid foods.
 8. Car seat should be rear facing until at least 2 years and greater than 35 pounds.
 9. Encourage smoke free environment.
 10. Keep hands on baby when changing; monitor for risk of falling.

- **Vaccines- DTAP, IPV, Hep B, HIB, PCV13, RV**

4 Month

- Feeding- breastfeeding every 3-4 hrs; 3-4 ounces bottle every 3-4 hours
- Elimination- at least 6 wet diapers daily
- Sleeping- sleeps 4-6 hours at night

- Development- Social smile, starting to babble, good head control, sits with support, rolling over, reaching for objects.

- Anticipatory Guidance-
 1. Encourage consistent sleep and feeding routines.
 2. Ensure baby on back to sleep. Put baby to bed wake but drowsy.
 3. Encourage tummy time when awake.
 4. Hold, talking to baby, rock, stroke, but never shake baby.
 5. **May introduce baby cereal when developmentally ready.**
 6. Keep small objects/plastic bags away from baby.
 7. No extra fluids.
 8. Car seat should be rear facing until at least 2 years and greater than 35 pounds.
 9. Don't leave baby alone in tub.
 10. **Work on baby proofing home; have number for poison control.**

- **Vaccines- DTAP, IPV, Hep B, HIB, PCV13, RV**

6 Month

- Feeding- breastfeeding about every 4-6 hrs; 6-8 ounces bottle every 4-6 hours
- Elimination- at least 6 wet diapers daily
- Sleeping- sleeps about 6 hours at night

- Development- Babbles, starting to know own name, enjoys vocal turn taking, moves to crawling position when prone, trying to sit without support, raking grasp.

- **Screening- Lead Verbal Screen/Questionnaire at each well visit until 6 years**

- Anticipatory Guidance-
 1. **May introduce single ingredient foods one at a time; provide iron rich foods. May give 2-4 ounces juice per day. Introduce sippy cups.**
 2. Establish healthy bedtime routine.
 3. Talk, sing and read to baby.
 4. Keep small objects/plastic bags away from baby.
 5. Avoid bottle propping.
 6. Car seat should be rear facing until at least 2 years and greater than 35 pounds.
 7. Don't leave baby alone in tub.
 8. Make sure home is baby proofed; have number for poison control.

- **Vaccines- DTAP, IPV, Hep B, HIB (if ActHiB), PCV13, RV, Flu**

- **Start application of Fluoride Varnish if teeth present at each well visit until 5 years**

- **Start to offer books through Reach Out and Read at each well visit until 5 years**

Basic Lead Screening Questionnaire

Does child live in or visit a home built before 1950?	Yes = High Risk
Does child live in or visit a home built before 1978 under-going renovation?	Yes = High Risk
Does child have a sibling/playmate diagnosed with lead poisoning?	Yes = High Risk
Does child have household members who participate in a lead-related occupation or hobby?	Yes = High Risk
Does child live near lead smelters, battery recycling plants or other industries likely to release atmospheric lead?	Yes = High Risk

POC Blood Lead Level if high risk; confirm with venous level if $>$ or $=$ 5.

Interpretation and Management of Venous Blood Lead Levels

<i>Venous Sample Blood Lead Concentration</i>	<i>Comments</i>
<10	<p>Is not indicative of lead poisoning.</p> <p>Refer to Risk Questionnaire:</p> <p>Low risk: Perform a blood lead toxicity screening at 9-12 months and 24 months of age.</p> <p>High risk: Retest in 3 months. If 2nd test < 10 µg/dL, Perform a blood lead toxicity screening at 9-12 months and 24 months of age.</p>
10-14	<p>Refer for EPSDT care coordination via mailing ADPH-FHS-135, <i>Elevated Blood Lead Environmental Surveillance Form</i>, to the address on the bottom of the form within 5 days of notification of results.</p> <p>Retest within 3 months with venous sample.</p> <p>Schedule retest and provide parental education and nutritional counseling.</p>
15-19	<p>Refer for EPSDT care coordination and environmental investigation via mailing ADPH-FHS-135, <i>Elevated Blood Lead Environmental Surveillance Form</i>, to the address on the bottom of the form within 5 days of notification of results.</p> <p>Retest within 3 months with venous sample.</p> <p>Schedule retest and provide parental education and nutritional counseling.</p>
20-44	<p>Refer for EPSDT care coordination and environmental investigation via mailing ADPH-FHS-135, <i>Elevated Blood Lead Environmental Surveillance Form</i>, to the address on the bottom of the form within 3 days of notification of results.</p>

Interpretation and Management of Venous Blood Lead Levels

<i>Venous Sample Blood Lead Concentration</i>	<i>Comments</i>
	Retest within 3 months with venous sample or more often as determined by MD. Schedule retests and provide parental education and nutritional counseling.
45-59	<p>Refer for medical treatment (chelation therapy) to MD within 24 hours if asymptomatic; otherwise, refer for medical treatment immediately. Child should only return to a lead-safe environment after chelation therapy.</p> <p>Refer for EPSDT care coordination and environmental investigation via faxing ADPH-FHS-135, <i>Elevated Blood Lead Environmental Surveillance Form</i>, to (334) 206-2983 immediately upon notification of results.</p> <p>Retest within 1 month with venous sample or more often as determined by MD. Schedule retest and provide parental education and nutritional counseling.</p>
60-69	<p>Refer for medical treatment (chelation therapy) to MD within 24 hours if asymptomatic; otherwise, refer for medical treatment immediately. Child should only return to a lead-safe environment after chelation therapy.</p> <p>Refer for EPSDT care coordination and environmental investigation via faxing ADPH-FHS-135, <i>Elevated Blood Lead Environmental Surveillance Form</i>, to (334) 206-2983 immediately upon notification of results.</p> <p>Retest within 2 weeks with venous sample or more often as determined by MD. Schedule retest and provide parental education and nutritional counseling.</p>
>70 µg/dL	<p>Refer for medical treatment (chelation therapy) to MD within 24 hours if asymptomatic; otherwise, refer for medical treatment immediately. Child should only return to a lead-safe environment after chelation therapy.</p> <p>Refer for EPSDT care coordination and environmental investigation via faxing ADPH-FHS-135, <i>Elevated Blood Lead Environmental Surveillance Form</i>, to (334)206-2983 immediately upon notification of results.</p> <p>Retest weekly with venous sample or more often as determined by MD. Schedule retest and provide parental education and nutritional counseling.</p>

9 Month

- Feeding- breastfeeding ad lib; 6-8 ounces bottle ad lib
- Elimination- many wet diapers, stools usually start to become hard with more solids
- Sleeping- sleeps through the night
- Development- Has apprehension for strangers, seeks out caregiver, has developed object permanence, repeats consonant and vowel sounds, plays interactive games, pulling to stand, cruising, has coarse pincer grasp.
- **Screening- 9 Month Developmental Screening Questionnaire**
- Anticipatory Guidance-
 1. **Gradually increase table foods. Provide 3 meals daily. Encourage sippy cup. Encourage finger feeding.**
 2. Ensure healthy bedtime routine.
 3. Talk, sing and read to baby.
 4. Keep small objects/plastic bags away from baby.
 5. Avoid saying 'no'
 6. Car seat should be rear facing until at least 2 years and greater than 35 pounds.
 7. Don't leave baby alone in tub.
 8. Make sure home is baby proofed; have number for poison control.
- Vaccines- None due if up to date

12 Month

- Feeding- tolerates all types of foods and eats as offered, starts whole milk
- Elimination- many wet diapers, stools formed stool
- Sleeping- sleeps through the night

- Development- Imitates activities, waves bye bye, shows distress on separation from caregiver, says 1- 2 words, follows simple commands, bangs two things held together, stands alone, fine pincer grasp.

- **Screening- Hemoglobin**

- Anticipatory Guidance-
 1. **Wean off bottle. Provide 3 meals daily. No more than 24 ounces whole milk daily.**
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. **Establish a dental home.**
 4. Keep small objects/plastic bags away from baby.
 5. Point to objects and name them. Read to child.
 6. Car seat should be rear facing until at least 2 years and greater than 35 pounds.
 7. Praise for good behaviors. Consider time outs. Use distractions to redirect from unwanted behavior.
 8. Make sure home is baby proofed; have number for poison control.

- **Vaccines- MMR, Varicella, Hep A, PCV13, HIB**

15 Month

- Feeding- tolerates all types of foods and eats as offered, drinks whole milk
- Elimination- many wet diapers, stools 3 times per day to once every 3 days
- Sleeping- sleeps through the night

- Development- Listens to a story, indicates wants by pulling/pointing/grunting, says 2-3 words with naming, scribbles, walks well, drinks from cup.

- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces milk daily.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. Introduce spoon.
 5. Read to child.
 6. Car seat should be rear facing until at least 2 years and greater than 35 pounds.
 7. Praise for good behaviors. Consider time outs. Use distractions to redirect from unwanted behavior.
 8. Make sure home is child proofed; have number for poison control.

- **Vaccines- DTaP**

18 Month

- Feeding- tolerates all types of foods and eats as offered, drinks whole milk
- Elimination- many wet diapers, stools 3 times per day to once every 3 days, starts toilet training
- Sleeping- sleeps through the night
- Development- Laughs, says at least 6 words, points to indicate wants, points to at least one body part, walks up steps, runs, can stack 2 or 3 objects on top of another, scribbles, uses spoon/cup without spilling.
- **Screening- 18 Month Developmental Screening Questionnaire**
- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces milk daily.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. **Work on Toilet Training.**
 5. Read to child.
 6. Car seat should be rear facing until at least 2 years and greater than 35 pounds.
 7. Praise for good behaviors. Consider time outs. Use distractions to redirect from unwanted behavior.
 8. Make sure home is child proofed; have number for poison control.
- **Vaccines- Hep A**

24 Month

- Feeding- tolerates all types of foods and eats as offered, drinks 2% milk
- Elimination- many wet diapers, stools 3 times per day to once every 3 days
- Sleeping- sleeps through the night

- Development- Parallel plays alongside other children, refers to self as 'I' or 'me', has at least 50 words, combines 2 words to make sentences, follows 2 step commands, can stack 5-6 objects on top of each other, throws ball overhand, goes up and down stairs one step at a time, jumps up.

- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. **No more than 24 ounces low fat milk daily.**
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. Work on Toilet Training.
 5. Read to child.
 6. **Forward facing car seat until at least 4 years.**
 7. Praise for good behaviors. Consider time outs. Use distractions to redirect from unwanted behavior.
 8. Make sure home is child proofed; have number for poison control.

30 Month

- Feeding- tolerates all types of foods and eats as offered, drinks 2% milk
- Elimination- many wet diapers, stools 3 times per day to once every 3 days
- Sleeping- sleeps through the night

- Development- Uses phrases 3-4 words, understandable to others 50% of the time, points to 6 body parts, jumps up and down in place, throws ball overhand, brushes teeth with help, puts clothes on with help, can draw a straight line.

- **Screening- 30 Month Developmental Screening Questionnaire**

- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces milk daily.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. Work on Toilet Training.
 5. Read to child.
 6. Forward facing car seat until at least 4 years.
 7. Praise for good behaviors. Provide positive reinforcement. Consider time outs. Model good examples.
 8. Make sure home is child proofed; have number for poison control.

36 Month

- Feeding- tolerates all types of foods and eats as offered, drinks 2% milk
- Elimination- mostly toilet trained, stools 3 times per day to once every 3 days
- Sleeping- sleeps through the night

- Development- Imaginative play, speaks in 2-3 word sentences, can name a friend, knows own name, knows own gender, can build a tower of 6-8 objects, walks up stairs alternating feet, copies circle, toilet training.

- **Vision Screen- Snellen Eye Chart /Allen Card (now and each subsequent well visit)**
- **BP- now and each subsequent well visit**

- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces milk daily.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. Work on Toilet Training.
 5. Read to child.
 6. Forward facing car seat until at least 4 years.
 7. Praise for good behaviors. Provide positive reinforcement. Consider time outs. Model good examples.
 8. Make sure home is child proofed; have number for poison control.
 9. Encourage play with appropriate toys.
 10. **Limit screen time to 2 hours. At least 60 minutes vigorous activity daily.**

4 Year

- Feeding- tolerates all types of foods and eats as offered, drinks 2% milk
- Elimination- toilet trained, stools 3 times per day to once every 3 days
- Sleeping- sleeps through the night

- Development- Can describe features of self, pretend plays, most speech clear and understandable, names 4 colors, draws a person with at least 3 parts, copies a cross, brushes own teeth, dresses self.

- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces milk daily.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. **Prepare for school; work on letters, numbers, shapes, colors, writing and coloring.**
 5. Reach with child.
 6. **Booster Seat until at least 4 feet 9 inches tall.**
 7. Praise for good behaviors. Provide positive reinforcement. Consider time outs. Model good examples.
 8. Make sure home is child proofed; have number for poison control.
 9. Encourage play with peers.
 10. Limit screen time to 2 hours. Ensure at least 60 minutes physical activity.

- **Vaccines- MMR, Varicella, Dtap, IPV**

5-6 Year

- Feeding- tolerates all types of foods and eats as offered, drinks 2% milk
- Elimination- stools 3 times per day to once every 3 days
- Sleeping- sleeps through the night

- Development- Balances on one foot, hops, skips, can tie shoe-lace, can draw person with 6 body parts, prints some letters and numbers, can copy squares and triangles, counts to 10.

- **Hearing Screen- with Pure Tone Audiometer (now and each subsequent well visit)**

- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces low fat milk daily. Limit candy, soda, high fat foods.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. Prepare for school; work on letters, numbers, shapes, colors, writing and coloring. **Work on reading.**
 5. **Teach safe street habits.**
 6. Booster seat until 4 feet 9 inches tall.
 7. Praise for good behaviors. Provide positive reinforcement. Consider time outs. Model good examples.
 8. Make sure home is child proofed; have number for poison control.
 9. Encourage play with peers.
 10. Limit screen time to 2 hours. Ensure at least 60 minutes physical activity.
 11. **Teach rules about how to be safe with adults.**

7-8 Year

- Feeding- tolerates all types of foods and eats as offered, drinks 2% milk
- Elimination- stools 3 times per day to once every 3 days
- Sleeping- sleeps through the night

- Development- Understands right and wrong. Understands how many things work. Understands expressions of emotions. Knows how to show care. Has friends.

- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces low fat milk daily. Limit candy, soda, high fat foods.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. Keep in contact with teachers; monitor school performance.
 5. Teach safe street habits.
 6. Booster seat until 4 feet 9 inches tall. Always use seat belts.
 7. Praise for good behaviors. Provide positive reinforcement. Consider time outs. Model good examples.
 8. Make sure home is child proofed; have number for poison control.
 9. Know child's friends.
 10. Limit screen time to 2 hours. Ensure at least 60 minutes physical activity.
 11. Teach rules about how to be safe with adults.

9-10 Year

- Feeding- tolerates all types of foods and eats as offered, drinks 2% milk
- Elimination- stools 3 times per day to once every 3 days
- Sleeping- sleeps through the night

- Development- Understands right and wrong. Understands how many things work. Understands expressions of emotions. Knows how to show care. Has friends. Has a sense of self confidence and hopefulness. Makes independent decisions.

- **Screening: Fasting Lipids**

- **Anticipatory Guidance-**
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces low fat milk daily. Limit candy, soda, high fat foods.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. Keep in contact with teachers; monitor school performance.
 5. Teach safe street habits.
 6. Booster seat until 4 feet 9 inches tall. Always use seat belts.
 7. Praise for good behaviors. Provide positive reinforcement. Consider time outs. Model good examples.
 8. Make sure home is child proofed; have number for poison control.
 9. Know child's friends.
 10. Limit screen time to 2 hours. Ensure at least 60 minutes physical activity.
 11. Teach rules about how to be safe with adults.

11-14 Year

- Feeding- tolerates all types of foods and eats as offered, drinks 2% milk
- Elimination- stools 3 times per day to once every 3 days, menstrual history
- Sleeping- sleeps through the night

- Development- Understands right and wrong. Understands how many things work. Understands expressions of emotions. Knows how to show care. Has friends. Has a sense of self confidence and hopefulness. Makes independent decisions. Participates in community activity.

- **Screening- HEADSS Assessment, HIV (13 years and older), GC/CT if sexually active**

- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces low fat milk daily. Limit candy, soda, high fat foods.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. Keep in contact with teachers; monitor school performance.
 5. **Discuss plans for future and career decisions.**
 6. **Always use seat belts.**
 7. Praise for good behaviors. Provide positive reinforcement. Consider time outs. Model good examples.
 8. **Encourage an extracurricular activity.**
 9. Know child's friends.
 10. Limit screen time to 2 hours. Ensure at least 60 minutes physical activity.

- **Vaccines- Tdap, HPV, MCV**

15-17 Year

- Feeding- tolerates all types of foods and eats as offered, drinks 2% milk
- Elimination- stools 3 times per day to once every 3 days, menstrual history
- Sleeping- sleeps through the night

- Development- Understands right and wrong. Understands how many things work. Understands expressions of emotions. Knows how to show care. Has friends. Has a sense of self confidence and hopefulness. Makes independent decisions. Participates in community activity. Shows resilience when confronted with stressors.

- **Screening- HEADSS Assessment, HIV, GC/CT if sexually active**

- Anticipatory Guidance-
 1. Provide 3 main meals daily. Include 5 food groups. No more than 24 ounces low fat milk daily. Limit candy, soda, high fat foods.
 2. Ensure healthy bedtime routine.
 3. Brush teeth twice daily. Dentist twice per year.
 4. Keep in contact with teachers; monitor school performance.
 5. Discuss plans for future and career decisions.
 6. Always use seat belts.
 7. Praise for good behaviors. Provide positive reinforcement. Consider time outs. Model good examples.
 8. Encourage an extracurricular activity.
 9. Know child's friends.
 10. Limit screen time to 2 hours. Ensure at least 60 minutes physical activity.
 11. **Consider how and when will transition to Adult Provider.**

- **Vaccines- MCV**

*THE SUCCESS OF HEALTH SUPERVISION
VISITS HAS PROFOUND
IMPLICATIONS FOR OUR FUTURE
POPULATION...*

References

- McInerney TK, Adam HM, Campbell DE, Kamat DM, Kelleher KJ, eds. American Academy of Pediatrics Textbook of Pediatric Care. Elk Grove Village, IL: American Academy of Pediatrics; 2009.
- Hagan JF, Shaw JS, Duncan PM, eds. 2008. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.
- [Use of World Health Organization and CDC Growth Charts for children Aged 0 – 59 Months in the United States, MMWR Recommendations and Reports, 2010](#)
- <http://tnaap.org/pdf/start/Periodicity%20Schedule.pdf>
- Kramer MS, Guo T, Platt RW, Vanilovich I, Sevkovskaya Z, Dzikovich I, Michaelsen KF, Dewey K for the Promotion of Breastfeeding Intervention Trials Study Group. Feeding effects on growth during infancy. *J Pediatr* 2004;145(5):600-5
- <http://www.cdc.gov/nccdphp/dnpao/growthcharts/who/using/transitioning.htm>
- https://www.aap.org/en-us/about-the-aap/committees-councils-sections/section-on-uniformed-services/documents/screening_tools-dewine.pdf
- <http://www.ceasar-boston.org/CRAFFT/>
- https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf
- <http://www.sprc.org/sites/sprc.org/files/SafetyPlanTemplate.pdf>
- <http://pediatrics.aappublications.org/content/134/2/415.full>
- <http://pediatrics.aappublications.org/content/124/4/1227>
- <http://www.capefearpsych.org/documents/SADPERSONS-suiciderisk.pdf>