



AT EVERY VISIT – for HPI, ROS, PE, and plan may use autotexts that start with “..pedwcc”

- Review Problem List EVERY visit for testing or intervention items. Address all chronic problems; weight-adjust and ensure refills on all chronic meds.
- Discuss feeding, elimination, dental, sleep quality, development (using CDC screening questions in autotexts), and social and environmental history.
- Review growth chart.
- Genital exam/puberty assessment (Tanner staging). Give safety message as soon as developmentally appropriate.
- Review VacTrAK and offer all vaccines labelled “due now” or “past due.”
- Ask about vision and hearing concerns. If any concern for hearing problems by parent or provider, refer to Audiology.
- Ensure annual TB screening starting at 12 months with Quantiferon if in Bethel or PPD if <5 years and in SRC.

0 – 41 days

NURSING

- Administer [Edinburgh Postnatal Depression Scale](#).
- If requested by provider, check transcutaneous bilirubin level.
- Check head circumference with height and weight.

PROVIDER

- Exam to include [hip exam](#) and red reflex and alignment.
- If born premature, see [Primary Care for Ex-Premies Checklist](#).
- Discuss safe sleep.
- Ensure [nirsevimab](#) has been given if in season and vitamin D 400 IU Rx.
- Defer second hepatitis B vaccine to 6 weeks so can use combination shot.

42 days (6 weeks) – 5 months

NURSING

- Administer Edinburgh Postnatal Depression Scale.
- Check head circumference with height and weight.

PROVIDER

- Exam to include [hip exam](#) and red reflex and alignment.
- If born premature, see [Primary Care for Ex-Premies Checklist](#).
- Discuss safe sleep.
- Ensure [nirsevimab](#) has been given if in season and vitamin D 400 Rx.
- Defer second hepatitis B vaccine to 6 weeks so can use combination shot.

6 – 11 months

NURSING

- Provide ASQ at 9 months. If infant is >9 months and ASQ was not completed at 9 months, give ASQ for current age.
- Check head circumference with height and weight.

PROVIDER

- Exam to include [hip exam](#) and red reflex and alignment.
- Discuss safe sleep.
- Fluoride varnish Q3 months beginning when first tooth erupts. Refer to dentist starting at 6 months.
- If born premature, see [Primary Care for Ex-Premies Checklist](#).
- Ensure [nirsevimab](#) has been given if in season and vitamin D 400 IU Rx.

12 – 35 months

NURSING

- Provide ASQ at 18 and 24 months. If ASQ was not completed at those times, give ASQ for current age.
- Provide M-CHAT at 18 and 24 months or later if not yet completed. Scoring [here](#).
- Do hemoglobin testing at 12 and 24 months or later if not yet completed.
- Check head circumference with height and weight.
- Attempt photoscreening.

PROVIDER

- Exam to include red reflex and alignment.
- See [Microcytic Anemia in Children guideline](#) to manage hemoglobin.
- Send [lead](#) level (via Bethel lab) at 12 and 24 months or later if not yet completed.
- Fluoride varnish Q3 months. Recommend dental visit.
- If born premature, see [Primary Care for Ex-Premies Checklist](#) until 24 months.
- Ensure [nirsevimab](#) has been given if Alaska Native, <19 months, and in season.
- Begin [dyslipidemia screening](#) at age 2.

3 – 5 years

NURSING

- Check BP with VS beginning at 3 years.
- Provide ASQ if developmental concerns.
- Do vision screening with Snellen if able and/or Plusoptix.

PROVIDER

- Follow [this resource](#) for management of BP.
- Follow [this resource](#) for management of vision findings.
- Send to lab for [lead](#) level if never done previously.
- Fluoride varnish Q3 months. Recommend dental visit.
- Discuss physical activity and screen time.
- [Dyslipidemia Screening](#).

6 – 10 years

NURSING

- Check BP with VS.
- Screen vision with Snellen chart.

PROVIDER

- Follow [this resource](#) for management of BP.
- Follow [this resource](#) for management of vision findings.
- Fluoride varnish Q3 months. Recommend dental visit.
- Discuss physical activity, screen time, bullying/peer interactions, school attendance/performance, mood/mental health.
- [Dyslipidemia Screening](#).

11 – 18 years

NURSING

- Check BP with VS.
- Screen vision with Snellen chart.
- Provide PHQ-9.

PROVIDER

- Follow [this resource](#) for management of BP.
- Follow [this resource](#) for management of vision findings.
- Screen for risk of sudden cardiac arrest Q3 years.
- Recommend dental visit.
- Discuss physical activity, screen time, bullying/peer interactions, school attendance/performance, mood/mental health.
- [Lipid Screening](#): If risk factors, check fasting lipid panel Q2 years. If no risk factors, check one non-fasting lipid panel between 9-11 years and a second time between 17-21 years. Do not check lipid panel between 12-16 years if no risk factors.
- Perform [SSHADSS](#) (previously known as HEADSSS) assessment.
- If BMI \geq 85%, obtain labs (fasting lipids, Hgb A1c, AST, ALT) Q2 years.
- Begin offering STI screening at age 14. (Teen may opt out.)

YKHC follows the AAP vaccine schedule, found [here](#).

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.

Approved by Clinical Guideline Committee 6/26/26.

Click [here](#) to see the supplemental resources for this guideline.

If comments about this guideline, please contact ClinicalGuidelines@ykhc.org.