



# Routine Preventive Services for Children and Adolescents (Ages 2-21)

The following guideline provides recommendations for routine preventive services for children and adolescents ages 2-21 years. Children at increased risk may warrant additional services, e.g. Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT)<sup>1</sup>.

Recommendation	2-6 years	7-9 years	10-12 years	13-21 years
<ul style="list-style-type: none"> <li>■ <b>Annual</b> health, developmental screening<sup>2</sup> (including once at 30 months) and risk assessments, including:               <ul style="list-style-type: none"> <li>- Tobacco use: Establish tobacco use and secondhand smoke exposure</li> <li>- Obesity screening and counseling if indicated: Record height, weight and BMI percentile; assess dietary, physical activity and sedentary behavior</li> </ul> </li> <li>■ Parent and Child age-appropriate education and counseling:               <ul style="list-style-type: none"> <li>- Nutrition, physical activity, violence and abuse/bullying (Michigan abuse and neglect hotline 855-555-3911), sexually transmitted infection prevention, suicide threats, alcohol and drug abuse, behavioral/emotional problems, anxiety, stress reduction, coping skills, immunizations, skin cancer prevention</li> <li>- Helmet use and protective gear for bicycle riding, skateboarding, skating, etc. <b>[B]</b></li> <li>- Motor vehicle safety<sup>3</sup> - Car seat, booster seat, seat belt use <b>[B]</b></li> <li>- Poison prevention - Keep the National Poison Control number (800-222-1222) readily accessible; use child resistant containers; dispose of expired or unused medications</li> <li>- Burn prevention - Install smoke detectors and test twice a year; carbon monoxide detectors; water heater temperature and fire prevention</li> <li>- Injury prevention - Firearm safety; water safety; CPR training</li> </ul> </li> </ul>	X	X	X	X
Dental health screening: Adequate fluoridation (oral fluoride supplement when indicated), limit sugars and juices, home oral care, avoid baby bottle use; establish dental home Apply fluoride varnish to primary teeth				
Vision screening <b>[A]</b>	X (prior to school enrollment)	X Every 2 years	X Every 3 years	X Every 3 years
Chlamydia and other STI screening <b>[A]</b> ( <i>rescreen if change in risk status</i> )			X (≥ age 11, annually if sexually active)	
Pregnancy prevention (abstinence, long-acting reversible contraception, condom use) Preconception counseling, Folic acid 400 mcg/d			X (≥ age 12, or earlier if sexually active)	
HIV screening <b>[A]</b> ( <i>age ≥ 15, younger if at increased risk</i> )				X
Psychological, behavioral, and depression screening <b>[B]</b> <a href="#">See MQIC Adolescent and Young Adult Health Risk Behavior Assessment guideline</a>			X (≥ age 11)	
Cholesterol screening ( <i>if at increased risk, screen ages 2-8 and 12-16</i> ) <b>[B]</b>			X (~ age 10)	X (~ age 20)
Immunizations: ♦ For updated immunization schedules see <a href="#">CDC Advisory Committee on Immunization Practices ACIP</a> ♦ Use combination vaccines to minimize the number of injections ♦ Update the <a href="#">Michigan Care Improvement Registry (MCIR)</a>	2-3 years	4-6 years	11-12 years	15-18 years
DTaP <b>[A]</b>		X	Tdap	
IPV		X		
MMR (MMRV) <b>[A]</b>		X		
Varicella <b>[A]</b>		X		
Meningococcal (MCV4)			X	Booster at age 16 years
Influenza <b>[B]</b> : For first immunization of children ≤ 8 years, give 2 doses one month apart. Age ≥ 9, and all children with 2 prior doses, give 1 dose annually.				
Human papilloma virus: Give 2-dose series if started at 9-14 years. Give 3-dose series for ages 15-26, or if immunocompromised.				

<sup>1</sup>Early Periodic Screening Diagnosis and Treatment: age specific exam and anticipatory guidance template

<sup>2</sup>AAP Section on Developmental and Behavioral Pediatrics

<sup>3</sup>AAP Policy Statement-Child Passenger Safety

**Levels of Evidence for the most significant recommendations:** A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on: Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents Summary Report, National Heart Lung and Blood Institute, NIH Publication No. 12-7486-A. October 2012; AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, 2008; and Guide to Clinical Preventive Services 2014: Recommendations of the U.S. Preventive Services Task Force, June 2014. Individual patient considerations and advances in medical science may supersede or modify these recommendations.