

# Pediatric Health Maintenance Guidelines

This guideline is a distillation of recommendations from medical literature, including publications by: the American Academy of Pediatrics (AAP); the U.S. Preventive Services Task Force; and the Institute for Clinical Systems Improvement (ICSI). These guidelines apply to those who do not have symptoms of disease or illness. Each child and family is unique; therefore, 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 be necessary if circumstances suggest variations from normal. These are guidelines, not a guarantee of Wellmark coverage. Depending on the member's policy, all or some of these preventive services may be covered with or without a member cost share.



Wellmark Blue Cross Blue Shield of Iowa  
Wellmark Blue Cross Blue Shield of South Dakota

	Infancy <sup>3</sup>							Early Childhood <sup>3</sup>						Middle Childhood <sup>3</sup>						Adolescence <sup>3</sup>									
	NB <sup>1</sup>	2-4d <sup>2</sup>	2w-1m	2m	4m	6m	9m	12m	15m	18m	24m	30m	3y	4y	5y	6y	7y	8y	9y	10y	Early			Mid			Late		
AGE <sup>4</sup>																					11y	12y	13y	14y	15y	16y	17y	18y	19y
<b>SCREEN FOR CRITICAL CONGENITAL HEART DISEASE WITH PULSE OX PRIOR TO DISCHARGE</b>	X																												
<b>HISTORY Initial/Interval</b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>PHYSICAL EXAM<sup>5</sup></b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>MEASUREMENTS</b>																													
Height & Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BMI											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Head Circumference	X	X	X	X	X	X	X	X	X	X	X																		
Blood Pressure												X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
<b>SENSORY SCREENING</b>																													
Vision <sup>6</sup>	S	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	S	O	S	O	S	O	S	S	O	S	S	O	O
Hearing <sup>7</sup>	O	S	S	S	S	S	S	S	S	S	S	S	O	O	O	S	O	S	O	S	O	S	O	S	S	O	S	S	O
<b>DEVELOPMENTAL/BEHAVIOR ASSESSMENT/SURVEILLANCE<sup>8</sup></b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Autism Screening										X	X																		
<b>IMMUNIZATIONS<sup>9</sup></b>	X																												
<b>SCREENING GENERAL<sup>10</sup></b>																													
Hereditary/Metabolic Screening <sup>11</sup>	X																												
Hematocrit or Hemoglobin					*			X <sup>12</sup>	*	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Screen to detect amblyopia, <sup>13</sup> strabismus, and defects in visual acuity in children at least once between ages 3 and 5 years																													
Depression Screening <sup>14</sup>																					X	X	X	X	X	X	X	X	X
Obesity Screening <sup>15</sup>																							X	X	X	X	X	X	X
<b>SCREENING PATIENTS AT RISK</b>																													
Tuberculosis <sup>16</sup>			*			*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Cholesterol Screening											*							*				X	X	X	X	X	X	X	X
Lead Screening <sup>17</sup>								X or *		X or *		*	*	*	*						X	X	X	X	X	X	X	X	X
STD Screening <sup>18</sup> (Including Chlamydia)																					*	*	*	*	*	*	X	X	X
Drug and Alcohol																					*	*	*	*	*	*	*	*	*
<b>INITIAL DENTAL REFERRAL<sup>19</sup></b>													X																
Dental Screening for Fluoride Availability							X																						

<sup>1</sup> Every infant should have a newborn evaluation after birth. Breast-feeding should be encouraged, and instruction and support offered. Every breast-fed infant should have an evaluation 48-72 hours after discharge to include weight and normal breast-feeding evaluation, encouragement, and instruction.  
<sup>2</sup> Recommendations pertain to newborns discharged in less than 48 hours.  
<sup>3</sup> Developmental, psychosocial, and chronic disease issues may require frequent counseling and treatment visits separate from preventive care visits.  
<sup>4</sup> 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.  
<sup>5</sup> At each visit, a complete physical exam is essential with the infant totally unclothed, or the older child undressed and suitably draped.  
<sup>6</sup> If the patient is uncooperative, rescreen within six months.

<sup>7</sup> All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing Statement (1999).  
<sup>8</sup> Recommendations are in accordance with history and appropriate physical examination. If suspicious, order specific objective developmental testing. Parenting style should be addressed at each visit.  
<sup>9</sup> See current Centers for Disease Control and Prevention guidelines at [www.cdc.gov/vaccines/schedules](http://www.cdc.gov/vaccines/schedules).  
<sup>10</sup> These may be modified, depending upon entry into schedule and individual need.  
<sup>11</sup> Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.  
<sup>12</sup> Consider earlier screening for high-risk infants.  
<sup>13</sup> Early detection and treatment for amblyopia and risk factors for this condition can improve visual acuity.  
<sup>14</sup> Screen children ages 11-19 for major depressive disorder (MDD) using a standardized, approved tool for adolescents when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive behavioral or interpersonal) and follow-up.

<sup>15</sup> Screen children ages 6 years and older for obesity. For children who are obese, offer or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.  
<sup>16</sup> Testing should be done upon recognition of high risk factors. If results are negative but a high-risk situation continues, testing should be repeated annually.  
<sup>17</sup> Children ages 12 months and 24 months must be screened once prior to entering elementary school.  
<sup>18</sup> All sexually active females under 24 should be screened for chlamydia. All sexually active adolescents at risk should be screened for sexually transmissible diseases (STD), including HIV.  
<sup>19</sup> Earlier initial dental evaluations may be appropriate for some children. Subsequent examinations should be given every six months or as prescribed by dentist. Prescribe oral fluoride in children older than 6 months whose primary water source is deficient. Apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption.

X = To be performed      S = Subjective by history      O = Objective by standard testing      \* Assess for risk      ↔ = Range in which service may be provided, with an "X" at preferred age

# Education and Counseling

Counseling and education should be carried out at every opportunity to the parent or caregiver and the child. Spreading the messages across several visits is recommended.



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	Infancy							Early Childhood							Middle Childhood							Adolescence								
	NB	2-4d	2w-1m	2m	4m	6m	9m	12m	15m	18m	24m	30m	3y	4y	5y	6y	7y	8y	9y	10y	Early			Mid			Late			
AGE																					11y	12y	13y	14y	15y	16y	17y	18y	19y	
<b>NUTRITION</b>																														
Energy/Caloric Balance	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Nutrient Balance, Supplements, Maintain Adequate Calcium (Female)																					X	X	X	X	X	X	X	X	X	
<b>PHYSICAL ACTIVITY</b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<b>MEDIA TIME<sup>21</sup></b>											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
<b>SUBSTANCE USE/ABUSE<sup>22</sup></b>																														
Tobacco (Incl. Passive Smoke)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Alcohol and Other Drugs																	X	X	X	X	X	X	X	X	X	X	X	X	X	
<b>INJURY PREVENTION</b>																														
Seat Belt Use, Helmet Use	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Sleep Positioning Counseling <sup>23</sup>	X	X	X	X																										
Poison, Water Safety, Choking	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Falls, Water Heater Safety	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Gun Safety/Firearm Storage	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<b>VIOLENCE &amp; ABUSE</b>																														
Promotion of Nonviolent Behavior, Anger Management, Gangs	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<b>SEXUAL PRACTICES</b>																														
STD Prevention – Provide high intensity behavioral counseling to all sexually active adolescents for prevention of STDs/STIs																									X	X	X	X	X	
Unintended Pregnancy Prevention																								X	X	X	X	X	X	
<b>MENTAL HEALTH</b>																														
Depression/Anxiety Awareness																									X	X	X	X	X	
Self-Esteem														X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Eating Disorders																					X	X	X	X	X	X	X	X	X	
Attention Deficit/Hyperactivity Disorder														X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<b>COPING SKILLS/STRESS REDUCTION</b>											X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<b>SKIN CANCER Protection from UV Light</b>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
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<sup>21</sup> At every visit, ask about daily screen time and whether the child's bedroom has a TV or internet access.

<sup>22</sup> Provide interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.

<sup>23</sup> Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative, but carries a slightly higher risk of sudden infant death syndrome.