



2009 PEDIATRIC PREVENTIVE HEALTH GUIDELINES

	Prenatal	INFANT	ADOLESCENT		
		0-24 Months	2-5 Years	6-10 Years	11-19 Years
History and Physical ¹					
Complete unclothed physical exam at each well child visit	Early initial exam	Newborn, 2-4 days, 1,2,4,6,9,12,15,18,24, 30	Every year	6,8,10 years of age	Every year
Routine Screening ¹					
Height, weight, growth chart		Each visit	Every year	Each visit	Every year
Head circumference		Each visit	N/A	N/A	N/A
BMI		N/A	Every year	Each visit	Every year
Blood Pressure		N/A	Every year beginning at age 3	Each visit	Every Year
Sensory Screening					
Vision		Each visit (subjective by history)	Each visit (Objective screening)	Each visit (Objective screening)	Each visit (Objective screening at 12, 15, 18, years and subjective tests in remaining years)
Hearing		Objective tests in Newborn, Subjective screening at each visit	Objective testing at each visit	Objective testing at each visit	Each visit (Objective screening at 12, 15, 18 years)
Oral Health		6,9,12,18,24,30	3 years of age	6 years of age	Dental assessment at each visit, dental referral at age 3 or earlier if indicated. Refer for dental visits annually after age 3.

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Pap Smear and Pelvic Exam					18 and older or if sexually active.
Developmental screening/Behavioral					

Screening					
Developmental, screening		9,18	30 months		
Autism screening		18,24			
Developmental surveillance		Newborn, 3-5 days, 1,2,4,6,12,15,24	Every year	Every year	Every year
Psychosocial/behavioral assessment			30 months	Every year	Every year
Alcohol and drug use assessment					Every year
Anticipatory Guidance	At each exam	At each exam	At each exam	At each exam	At each exam
Labs¹					
Metabolic Screening		Newborn 1 month			
Immunization		Update as needed	Update as needed	Update as needed	Update as needed
Hematocrit / Hemoglobin		12 month		Performed on children at risk	
Lead Screening		6,9,12,18,24 months	3,4,5 year	6 year	
Tuberculin Test		1,6,12,18,24 - high risk	4 – high risk	6,8,10 – high risk	Every year if high risk
Dyslipidemia Screening					Every year if high risk
STI Screening					Every year if high risk
Oral Health		6,9,12,18,24,30 – high risk	3 - year	6 - year	
ANTICIPATORY GUIDANCE	Every visit	Every visit	Every visit	Every visit	Every visit, every year
Source: 1 Adopted from The 2009 American Academy of Pediatrics					

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