

CLINICAL PRACTICE GUIDELINE NAME:	<i>Recommended Childhood Preventive Screening & Immunization Guideline</i>
ORIGINAL DATE APPROVED BY QMC:	7/02 IHN
DATES RE-REVIEWED BY QMC:	7/04 IHN; 5/06 Logo Change; 1/07 SHPO; 10/08 SHPO; 7/09 SHPO; 9/10 SHPO; 7/11 SHPO

GUIDELINE DESCRIPTION:

This guideline provides a concise listing of:

1. Various types of preventive screenings for children including specific time frames for the screening
2. Various types of child immunizations including specific time frames for the immunization

REFERENCES:

- 1) Guide to Clinical Preventive Services - US Preventive Services Task Force, 2010-2011
<http://www.ahrq.gov/clinic/pocketgd.htm>
- 2) Recommended Immunization Schedules 2011– Centers for Disease Control and Prevention
<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>
- 3) American Academy of Pediatrics – Preventive Pediatric Health Care
<http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>
- 4) American Academy of Pediatric Dentistry
http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf
- 5) DMAP Prevention Tables 4-1-11
<http://www.oregon.gov/OHA/OHPPR/HSC/docs/L/Apr11List.pdf>

RECOMMENDED CHILDHOOD PREVENTIVE SCREENING

Birth to 18 years

TYPE OF SCREENING	AGE	
Physical examinations (check-ups)	- Within 3-5 days of birth - 1 month - 2 months - 4 months - 6 mon-18 mon- every 3 months	- 18 mon-3 years- every 6 months - 3 years-18 years- per provider recommendation.
Immunizations (shots)	- See immunization schedule below (√ means time to receive that shot)	
Vision screening (eye exams)	- Evaluation at each physical examination starting around age 3.	
Dental check-ups (teeth exams)	- Birth to 30 months – mouth checks by PCP at each checkup - 6 months-consider fluoride supplements if primary water source is deficient.	- 12 months -18 years- every 6 month cleanings / exams as indicated by dentist
Diet and exercise	- Evaluation at each physical examination	
Smoking, alcohol and drug use	- Evaluation at each physical examination starting at least by age 10-13 years	
Sex education and sexually transmitted infections	- Counseling for all sexually active adolescents at increased risk for STI's.	
Appropriate testing for sexually transmitted infections (STI's)	- Females every year if sexually active	
BMI (Body Mass Index)	- 24 months and over -Review at each physical examination	
Depressive disorder screening	- 12-18 years	

RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE

Age	Hep B	Rota / RV	DTaP	Hib	PCV or PPV	Flu	MMR	Varicella	Hep A	Polio / IPV	HPV	MCV4
Birth	√											
1-2 months	√											
2 months		√	√	√	√					√		
4 months		√	√	√	√					√		
6 months		√ ¹	√	√ ²	√	√ Then yearly						
6-18 months	√									√		
12-15 months				√	√		√	√				
15-18 months			√									
12-23 months									√ 2 doses			
4-6 years			√				√	√		√		
11-12 years			√								√ 3 doses ³	√

¹**Rota/Rv**-If Rotarix[®] is administered at ages 2 and 4 months, a dose at 6 months is not indicated

²**Hib**-If PRP-OMP (PedvaxHIB[®] or Comvax[®] [HepB-Hib]) is administered at ages 2 and 4 months, a dose at age 6 months is not indicated

³**HPV**- 2nd dose 2 months after first dose; 3rd dose 6 months after first dose

Hep B = Hepatitis B

Rota/RV= Rotavirus

DTaP = Diphtheria, tetanus, acellular pertussis

Hib = Haemophilus Influenza type B

PCV or PPV = Pneumonia

Flu = Seasonal Influenza Virus

MMR = Measles, Mumps, Rubella

Varicella = Chickenpox

Hep A = Hepatitis A

Polio/IPV = Inactivated Poliovirus

HPV = Human papillomavirus

MCV4 = Meningococcal