## Michigan Quality Improvement Consortium Guideline

## **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>. Personalized recommendations: to offer any patient, for age, gender, and risk factor-based recommendations, see Electronic Preventive Services Selector.

<u>Visit Schedule</u> Annually	<ul> <li>Annual health, developmental screening<sup>2</sup> (including once at 30 months) and risk assessments, including:         <ul> <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> <li>Social Determinants of Health via Bright Futures</li> </ul> </li> </ul>												
	<ul> <li>Parent and Child age-appropriate education and counseling:</li> </ul>												
	<ul> <li>Nutrition, physical activity, violence, and abuse/bullying/trafficking (Michigan abuse and neglect hotline 855-444-3911), sexually transmitted infection prevention, suicide threats, alcohol and drug abuse, behavioral/emotional problems, anxiety, stress reduction, coping skills, immunizations, skin cancer prevention</li> </ul>												
	- Helmet use and protective gear for bicycle riding, skateboarding, skating, etc. [B]												
	- Motor vehicle safety3 - Car seat, booster seat, seat belt use [B]												
	<ul> <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> <li>Screen time: limit screen time exposure/use; 2 to 6 years/one hour per day. Parents should designate media-free time.</li> </ul>												
								Dental health screening: Adequate fluoridation (oral fluoride supplement when indic	ated), limit sugar and juices, home oral care, a	void baby bottle u	ıse; establish dental	home	
								<ul> <li>Apply fluoride varnish to primary teeth</li> </ul>					
Recommendation		2-6		7-9	10-12	13-21							
		years		years	years	years							
Developmental screening using a standardized tool <sup>4</sup> . Discuss formal screening at each visit from 4-24 months <sup>2</sup> .		X											
ion screening [A]		X (prior to school e	nrollment)	<b>X</b> Every 2 years		<b>X</b> at age 15							
learing		X (annually ag	es 4-6)	<b>X</b> (age 8)	<b>X</b> (age 10)	X (every 3 years)							
lamydia and other S	STI screening [A] (rescreen if change in risk status)				<b>X</b> (≥ age 11	, annually if sexually active)							
	(abstinence, long-acting reversible contraception, condom use)				<b>V</b> (> ago 12	, or earlier if sexually active)							
	ling, Folic acid 400 mcg/d				∧ (≥ age 12	, of earlier it sexually active)							
HIV screening <b>[A]</b> (age ≥ 15, younger if at increased risk)						X							
•	creening for ≥18 years of age					X							
Psychological, behavioral, depression and suicide screening <b>[B]</b> ( <u>PHQ-9-M</u> ) See <u>MQIC Adolescent and Young Adult Health Risk Behavior Assessment guideline</u>					Annually								
	g (if at increased risk, screen ages 2-8 and 12-16) <b>[B]</b>				<b>X</b> (~ age 10)	<b>X</b> (~ age 20)							
nmunizations: or updated immuniza or updated immuniza	ation schedules, see <u>CDC Advisory Committee on Immunization Practices (ACIP)</u> . ation schedules, including catch up and condition specific schedules, see Recommended Ch	hild and Adolescent											
Immunization Schedule for ages 18 years and younger.			4-6		11-12	15-18							
<ul> <li>Use combination vaccines to minimize the number of injections.</li> <li>Update the <u>Michigan Care Improvement Registry</u> (MCIR).</li> </ul>			years		years	years							
aP <b>[A]</b>				X	Tdap								
/				Х									
MMR (MMRV) [A]				Х									
Varicella [A]				Х									
/eningococcal (MCV4)					X	Booster at age 16 years							
ctivated influenza v	accine <b>[B]</b> : Note: Influenza - For first immunization of children ≤8 yrs., give 2 doses 1 month	apart. Age ≥9, and all children with 2 prior dos	es, give 1 dose a	nnually.									
man papilloma viru؛	s: Give 2-dose series if started at 9-14 years. Give 3-dose series for ages 15-26, or if immun	ocompromised.											
	ng Diagnosis and Treatment	3 AAP Policy Statement – Ch		t <u>v</u>									
	opmental and Behavioral Pediatrics or the most significant recommendations: A = randomized controlled trials; B = controlled	$\frac{4 \text{ Bright Futures Periodicity T}}{trials, no randomization; C = observational stu$		of expert papel									
COLORING COLORING	The most significant recommendations. A - randomized controlled thats, b - controlled	thais, no randomization, C – Observational Stu		or expert parter									
	e management steps. It is based on: AAP Bright Futures: Guidelines for Health Supervision o	of Infants Childron and Adalassants Ath Editi-	on 2017. Export 1	Danal on Integrated	Guidalinas for Cardiovasau	lar Haalth and Rick Reduction in Ch							