



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)¹.

Recommendation	2-6 years	7-12 years	13-21 years
Annual health, developmental and risk assessments	X	X	X
Parent and Child age appropriate education and counseling: <ul style="list-style-type: none"> • Nutrition, physical activity, dental health², violence and abuse, sexually transmitted infection prevention, depression, suicide threats, alcohol and drug abuse, anxiety, stress reduction, coping skills, immunizations • Helmet use and protective gear for bicycle riding, skateboarding, skating, etc. [B] • Motor vehicle safety³ - Car seat, booster seat, seat belt use [B] • Poison prevention - Keep the National Poison Control number (800-222-1222) readily accessible; use child resistant containers; dispose of expired or unused medications • Burn prevention - Install smoke detectors and test twice a year; carbon monoxide detectors; water heater temperature and fire prevention • Injury prevention - Firearm safety; water safety; CPR training 	X	X	X
Tobacco use screening: Establish tobacco use and secondhand exposure	X	X	X
Weight assessment screening	Record height, weight and BMI percentile annually		
Cholesterol screening [A]	Screen children over age 2 at increased risk for genetic forms of hypercholesterolemia		
Chlamydia and sexually transmitted infection screening, including HIV screening [A]	All sexually active adolescents annually		
Cervical cancer screening (Pap smear) [B]	Screen for cervical cancer in adolescents and women who have been sexually active and have a cervix. Screen every three years.		
Preconception and pregnancy prevention counseling, Folic acid 400 mcg daily	Preventive counseling beginning at age 12 or earlier if sexually active		
Vision screening [A]	X (prior to school enrollment)	X Every 2 years	X Every 3 years
Immunizations: <ul style="list-style-type: none"> • Consult the Advisory Committee on Immunization Practices website (www.cdc.gov/vaccines/recs/acip/) for most updated immunization schedules for routine and high risk populations. • Use combination vaccines to minimize the number of injections. • Update the Michigan Care Improvement Registry (MCIR). 	4-6 years	11-12 years	15-18 years
DTaP [A]	X	Tdap	
IPV	X		
MMR (MMRV) [A]	X		
Varicella [A]	X		
Meningococcal (MCV4)		X	Booster 16-18 years of age
Influenza [B]	Ages 2-8, two doses for the first year; annually thereafter. Age 9 and older, one dose annually.		
Human papilloma virus* (females ages 11-26, minimum age 9)		Beginning at age 11, 3-dose series	

*FDA approved human papilloma virus vaccine for males 9-26 years to reduce their likelihood of genital warts.

¹Early Periodic Screening Diagnosis and Treatment: age specific exam and anticipatory guidance template (http://ihcs.msu.edu/quality/early_periodic_screening.php)

²Family history, eating/sleeping habits, adequate fluoridation, and home oral care, may provide possible/potential/visible abnormalities and a visit to the dentist for early evaluation may be recommended.

³AAP Policy Statement-Child Passenger Safety (<http://pediatrics.aappublications.org/content/127/4/788.full>)

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 several sources, including: Preventive Services for Children and Adolescents, Institute for Clinical Systems Improvement, 2010 (www.icsi.org); and AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition, 2008. Individual patient considerations and advances in medical science may supersede or modify these recommendations.