

# Routine Preventive Care Recommendations

Use these recommendations as a guide in scheduling routine care appointments for your family. Your doctor can make more specific recommendations based on your own health risks, health status and lifestyle.

## PEDIATRIC ROUTINE PREVENTIVE CARE RECOMMENDATIONS\*

| Health Maintenance Visit  | 0-1 Year (Infancy)  | 1-4 Years (Early Childhood)  | 5-10 Years (Middle Childhood)                 | 11-17 Years (Adolescence)   |
|---|---|--|---|---|
| Includes history and physical exam; developmental assessment and anticipatory guidance; behavioral health assessment; and immunizations | Ages 1 to 2 weeks and 1, 2, 4, 6, 9 and 12 months; assess breast-feeding babies between ages 3 and 5 days         | Ages 15, 18 and 24 months and 3 and 4 years  | Annually                                      |   |
| <b>Routine Labs</b>   |   |  |   |   |
| Anemia  | Once between ages 9 and 12 months   | As needed at clinician discretion  |   | Annually at clinician discretion  |
| Blood Pressure  | Not routine   | At every routine visit starting at 3 years   |   |   |
| Cholesterol   | Not routine   | Older than age 2 at least once with family history of premature cardiovascular disease or other known risk factors.  |   |   |
| Lead  | Initial screening between ages 9 and 12 months  | Annually at ages 2 and 3 years. Again at age 4 years if at high risk.  | At entry into kindergarten if never screened. | Not routine   |
| Urinalysis  | Not routine   |  | Once at age 5 or at clinician discretion      | Not routine   |
| Body Mass Index (BMI)   | Screen annually for healthy growth and weight; screen annually for eating disorders starting in middle childhood. |  |   |   |
| <b>Sensory Screening</b>  |   |  |   |   |
| Hearing   | Assess newborn before discharge or by age 1 month. Subjective assessment at all other routine checkups.           | Objective hearing screening at ages 4, 5, 6, 8, 10, 12, 15 and 17 years. Conduct audiologic monitoring every six months until age 3 if there is a language delay or hearing loss. Subjective assessment at all other routine checkups. |   |   |
| Vision/Eye Care   | Assess newborn before discharge. Evaluation by age 6 months.  | Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15 and 17 years. Screen for strabismus between 3 and 5 years.  |   |   |
| <b>Infectious Disease Screening</b>   |   |  |   |   |
| Sexually Transmitted Infections (Chlamydia, Gonorrhea, HPV and Syphilis)  | Not routine   |  | Counsel regarding schedule of HPV vaccine     | Chlamydia and gonorrhea: All sexually active patients annually. HPV: Counsel regarding schedule of HPV vaccine. Syphilis: If at risk. |
| Hepatitis C   | Not routine   | After age 12 months for those with hepatitis C-infected mothers  | Not routine                                   | Periodic for those at high risk   |
| Human Immunodeficiency Virus (HIV)  | Not routine   |  |   | Patients with risk factors and those age 13 or older.   |
| Tuberculosis (TB)   | Tuberculin skin testing of all patients at high risk  |  |   |   |

\*Adapted from guidelines developed through Massachusetts Health Quality Partners, Inc. (MHQP). More information at [www.mhqp.org](http://www.mhqp.org).

\*\*Adapted from the U.S. Centers for Disease Control and Prevention Child and Adolescent Immunization Guidelines. More information at [www.cdc.gov](http://www.cdc.gov).

**Note:** Ask your clinician if your child is at high risk for any of the conditions mentioned in these guidelines. This chart lists only routinely recommended vaccines; talk with your clinician about your child's risk for other diseases.

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| Health Maintenance Visit  | 0-1 Year (Infancy)  | 1-4 Years (Early Childhood)  | 5-10 Years (Middle Childhood)   | 11-17 Years (Adolescence)   |
|---|---|--|---|---|
| <b>Cancer Screening</b>   |   |  |   |   |
| Pelvic Exam/Pap Test (Girls)  | Not routine   |  |   | At 3 years after first sexual intercourse, or by age 21 years. Every 1 to 3 years thereafter based on risk factors.   |
| Testicular Exam (Boys)  | Not routine   |  |   | Clinical testicular exam and self-exam instruction annually beginning at age 15   |
| Clinical Breast Exam (Girls)  | Not routine   |  |   |   |
| <b>General Counseling</b>   |   |  |   |   |
| All parents and patients should be periodically screened and counseled as appropriate regarding infant sleep positioning, alcohol/substance abuse, tobacco, diet/nutrition, physical activity, weight management and eating disorders, safety/injury and violence prevention, motor vehicle injury prevention, family violence/abuse, media exposure, behavioral health, sleep habits, oral care, sun safety and sexual behavior. |   |  |   |   |
| <b>Immunizations**</b>  |   |  |   |   |
| Hepatitis B   | Three doses at birth and at ages 1 to 2 months and 6 to 18 months   |  | Not routine   |   |
| Diphtheria, Tetanus, Acellular Pertussis (DTaP and Tdap) and Tetanus, Diphtheria  | Five doses of DTaP at ages 2, 4 and 6 months, 15 to 18 months and 4 to 6 years  |  |   | One dose of Tdap age 11 to 12 years; one dose for ages 13 to 18 years if not previously vaccinated with Tdap.   |
| <i>Haemophilus Influenzae</i> Type B (Hib)  | Four doses at ages 2, 4 and 6 months and 12 to 15 months  |  | One dose for high-risk children   |   |
| Inactivated Polio (IPV)   | Four doses at ages 2 and 4 months, 6 to 18 months and 4 to 6 years  |  |   | Not routine   |
| Measles-Mumps-Rubella (MMR)   | Two doses at ages 12 to 15 months and 4 to 6 years.   |  |   | Not routine   |
| Pneumococcal Conjugate Vaccine (PCV)  | Four doses at ages 2, 4 and 6 months and 12 to 15 months. For ages 2 to 5 years, administer PCV to those incompletely vaccinated. |  | Not recommended. High-risk children should receive PCV according to guidelines. |   |
| Pneumococcal Polysaccharide (PPV)   | Not routine   | For high-risk children ages 2 or older only                              |   |   |
| Varicella (Chickenpox)  | Two doses at ages 12 to 15 months and 4 to 6 years.   |  |   | Not routine   |
| Hepatitis A   | Not routine   | Two doses at ages 12 to 23 months. Second dose 6 months after the first. | Not routine   |   |
| Influenza   | Annually for healthy children ages 6 months to 18 years.  |  |   |   |
| HPV (Human Papillomavirus)  | Not routine   |  |   | Three doses for age 11 to 12 years. Second dose 2 months after the first dose, third dose 6 months after the first dose.  |
| Meningococcal Conjugate (MCV4) and Meningococcal Polysaccharide (MPSV4): MCV4 is preferred; MPSV4 is acceptable.  | Not routine   | One dose for children ages 2 to 10 at elevated risk                      |   | One dose at age 11 to 12; one dose for between ages 13 to 18 if not previously vaccinated; one dose for those at elevated risk and as needed for school/college entry requirements. |