Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

Bright Futures/American Academy of Pediatrics

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Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may be necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care. Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

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19. Confirm initial screen was accomplished, verify results, and follow up as appropriate.

20. Verify results as soon as possible, and follow up as appropriate.

21. Confirm initial screening was accomplished, verify results, and follow up as appropriate. See "Preventing and Managing Iron Deficiency" (http://pediatrics.aappublications.org/content/134/6/1224).

22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/124/4/1193).

23. Schedule, per the AAP Committee on Infectious Disease, are available at https://www.aap.org/periodicityschedule. Every visit should be an opportunity to update and complete a child's immunizations. See "Integrative Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.aap.org/periodicityschedule).

24. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (http://pediatrics.aappublications.org/content/131/3/626) and "Low Level Lead Exposure and Children: An Updated Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/AO_LF_FINAL_document_100207.pdf).

25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (http://pediatrics.aappublications.org/content/131/3/626) and "Low Level Lead Exposure and Children: An Updated Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/AO_LF_FINAL_document_100207.pdf).

26. Perform risk assessments or screenings, as appropriate, per recommendations in the current edition of the AAP Committee on Infectious Disease, published in the current edition of the AAP Medicaid Deposition of the Committee on Infectious Disease. Testing should be performed in recognition of high-risk factors.

27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Disease, published in the current edition of the AAP Committee on Infectious Disease, are available at https://www.aap.org/periodicityschedule. Testing should be performed in recognition of high-risk factors.

28. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP-Fast Fact Report of the Committee on Venereal Disease.

29. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) and the criteria for and coverage of newborn screening procedures and programs.

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35. If primary water source is deficient in fluoride, consider oral fluoride supplementation.