



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)¹. Personalized recommendations: to offer any patient, for age, gender and risk factor-based recommendations, see [Electronic Preventive Services Selector](#).

<p><u>Visit Schedule</u> Annually</p>	<ul style="list-style-type: none"> ◆ Annual health, developmental screening² (including once at 30 months) and risk assessments, including: <ul style="list-style-type: none"> - Tobacco use: Establish tobacco use and secondhand smoke exposure - Obesity screening and counseling if indicated: Record height, weight and BMI percentile; assess dietary, physical activity and sedentary behavior - Social Determinants of Health via Bright Futures ◆ Parent and Child age-appropriate education and counseling: <ul style="list-style-type: none"> - Nutrition, physical activity, violence and abuse/bullying/trafficking (Michigan abuse and neglect hotline 855-555-3911), sexually transmitted infection prevention, suicide threats, alcohol and drug abuse, behavioral/emotional problems, anxiety, stress reduction, coping skills, immunizations, skin cancer prevention - 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 - Screen time: limit screen time exposure/use; 2 to 6 years/one hour per day. Parents should designate media-free time. <p>Dental health screening: Adequate fluoridation (oral fluoride supplement when indicated), limit sugars and juices, home oral care, avoid baby bottle use; establish dental home Apply fluoride varnish to primary teeth</p>
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Recommendation	2-6 years	7-9 years	10-12 years	13-21 years
Vision screening [A]	X (prior to school enrollment)	X Every 2 years		X Every 3 years
Chlamydia and other STI screening [A] (<i>rescreen if change in risk status</i>)			X (≥ age 11, annually if sexually active)	
Pregnancy prevention (abstinence, long-acting reversible contraception, condom use) Preconception counseling, Folic acid 400 mcg/d			X (≥ age 12, or earlier if sexually active)	
HIV screening [A] (<i>age ≥ 15, younger if at increased risk</i>)				X
Psychological, behavioral, depression and suicide screening [B] (PHQ-9-M) See MQIC Adolescent and Young Adult Health Risk Behavior Assessment guideline			Annually	
Cholesterol screening (<i>if at increased risk, screen ages 2-8 and 12-16</i>) [B]			X (~ age 10)	X (~ age 20)
Immunizations:		4-6 years	11-12 years	15-18 years
◆ For updated immunization schedules see CDC Advisory Committee on Immunization Practices ACIP				
◆ Use combination vaccines to minimize the number of injections				
◆ Update the Michigan Care Improvement Registry (MCIR)				
DTaP [A]	X		Tdap	
IPV	X			
MMR (MMRV) [A]	X			
Varicella [A]	X			
Meningococcal (MCV4)			X	Booster at age 16 years
Influenza [B] : For first immunization of children ≤ 8 years, give 2 doses one month apart. Age ≥ 9, and all children with 2 prior doses, give 1 dose annually.				
Human papilloma virus: Give 2-dose series if started at 9-14 years. Give 3-dose series for ages 15-26, or if immunocompromised.				

¹Early Periodic Screening Diagnosis and Treatment

²AAP Section on Developmental and Behavioral Pediatrics

³AAP Policy Statement-Child Passenger Safety

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: AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, 2017; Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents Summary Report, National Heart Lung and Blood Institute, NIH Publication No. 12-7486-A. October 2012. Individual patient considerations and advances in medical science may supersede or modify these recommendations.