



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).

Recommendation	2-6 years	7-12 years	13-21 years
Annual health, developmental and risk assessments	X	X	X
Parent and Child education and counseling: <ul style="list-style-type: none"> ♦ Nutrition, physical activity, dental health, 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 safety - 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
Screening for overweight	Record height, weight and BMI annually		
Cholesterol screening [A]	Screen children over age 2 at increased risk for genetic forms of hypercholesterolemia		
Chlamydia and sexually transmitted infection screening [A]			All sexually active non-pregnant females
Cervical cancer screening (Pap smear) [B]			Beginning at age 21 or within three years of first sexual intercourse, whichever is earlier; every 3 years after 3 consecutive normal Pap smears over 5 years
Preconception and pregnancy prevention counseling		Preventive counseling beginning at age 12 or earlier if sexually active	
Vision screening [A]	X (prior to school enrollment)		
Immunizations: <ul style="list-style-type: none"> ♦ Consult the Advisory Committee on Immunization Practices website (www.cdc.gov/nip/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	
Influenza [B]	Ages 2-8, two doses for the first year; annually thereafter. Age 9 and older, one dose annually.		
Human papilloma virus (females 9-26 years old)		Beginning at age 11, 3-dose series	

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, 2008 (www.icsi.org). Individual patient considerations and advances in medical science may supersede or modify these recommendations.