HUMAN SERVICES DEPARTMENT

NEW MEXICO PREVENTIVE PEDIATRIC HEALTH CARE PERIODICITY SCHEDULE (recommended by the Bright Futures/American Academy of Pediatrics)

The federal Health Resources and Services Administration (HRSA) established Bright futures in 1990 to improve the standard of care for children and adolescents. Since 2002 the American Academy of Pediatrics (AAP) has overseen development and dissemination of these guidelines. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents provides pediatric care providers and families with tools for evidence-based care for children from birth to age 21. The New Mexico Human Services Department has adopted these guidelines. For additional information, see the Bright Futures Guidelines, 4th Edition, Evidence and Rationale chapter: https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Evidence_Rationale.pdf.

	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1] (Prenatal Visits)[2]	Newborn[3]	3-5 d	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																															
L/Ht/Wt	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●	●	●																				
Weightt for Length	●	●	●	●	●	●	●	●	●	●																					
BMI[4]											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
BP[5]	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																															
Vision[6]	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	●	●	●	●	⊙	●	⊙	●	⊙	●	⊙	⊙	●	⊙	⊙	⊙	⊙	⊙	⊙
Hearing[7]	●	● →	→	→	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	●	●	●	⊙	●	⊙	●	←	←	← ● →	←	← ● →	←	←	←	←	● →	
DEVELOPMENTAL/BEHAVIORAL																															
Dev Screening[8]							●			●		●																			
Autism Spectrum Disorder Screening[9]										●	●																				
Dev Surveillance	●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial / Behavioral Assessment[10]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[11]																					⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
Depression Screening[12]																						●	●	●	●	●	●	●	●	●	●
Maternal Depression Screening[13]			●	●	●	●																									
PHYSICAL EXAMINATION[14]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[15]																															
Newborn Blood[16]	●	● →	→	→																											
Newborn Bilirubin[17]	●																														
Critical Congenital Heart Defect[18]	●																														
Immunization[19]	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[20]					⊙			●	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
Lead[21]						⊙	⊙	● or ⊙		⊙	● or ⊙		⊙	⊙	⊙	⊙															
Tuberculosis[22]			⊙			⊙		●			⊙		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
Dyslipidemia[23]											⊙			⊙		⊙		⊙	← ● →		⊙	⊙	⊙	⊙	⊙	←	←	←	● →	
STIs[24]																					⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙
HIV[25]																					⊙	⊙	⊙	⊙	←	● →	⊙	⊙	⊙	⊙	⊙
Cervical Dysplasia[26]																															●
ORAL HEALTH[27]						●	●	⊙		⊙	⊙	⊙	⊙	⊙	⊙	⊙															
Fluoride Varnish						←	←	←	←	●	→	→	→	→	→																	
Fluoride Supplementation						⊙	⊙	⊙		⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙	⊙					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

● To be performed ⊙ Risk assessment to be performed with appropriate action to follow, if positive ← ● → Range during which a service may be provided

[1] If a child comes under care for the first time at any point on this schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date as soon as possible.

[2] Prenatal visits are not shown on this schedule; however, the AAP recommends a prenatal visit and anticipatory guidance for parents who are at high risk, for first-time parents, and for those who request it. Refer to: http://pediatrics.aappublications.org/content/124/4/1227.full

[3] A newborn evaluation should be performed 3-5 days after birth and within 48-72 hours after hospital discharge or home birth to include evaluation for feeding and jaundice. Breastfeeding newborns should receive a breastfeeding evaluation, and the mother should receive instruction as recommended in "Breastfeeding and the Use of Human Milk," http://pediatrics.aappublications.org/content/129/3/e827.full. Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns," http://pediatrics.aappublications.org/content/125/2/405.full

[4] The BMI screenings should be performed in accordance with the "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report," http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full

[5] BP measurement in infants and children with specific risk conditions should be performed before age 3.

[6] A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3 year olds. Instrument based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at ages 3-5 years. See 2016 AAP, "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians," http://pediatrics.aappublications.org/content/137/1/1.51 and "Procedures for Evaluation of the Visual System by Pediatricians," http://pediatrics.aappublications.org/content/137/1/1.52

[7] Newborns should be screened with result verification as early as possible, follow up as appropriate. Refer to "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs," http://pediatrics.aappublications.org/content/120/4/898.full. A screening with audiometry including 6,000 and 8,000 Hz high frequencies should be done once during each of three intervals: 11-14, 15-17, and 18-21 years of age. Refer to "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies," http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext.

[8] Refer to "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Development Surveillance and Screening," http://pediatrics.aappublications.org/content/118/1/405.full. The U.S. Department of Health and Human Services requires that periodic developmental and behavioral health screenings be conducted through the EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) benefit and children enrolled in the Children's Health Insurance Program (CHIP). Refer to the" Birth to 5: Watch Me Thrive!" compendium for additional guidance, https://www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive.

[9] Refer to "Identification and Evaluation of Children with Autism Spectrum Disorders," http://pediatrics.aappublications.org/content/120/5/1183.full

[10] Assessment should be family-centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. Refer to "Promoting Optimal Development: Screening for Behavioral and Emotional Problems," http://pediatrics.aappublications.org/content/135/2/384 and "Poverty and Child Health in the United States," http://pediatrics.aappublications.org/content/137/4/e20160339

[11] Refer to http://www.ceasar-boston.org/CRAFFT/index.php for the CRAFFT screening tool for adolescents.

[12] Refer to the Mental Health Screening and Assessment Tools for Primary Care, http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.

[13] Refer to "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice," http://pediatrics.aappublications.org/content/126/5/1032.

[14] An age-appropriate, unclothed physical examination is essential at each visit. Refer to "Use of Chaperones During the Physical Examination of the Pediatric Patient," http://pediatrics.aappublications.org/content/127/5/991.full.

[15] Procedures in this section may be modified, depending upon the entry point and individual need of the patient.

[16] The provider shall confirm the initial screen was performed, verify results, and follow up as appropriate. Refer to "The Recommended Uniform Screening Panel," http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf and state newborn screening laws/regulations at http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf

[17] The provider shall confirm the initial screen was performed, verify results, and follow up as appropriate. Refer to "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications," http://pediatrics.aappublications.org/content/124/4/1193

[18] Screening using pulse oximetry should be performed in newborns, after 24 hours of age, before hospital discharge per "Endorsement of Health and Human Services Recommendations for Pulse Oximetry Screening for Critical Congenital Heart Disease." Refer to http://pediatrics.aappublications.org/content/129/1/190.full

[19] Refer to the "Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger," http://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx

[20] Refer to "Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0-3 Years of Age)," http://pediatrics.aappublications.org/content/126/5/1040.full

[21] Providers shall perform risk assessments or screenings as appropriate, **based on universal screening requirements for Medicaid-enrolled children** or in high prevalence areas. For children at risk of lead exposure, see "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention," http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf The Medicaid requirement is met only when the two blood screening tests (or a catch-up test) are conducted. The child's medical record must document all lead testing services rendered and the resulting values.

[22] Tuberculosis testing shall be performed according to the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases, https://redbook.solutions.aap.org/book.aspx?bookid=1484. For additional information, refer to: https://redbook.solutions.aap.org/chapter.aspx?sectionid=88187074&bookid=1484

[23] Refer to "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents," http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm

[24] Adolescents should be screened for STIs per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.

[25] Adolescents should be screened for HIV according to the USPSTF recommendations, Human Immunodeficiency Virus (HIV) Infection: Screening, http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm

[26] Refer to USPSTF recommendations for cervical cancer screening at http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm . If a pelvic examination is indicated prior to age 21, refer to "Gynecologic Examination for Adolescents in the Pediatric Office Setting," http://pediatrics.aappublications.org/content/126/3/583.full

[27] Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment via the following tool: https://brightfutures.aap.org/Bright%20Futures%20Documents/OralHealthRiskAssessmentTool.pdf. For additional information on oral health risk assessment, refer to AAP Policy Statement, "Oral Health Risk Assessment Timing and Establishment of the Dental Home," http://pediatrics.aappublications.org/content/pediatrics/111/5/1113.full.pdf and "Policy on the Dental Home," 2015 Revision, http://www.aapd.org/media/Policies_Guidelines/P_DentalHome.pdf. For fluoride varnish, refer to "Maintaining and Improving the Oral Health of Young Children," http://pediatrics.aappublications.org/content/134/6/1224. If the child's primary water source is lacking fluoride, consider oral fluoride supplementation. Refer to "Fluoride Use in Caries Prevention in the Primary Care Setting," http://pediatrics.aappublications.org/content/134/3/626