Carta Trámite

16 de septiembre de 2024

A: Todos los proveedores contratados por First Medical Health Plan, Inc., para el Plan Vital

Re: Carta Normativa 24-0911 Revisión a Guías de Servicios Pediátricos Preventivos del Departamento de Salud

Estimado(a) Proveedor(a):

Reciba un cordial saludo de parte de First Medical Health Plan, Inc., (FMHP).

Adjunto a este comunicado encontrará la Carta Normativa 24-0911 de la Administración de Seguros de Salud de Puerto Rico (ASES).

A través de esta Carta Normativa, la ASES informa que, el 6 de agosto de 2024, el Dr. Carlos Mellado López, Secretario del Departamento de Salud de Puerto Rico, aprobó el documento revisado **Guías de Servicios Pediátricos Preventivos**.

Por tal motivo, se reitera la importancia de que cada proveedor cumpla cabalmente con las directrices establecidas en las guías.

Para detalles específicos sobre la información provista por la ASES, le exhortamos a leer detenidamente la Carta Normativa 24-0911 y el anejo Guías de Servicios Pediátricos Preventivos DSPR_Rev. 2024_08062024.

Si usted tiene alguna pregunta relacionada con este comunicado y/o necesita información adicional, siéntase en la libertad de comunicarse con nuestro Centro de Servicio al Proveedor al número libre de cargos 1-844-347-7802 de lunes a viernes de 7:00 a.m. a 7:00 p.m. También, puede acceder a nuestra página electrónica www.firstmedicalvital.com.

Cordialmente,

Departamento de Cumplimiento
First Medical Health Plan, Inc.

CARTA NORMATIVA 24-0911

11 de septiembre de 2024

A: **Organizaciones de Manejo Coordinado de Salud (MCOs) y Proveedores Participantes del Plan de Salud del Gobierno - Plan Vital**

ASUNTO: **REVISIÓN A GUÍAS DE SERVICIOS PEDIÁTRICOS PREVENTIVOS DEL DEPARTAMENTO DE SALUD**

Se incluye documento revisado de las **Guías de Servicios Pediátricos Preventivos**, aprobado el 6 de agosto de 2024 por el Dr. Carlos Mellado López, Secretario del Departamento de Salud de Puerto Rico.

Se requiere a todas las aseguradoras contratadas bajo Plan Vital que emitan una comunicación a los grupos médicos impartiendo la instrucción de circular estas guías entre sus proveedores contratados, a la mayor brevedad y reiterando que deben cumplir cabalmente con las mismas.

Apreciamos su pronta atención a este asunto.

Cordialmente,

Lymari Colón Rodríguez
Directora Ejecutiva Interina

Anejos (1)

Departamento de
SALUD

Guías de Servicios Pediátricos Preventivos

Revisada 2024

Aprobada por

____

Carlos R. Mellado Lopez M.D.
Secretario

Departamento de Salud

6 de agosto de 2024

Guías de Servicios Preventivos Pediátricos 2024

El Departamento de Salud establece las Guías de Servicios Pediátricos Preventivos con el propósito de promover las mejores prácticas al brindar servicios médicos a la población pediátrica. Las guías proveen recomendaciones para que toda persona de 21 años o menos reciba evaluaciones médicas que provean la oportunidad para identificar y diagnosticar tempranamente aquellas condiciones físicas, mentales y conductuales que requieren una pronta atención y en cumplimiento con los requisitos de EPSDT del Centro de Servicios para Medicaid. El contenido de las guías se desarrolló con recomendaciones por un panel de expertos, recomendaciones actualizadas de *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents,* publicado por la Academia Americana de Pediatría (versión marzo 2021), y de *United States Preventive Task Force.*

Interpretación de Guías de Servicios Pediátricos Preventivos

Las Guías de Servicios Pediátricos Preventivos están divididas en cuatro etapas:

- Infancia de 0 a 9 meses
- Niñez Temprana de 12 a 48 meses
- Niñez de 5 a 10 años
- Jóvenes de 11 a 21 años

En cada etapa el esquema incluye las edades a las cuales se debe ofrecer una visita preventiva, y un listado de evaluaciones, cernimientos y/o pruebas de laboratorios universales, las cuales se recomiendan se administren a toda la población pediátrica en las edades indicadas por el símbolo En el listado se enfatizan áreas específicas a explorar en el historial y examen físico, temas a enfatizar durante la orientación anticipatoria, cernimientos recomendados a utilizar para completar la evaluación y acciones a tomar relevantes a los resultados, durante la visita médica.

Cada etapa presenta un listado de evaluaciones, cernimientos y/o pruebas de laboratorios selectivas, pruebas o acciones a tomar por el profesional de la salud justificado por el juicio clínico y los hallazgos de riesgo en las evaluaciones (historial, examen físico y/o cernimientos) indicando las edades correspondientes por el símbolo ☑

rev.rmr /mst 07-2024

Guías de Servicios Preventivos Pediátricos 2024

<table>
<thead>
<tr><th>Universal Infancia</th><th>Acción</th><th>Visita Prenatal</th><th>Recién Nacido</th><th>3 a 5 días</th><th>1 mes</th><th>2 m</th><th>4 m</th><th>6 m</th><th>9 m</th></tr>
</thead>
<tbody>
<tr><td>Historial / Inicial o intervalo</td><td>En visita prenatal historial familiar y de embarazo</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Examen físico</td><td>En cada visita examen físico esencial</td><td></td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Medidas: peso (kg), largo (cm), Circunferencia de cabeza (cm)</td><td>Clasificar y evaluar percentil en gráfica</td><td></td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Vigilancia, desarrollo y evaluación de conducta y condición psicosocial</td><td>Observación clínica e historial, atención a los determinantes sociales, trauma, seguridad alimentaria</td><td></td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Inmunizaciones</td><td>Evaluar cumplimiento con esquema vigente y administrar vacunas necesarias para su cumplimiento</td><td></td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Evaluación y apoyo de lactancia/ orientación alimentación en 1er año</td><td>Vigilar aumento de peso en primera semana y referir a grupos de apoyo en la comunidad cuando sea indicado, orientar introducción de sólidos y alimentos</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Cernimiento de Depresión Materna</td><td>Cernimiento Edinburgh/ Referir para apoyo y ayuda si resulta positivo</td><td></td><td></td><td></td><td colspan="2">✓</td><td></td><td>✓</td><td></td></tr>
<tr><td>Guía Anticipatoria</td><td>Enfatizar prácticas de dormir seguro y prevención de lesiones no intencionales</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Cernimiento Auditivo
Ley 311, 2003</td><td>A infantes con pruebas positivas deben realizárseles la prueba confirmatoria antes de los 3 meses de edad y recibir tratamiento definitivo antes de cumplir 6 meses de edad</td><td></td><td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Cernimiento Metabólico y Hemoglobinopatía</td><td>Ley 84, 1987</td><td></td><td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Cernimiento Defecto Cardíaco Congénito Crítico</td><td>Oximetría de pulso luego de las 24 horas de nacido, antes del alta</td><td></td><td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Cernimiento Hiperbilirrubinemia</td><td>Prueba de bilirrubina antes del alta de hospital, a las 48 horas nacidos en el hogar</td><td></td><td>✓</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Cernimiento del Desarrollo</td><td>Administrar instrumento de cernimiento validado. Ages and Stages (ASQ) última edición o Survey Wellbeing Young Children (SWYC)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>✓</td></tr>
<tr><td>Evaluación y Cernimiento de riesgo de caries</td><td>Cernimiento de riesgo para caries (Caries-risk Assessment Questionnaire), resultado de alto riesgo,
referir inmediatamente con el primer diente al dentista</td><td></td><td></td><td></td><td></td><td></td><td></td><td>✓</td><td>✓</td></tr>
<tr><td>Cernimiento Riesgo Tuberculosis</td><td>Cuestionario de riesgos, historial de exposición</td><td></td><td></td><td>✓</td><td></td><td></td><td></td><td>✓</td><td></td></tr>
<tr><td>Cernimiento riesgo de exposición a plomo</td><td>Cuestionario de riesgos con resultado positivo, ordenar muestra de plomo en sangre</td><td></td><td></td><td></td><td></td><td></td><td></td><td>✓</td><td>✓</td></tr>
</tbody>
</table>

Infancia (continuación)

Selectivo Infancia	Evaluación	Acción	Visita Prenatal	Recién Nacido	3 a 5 días	1 mes	2m	4m	6m	9m
Presión Arterial	Historial positivo de riesgo	Presión arterial		☑	☑	☑	☑	☑	☑	☑
Visión	Historial y/o físico positivo	Oftalmólogo		☑	☑	☑	☑	☑	☑	☑
Anemia	Historial de prematurez	Hematocrito o Hgb						☑		

Universal Niñez Temprana	Acción	12 m	15 m	18 m	24 m	30 m	36 m	48 m
Historial / Inicial o intervalo	Historial de actividad física y alimentación	✓	✓	✓	✓	✓	✓	✓
Examen Físico	En cada visita examen físico esencial	✓	✓	✓	✓	✓	✓	✓
Medida peso/estatura	Clasificar percentil en gráfica	✓	✓	✓	✓	✓	✓	✓
Circunferencia de cabeza	Clasificar percentil en gráfica	✓	✓	✓	✓			
Guía Anticipatoria	Controlar tiempo exposición a consolas digitales y tv	✓	✓	✓	✓	✓	✓	✓
Vigilancia desarrollo y evaluación de conducta y condición psicosocial	Observación clínica e historial	✓	✓	✓	✓	✓	✓	✓
IMC / BMI	Clasificar percentil en gráfica				✓	✓	✓	✓
Presión Arterial							✓	✓
Inmunizaciones	Evaluar cumplimiento con esquema vigente y administrar vacunas necesarias para su cumplimiento	✓	✓	✓	✓	✓	✓	✓
Agudeza Visual	Evaluar objetivamente agudeza visual (ej.: cartilla Snellen)						✓	✓
Cernimiento auditivo	Audiometría							✓
Anemia	Hematocrito o Hgb	✓						
Autismo	Administrar instrumento *Modified Checklist for Aulism in Toddlers,* (M-CHAT) o versión revisada (M-CHAT-R/F), seguir protocolo para autismo			✓	✓			
Cernimiento en el Desarrollo	Administrar instrumento de cernimiento validado. *Ages and Stages* (ASQ) última edición o *Survey Wellbeing Young Children* (SWYC)			✓	✓	✓		
Evaluación de Salud Oral	Referir al dentista para: limpieza cada 6 meses y barniz de Fluoruro	✓		✓	✓	✓	✓	✓
Cernimiento Riesgo Tuberculosis	Cuestionario de riesgos, historial positivo de exposición ordenar PPD	✓			✓		✓	✓
Plomo	Nivel de plomo en sangre	✓			✓			

Niñez Temprana (Continuación)

Selectivo Niñez Temprana	Evaluación	Acción	12 m	15 m	18 m	24 m	30 m	36 m	48 m
Presión Sanguínea	Historial positivo de riesgos	BP	☑	☑	☑	☑	☑		
Visión	Historial y/o físico positivo	Oftalmólogo	☑	☑	☑	☑	☑		
Audición	Historial y/o físico positivo	Audiólogo	☑	☑	☑	☑	☑	☑	
Anemia	Historial y/o físico positivo	Hematocrito		☑	☑		☑	☑	☑
Dislipidemia	Historial familiar de riesgo enfermedades cardiovasculares y físico positivo (obeso)	Panel lípidos en ayuna				☑			☑
Plomo *	Cernimiento de riesgo (Cuestionario de riesgo)	Niveles plomo en sangre, cuando cuestionario es positivo para riesgo de exposición						☑	☑

Universal Niñez	Acción	5 años	6 años	7 años	8 años	9 años	10 años
Historial / Inicial o intervalo	Historial de actividad física y bienestar emocional	✓	✓	✓	✓	✓	✓
Examen Físico	En cada visita examen físico esencial	✓	✓	✓	✓	✓	✓
Peso, estatura, IMC / BMI	Clasificar percentil en gráfica	✓	✓	✓	✓	✓	✓
Presión arterial		✓	✓	✓	✓	✓	✓
Guía anticipatoria	Promover actividad física más de una hora diaria / disminuir tiempo enconsolas a menos de 2 horas diarias	✓	✓	✓	✓	✓	✓
Vigilancia desarrollo	Observación clínica e historial	✓	✓	✓	✓	✓	✓
Vigilancia conducta	Observación clínica e historial	✓	✓	✓	✓	✓	✓
inmunizaciones	Evaluar cumplimiento con esquema vigente Administrar vacunas necesarias para cumplir con esquema	✓	✓	✓	✓	✓	✓
Agudeza visual	Evaluar objetivamente agudeza visual (ej.: cartilla Snellen)	✓	✓		✓		✓
Cernimiento auditivos	Audiometría	✓	✓		✓		✓
Dislipidemia	Cernimiento: panel lípidos en ayuna					Una vez entre 9 a 10 años	
Salud oral	Visita al dentista para limpieza y evaluación 2 veces al año	✓	✓	✓	✓	✓	✓
Cernimiento riesgo Tuberculosis	Cuestionario de riesgos, historial de exposición positiva ordenar PPD oprueba IGRA en sangre (solo a mayores de 4años)	✓	✓	✓	✓	✓	✓

Selectivo	Evaluación	Acción	5 años	6 años	7 años	8 años	9 años	10 años
Visión	Historial y/o físico positivo	Referido oftalmólogo	☑	☑	☑	☑	☑	☑
Audición	Historial positivo	Referido Audiólogo	☑	☑	☑	☑	☑	☑
Anemia	Historial y/o físico positivo	Hematocrito o Hgb.	☑	☑	☑	☑	☑	☑
Plomo	Historial de riesgo a exposición a plomo	Niveles plomo en sangre	☑	☑				
Dislipidemia	Historial familiar de riesgo enfermedades cardiovasculares y físico positivo (obeso)	Panel lípidos en ayuna	☑	☑	☑			

Universal Jóvenes	Acción	11-14 años	15-17 años	18-21 años
Historial detallado y examen físico	Historial de actividad física y bienestar emocional. Desarrollo características sexuales secundarias, menarquia, sueños mojados, historial actividad sexual, hábitos de dormir, acoso *bullying)*	Anual	Anual	Anual
Peso, estatura, IMC/BIll I	Clasificar percentil en gráfica	Anual	Anual	Anual
Presión arterial		Anual	Anual	Anual
Vigilancia desarrollo	Observación clínica e historial	Anual	Anual	Anual
Evaluación conducta	Cernimiento conducta de riesgo, conocida como CRAFFT versión 2.1+N en inglés o en español	Anual	Anual	Anual
Evaluación presencia de Violencia y/o Depresión	Cernimiento de depresión, *"Patient Health Questionnaire 9"* (PHQ9), historial de violencia o agresión	Anual	Anual	Anual
Promoción estilos de vida saludables	(Alimentación, Actividad Física, actividad sexual responsable y saludable, prevención del uso de alcohol y sustancias controladas, prevención de fumar y cigarrillos electrónicos)	Anual	Anual	Anual
Guía anticipatoria	Anticipar cambios fisiológicos y emocionales típicos para cada etapa	Anual	Anual	Anual
inmunizaciones	Evaluar cumplimiento con esquema vigente. Administrar vacunas necesarias para cumplir con esquema	Anual	Anual	Anual
Visión	Evaluación objetiva utilizando tabla optométrica (ej.: cartilla Snellen)	Una vez entre los 11 a 14 años	Una vez entre los 15 a 17 años	Una vez entre los 18 a 21 años
Cernimiento auditivo	Cernimiento por audiometría que incluya alta frecuencia entre 6,000 a 8,000 Hz.	Una vez entre 11 a 14 años	Una vez entre los 15 a 17 años	Una vez entre los 18 a 21 años
Dislipidemia	Panel lípidos en ayuna	una vez entre los 9 a 11 años		Una vez entre los 17 a 21 años
Salud Oral	Visita al dentista para evaluación y limpieza profesional 2 veces al año	Anual	Anual	Anual
VIH, Ley 45 de 2016	Prueba de laboratorio con consentimiento previo e información del significado de los resultados positivo o negativo / a partir de los 13 años, repetir prueba cada 5 años	13 años	Una vez entre los 15 a 17 años	
Prueba en orina para Clamidia, Gonorrea	Universal NAAT en orina		Una vez entre los 15 a 17 años	
Sífilis (VDRL)	Laboratorio			Una vez entre los 18 a 21 años
Displasia cervical	Pap smear			A los 21 años

Universal Jóvenes	Acción	11-14 años	15-17 años	18-21 años
Tuberculosis	PPD o IGRA en sangre			Una vez entre los 18 a 21 años
Hepatitis C	Muestra de sangre para presencia de anticuerpos a Hepatitis C			Una vez en después de los 17 años

Selectivo	Evaluación	Acción	Temprana: 11-14 años	**Media: 15-17** años	Tardía: 18-21 años
Visión	Historial, físico, cernimiento positivo	Referir al Oftalmólogo	☑	☑	☑
Audición	Historial, físico, cernimiento positivo	Referir al Audiólogo	☑	☑	☑
Anemia	Historial y/o físico positivo	Hematocrito o Hgb	☑	☑	☑
Embarazo	Sospecha embarazo	Prueba serológica	☑	☑	☑
Tuberculosis	Exposición casos TB positivo	PPD o IGRA en sangre	☑	☑	
Prueba en orina para Clamidia, Gonorrea	Historial y/o físico positivo	Laboratorios NAATS	☑		☑
Sífilis (VDRL)	Historial y físico positivo	Laboratorio VDRL	☑	☑	

Enlaces de Referencia:

Enlaces para pruebas de cernimiento recomendadas

- MCHAT y MCHAT-R/F https://mchatscreen.com/
- Ages and Stages (ASQ) http '//agesandstages.com/
- SWYC https://www.floatinghospital.org/The-Survey of-Wellbeing-of-Young-Children/Age-Specific-Forms
- CRAFFT o Carlos https //crafft.org/get-the-crafft/

Cuestionario para Evaluar Riesgo de Tuberculosis en Poblaciones Pediátricas

- http://www.salud.eov.pr/Dept-de-Salud/Documents/Cuestionario%20para%20Evaluar%20Riesgo%20de%20Tuberculosis%20en%20Poblaciones%20Pedi%C3%A1tricas.pdf

Cuestionario para evaluar riesgo de plomo

- Cernimiento de depresión PHQ-9 para adolescentes
  https://aidsetc.org/sites/default/files/resources files/PHQ-A%20Spanish II%20.pdf

Otros cernimientos para desórdenes de salud mental

- https'//www.hiv.uw.edu/page/mental-health-screening/ihds

Herramienta para identificar otros cernimientos

- https://screeningtime.org/star-center/#/screeníne-tools

Enlaces para herramientas en las visitas preventivas

Manual de AAP, Códigos para facturar visitas pediátricas
https://downloads.aap.org/AAP/PDF/Coding%20Preventive%20Care.pdf

Bright Futures AAP

- https://brightfutures.aap.org/Pages/default.aspx
- https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures. prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing 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 more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great 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. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

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	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	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																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★	★
Hearing		●[8]	●[9] →	→	→	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←	←	●[10]	→	←	●	→	←	←	●	→
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening[11]				●	●	●	●																									
Developmental Screening[12]								●			●		●																			
Autism Spectrum Disorder Screening[13]											●	●																				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening[14]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]																						★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening[16]																							●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																																
Newborn Blood		●[19]	●[20] →	→	→																											
Newborn Bilirubin[21]		●																														
Critical Congenital Heart Defect[22]		●																														
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★															
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	●	→	★	★	★	★	★	←	←	←	●	→
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	● →	→	→	→	→	→	→
Hepatitis B Virus Infection[31]		★ →	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Hepatitis C Virus Infection[32]																													● →	→	→	→
Sudden Cardiac Arrest/Death[33]																						★ →	→	→	→	→	→	→	→	→	→	→
Cervical Dysplasia[34]																																●
ORAL HEALTH[35]							●[36]	●[36]	★		★	★	★	★	★	★	★															
Fluoride Varnish[37]							←	←	←	←	●	→	→	→	→	→																
Fluoride Supplementation[38]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (https://doi.org/10.1542/peds.2018-1218).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Policy Statement: Breastfeeding and the Use of Human Milk" (https://doi.org/10.1542/peds.2022-057988). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (https://doi.org/10.1542/peds.2015-0699).
5. Screen, per "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity" (https://doi.org/10.1542/peds.2022-060640).
6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (https://doi.org/10.1542/peds.2017-1904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. 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 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (https://doi.org/10.1542/peds.2015-3596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (https://doi.org/10.1542/peds.2015-3597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (https://doi.org/10.1542/peds.2007-2333).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://doi.org/10.1542/peds.2018-3259).
12. Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (https://doi.org/10.1542/peds.2019-3449).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://doi.org/10.1542/peds.2019-3447).

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←—— ★ or ● ——→ = range during which a service may be provided

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(continued)

14. Screen for behavioral and social-emotional problems per "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (https://doi.org/10.1542/peds.2014-3716), "Mental Health Competencies for Pediatric Practice" (https://doi.org/10.1542/peds.2019-2757), "Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders" (https://pubmed.ncbi.nlm.nih.gov/32439401), "Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative" (https://pubmed.ncbi.nlm.nih.gov/32510990), and "Anxiety in Children and Adolescents: Screening" (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-anxiety-children-adolescents). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See "Poverty and Child Health in the United States" (https://doi.org/10.1542/peds.2016-0339), "The Impact of Racism on Child and Adolescent Health" (https://doi.org/10.1542/peds.2019-1765), and "Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health" (https://doi.org/10.1542/peds.2021-052582).
15. A recommended tool to assess use of alcohol, tobacco and nicotine, marijuana, and other substances, including opioids is available at http://crafft.org. If there is a concern for substance or opioid use, providers should consider recommending or prescribing Naloxone (see https://www.cdc.gov/ore/search/pages/2018-evidence-based-strategies.html and https://nida.nih.gov/publications/drugfacts/naloxone).
16. Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management" (https://doi.org/10.1542/peds.2017-4081), "Mental Health Competencies for Pediatric Practice" (https://doi.org/10.1542/peds.2019-2757), "Suicide and Suicide Attempts in Adolescents" (https://doi.org/10.1542/peds.2016-1420), and "The 21st Century Cures Act & Adolescent Confidentiality" (https://adolescenthealth.org/press_release/naspag-sahm-statement-the-21st-century-cures-act-adolescent-confidentiality/).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (https://doi.org/10.1542/peds.2011-0322).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (https://www.babysfirsttest.org/) establish the criteria for and coverage of newborn screening procedures and programs.
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 "Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation" (https://doi.org/10.1542/peds.2022-058859).
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 "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (https://doi.org/10.1542/peds.2011-3211).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at https://publications.aap.org/redbook/pages/immunization-schedules. Every visit should be an opportunity to update and complete a child's immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (https://doi.org/10.1542/peds.2016-1493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (https://stacks.cdc.gov/view/cdc/11859).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases.*
30. Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per "Human Immunodeficiency Virus (HIV) Infection: Screening" (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per "Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis" (https://doi.org/10.1542/peds.2021-055207).
31. Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening) and in the 2021–2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*, making every effort to preserve confidentiality of the patient.
32. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening) and Centers for Disease Control and Prevention (CDC) recommendations (https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.
33. Perform a risk assessment, as appropriate, per "Sudden Death in the Young: Information for the Primary Care Provider" (https://doi.org/10.1542/peds.2021-052044).
34. See USPSTF recommendations (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (https://doi.org/10.1542/peds.2010-1564).
35. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (https://doi.org/10.1542/peds.2022-060417).
36. Perform a risk assessment (https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/). See "Maintaining and Improving the Oral Health of Young Children" (https://doi.org/10.1542/peds.2022-060417).
37. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (https://doi.org/10.1542/peds.2020-034637).
38. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (https://doi.org/10.1542/peds.2020-034637).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in December 2023 and published in June 2024. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

FOOTNOTE CHANGES MADE IN DECEMBER 2023

- **3-5 DAY VISIT**
  (Footnote 4)
  This footnote reflects the AAP "Policy Statement: Breastfeeding and the Use of Human Milk", published June 2022.
- **BODY MASS INDEX**
  (Footnote 5)
  This footnote reflects the AAP "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity", published January 2023.
- **BEHAVIORAL/SOCIAL/EMOTIONAL SCREENING**
  (Footnote 14)
  This footnote reflects the USPSTF "Anxiety in Children and Adolescents: Screening" recommendations, published October 2022.
- **TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT**
  (Footnote 15)
  This footnote reflects the Centers for Disease Control (CDC) and National Institute of Drug Abuse (NIDA) guidance related to recommending and prescribing Naloxone.
- **NEWBORN BILIRUBIN SCREENING**
  (Footnote 21)
  This footnote reflects the AAP "Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation", published August 2022.
- **ORAL HEALTH**
  (Footnotes 35 and 36)
  These footnotes reflect the AAP clinical report, "Maintaining and Improving the Oral Health of Young Children", published December 2022.

CHANGES MADE IN DECEMBER 2022

HIV

The HIV screening recommendation has been updated to extend the upper age limit from 18 to 21 years (to account for the range in which the screening can take place) to align with recommendations of the US Preventive Services Task Force and AAP policy ("Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis").

- Footnote 30 has been updated to read as follows: "Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per 'Human Immunodeficiency Virus (HIV) Infection: Screening' (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per 'Adolescents and Young Adults: The Pediatrician's Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis' (https://doi.org/10.1542/peds.2021-055207)"

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