

## District of Columbia HealthCheck Periodicity Schedule

The DC HealthCheck Periodicity Schedule follows the American Academy of Pediatrics (AAP) health recommendations in consultation with the local medical community. The recommendations are for the care of children who have no manifestation of any important health problems. Additional visits or interperiodic screens may become necessary if circumstances suggest the need for more screens, i.e., medical conditions, referral by parent, Head Start, DC Public Schools, Early Intervention Programs. If a child comes under care for the first time at any point on the schedule, or if any items are not done at the suggested age, the schedule should then be brought up to date as soon as possible.

	INFANCY <sup>4</sup>									EARLY CHILDHOOD <sup>4</sup>			MIDDLE CHILDHOOD <sup>4</sup>						ADOLESCENCE <sup>4</sup>										
Age <sup>5</sup>	Prenatal <sup>1</sup>	Newborn <sup>2</sup>	2-4d <sup>3</sup>	by 1m	2m	4m	6m	9m	12mo	15mo	18mo	24mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y <sup>†</sup>
<b>HISTORY</b>																													
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MEASUREMENTS</b>																													
Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure													•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>SENSORY SCREENING</b>																													
Vision		S	S	S	S	S	S	S	S	S	S	S	O <sup>6</sup>	S	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S
Hearing		O <sup>7</sup>	S	S	S	S	O	S	S	S	S	S	S	S	O	O	O	O	S	O	S	S	O	S	S	O	S	S	S
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</b> <sup>8</sup>																													
Physical Examination <sup>9</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Procedures-General</b> <sup>10</sup>																													
Hereditary/Metabolic Screening <sup>11</sup>			←•→																										
Immunization <sup>12</sup>		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin <sup>13, 14</sup>									•→	*	*	*	*	*	*	*	*	*	←•	←•	←•	←•	←•	←•	←•	←•	←•	←•	←•
Urinalysis <sup>15</sup>													←•→	←•→	←•→	←•→	←•→	←•→	←•	←•	←•	←•	←•	←•	←•	←•	←•	←•	←•
<b>PROCEDURES-PATIENTS AT RISK</b>																													
Lead Screening <sup>16</sup>								←•	•	*	*	*	*	*	*	*	*	*	•	•	•	•	•	•	•	•	•	•	•
Tuberculin Test <sup>17</sup> (PPD)								•	•	*	*	*	←•→	←•→	←•→	←•→	←•→	•	•	•	•	•	•	•	•	•	•	•	•
Cholesterol Screening <sup>18</sup>													*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
STD Screening <sup>19</sup>																			*	*	*	*	*	*	*	*	*	*	*
Pelvic Exam <sup>20</sup>																			*	*	*	*	*	*	*	*	*	*	*
<b>ANTICIPATORY GUIDANCE</b> <sup>21</sup>																													
Injury Prevention <sup>22</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Violence Prevention <sup>23</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sleep Positioning Counseling <sup>24</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Nutrition Counseling <sup>25</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>DENTAL EVALUATION/REFERRAL</b> <sup>26</sup>									←○→	←○→	←○→	←○→	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

KEY: • = to be performed \* = to be performed for patients at risk S = subjective, by history O = objective, by a standard testing methods  
 ←•→ = the range during which a service may be provided, with the dot indicating the preferred age. ←○→ 12m thru 24 m

<sup>†</sup>HealthCheck provides preventive care services from birth until the child's 21<sup>st</sup> birthday.

## General Guidelines

1. 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 AAP statement “The Prenatal Visit” (1996).
2. Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged, and instruction offered as recommended in the AAP statement “Breastfeeding and the Use of Human Milk” (1997).
3. For newborns discharged in less than 48 hours after delivery refer to AAP statement “Hospital Stay for Healthy Term Newborn” (1995).
4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. 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.
6. If the patient is uncooperative, re-screen within 6 months.
7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing Loss: Detection and Intervention (1999).
8. By history and appropriate physical examinations: If suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
10. These may be modified, depending upon entry point into schedule and individual need.
11. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
12. Every visit should be an opportunity to update and complete a child’s immunizations as per AAP (American Academy of Pediatrics) guidelines.
13. See AAP Pediatric Nutrition Handbook (1998) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (premature infants and low birth weight infants). See also “Recommendations to Prevent and Control Iron Deficiency in the United States”. MMWR. 1998; 47.
14. All menstruating adolescents should be screened annually.
15. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
16. For children at risk of lead exposure refer to the District of Columbia “Childhood Lead Poisoning Screening and Reporting Emergency Act of 2002”. After 26 months, blood lead level testing is required twice up to age 6, if not done previously. If family history cannot be ascertained and other risk factors are present, a lead blood level should be drawn.
17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of “Red Book; Report of the Committee on Infectious Diseases”. Testing should be done upon recognition of high-risk factors.
18. Cholesterol screening for high-risk patients per AAP statement “Cholesterol in Childhood” (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
19. All sexually active patients should be screened for sexually transmitted diseases (STDs). Refer to STD practice guidelines.
20. All sexually active females should have a pelvic examination. A pelvic examination and routine Pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
21. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP Guidelines for Health Supervision III (1998).
22. From birth to age 12, refer to the AAP injury prevention program (TIPP™) as described in A Guide to Safety Counseling in Office Practice (1994).
23. Violence prevention and management for all patients per AAP Statement “The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and the Community Level” (1999).
24. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement “Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position” (2000).
25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP Handbook of Nutrition (1998).
26. Between 12 months and 24 months, one documented dental evaluation must be performed. Referrals to the dentist must begin at 3 years of age.