

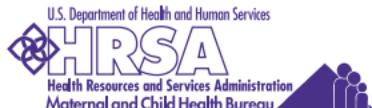


Bright Futures

**Guidelines for Health Supervision
of Infants, Children, and Adolescents**

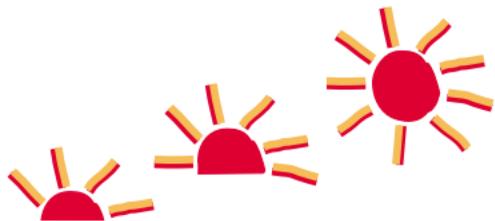
Second Edition

Pocket Guide: 2001 Update



**National Center for Education
in Maternal and Child Health**
Georgetown University





Bright Futures

Guidelines for Health Supervision of Infants, Children, and Adolescents *Second Edition*

Pocket Guide: 2001 Update

Morris Green, M.D., Judith S. Palfrey, M.D., Eileen M. Clark, and Jeanne M. Anastasi, Editors

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* Member of the Bright Futures Health Promotion Work Group

ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion/illness prevention initiative launched in 1990 with the support of the Health Resources and Services Administration's Maternal and Child Health Bureau and the Health Care Financing Administration's Medicaid Bureau.

The mission of Bright Futures is to promote and improve the health and well-being of infants, children, adolescents, families, and communities. Bright Futures is dedicated to developing materials for health professionals and families; implementing Bright Futures content, philosophy, and materials; and fostering partnerships and collaboration.

For more information about the Bright Futures project and publications, contact

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Bright Futures Materials

The following Bright Futures materials are available in print, with most also available on the Web:

- Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Second Edition (also available on CD-ROM)
- Bright Futures Pocket Guide, Second Edition
- Bright Futures in Practice: Physical Activity
- Bright Futures in Practice: Nutrition
- Bright Futures in Practice: Oral Health
- Oral Health Quick Reference Cards
- Bright Futures Anticipatory Guidance Cards
- Bright Futures Encounter Forms for Health Professionals
- Bright Futures Encounter Forms for Families (also in Spanish)
- Bright Futures Family Tip Sheets
- Bright Futures Nutrition Family Fact Sheets
- Bright Futures Activity Book (also in Spanish)
- Bright Notes Newsletter

Forthcoming

- Bright Futures in Practice: Mental Health
- Bright Futures for Children with Special Health Care Needs





HOW TO USE THIS GUIDE

The pocket guide is based on *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents—Second Edition* published in January 2000. Presenting key information from the guidelines, the pocket guide serves as a quick reference tool and training resource for health professionals.

Sections of the Pocket Guide

General Health Supervision Questions: Provides health professionals with a list of “interview” questions that are generally relevant for most ages.

The Health Visit: Focuses on specific age-appropriate issues.

- **Questions for the Parent(s), Questions for the Child or Adolescent:** Includes a broad range of “interview” questions intended for the health professional to use selectively. Questions will vary from visit to visit and from family to family, and can be modified to match the health professional’s communication style. The questions help identify the guidance that best meets the needs of the child and family.

- **Developmental Observation:** Includes developmental surveillance, school performance questions, milestones, and observation of parent-child interaction.

- **Physical Exam and Screening:** Includes the physical exam, special issues to be noted, additional screening procedures, risk assessment, and immunizations.

- **Anticipatory Guidance:** Presents guidance in areas of injury and illness prevention, nutrition, oral health, social competence, school performance, sexuality, responsibility, parent interaction, family relationships, and community interaction. Anticipatory guidance is meant to be used selectively; areas of particular importance for each visit are designated with Bright Futures “suns.”

Appendices: Includes the recommended periodicity schedule for health supervision; approved immunization schedule; screening guidelines for hearing, vision, iron-deficiency anemia, elevated blood lead levels, and hyperlipidemia; tooth eruption chart; sexual maturity ratings; sexually transmitted disease screening; and child care.

CORE CONCEPTS

Q: In today's complex and changing health care system, how can health professionals implement a Bright Futures approach within each visit?

A: By using an innovative health promotion curriculum developed specifically to help professionals integrate Bright Futures principles into clinical practice.

This unique curriculum, developed by a health promotion work group supported by the Maternal and Child Health Bureau, includes 6 core concepts:

- Partnership
- Communication
- Health promotion/illness prevention
- Time management
- Education
- Advocacy

A summary of each of these core concepts is presented on the following pages to help all professionals, both experienced practitioners and those in training, bring Bright Futures alive and make it happen for children and families.

For more information about this unique health promotion curriculum, please contact Dr. Henry H. Bernstein, Chair, Bright Futures Health Promotion Work Group, by phone (617) 355-7960 or by e-mail (bernstein_h@a1.tch.harvard.edu).

Using Open-Ended Questions Effectively



All 6 core concepts rely on the health professionals' skills in using open-ended questions to communicate effectively, partner with and educate children and their families, and serve as their advocates to promote health and prevent illness in a time-efficient manner.

Open-ended questions...

- Help to start the conversation
- Ask: "Why?" "How?" "What?"
- Are interpretive
- Have a wide range of possible answers
- Stimulate thinking
- Promote problem-solving

Examples:

- "How are you and your partner managing Lisa's behavior? What do you do when you disagree?"
- "Evan, if you had 3 wishes, what would they be?"

Techniques

- Begin with affirming questions
Example: "Tell me some things you're really good at."
- Wait at least 3 seconds to allow family to respond to question
- Ask questions in a supportive way to encourage communication



BUILDING EFFECTIVE PARTNERSHIPS

A clinical partnership is a relationship in which participants join together to ensure health care delivery in a way that recognizes the critical roles and contributions of each partner (child, family, health professional, and community) in promoting health and preventing illness. Following are 6 steps for building effective health partnerships.

1. Model and encourage open, supportive communication with child and family.

- Integrate family-centered communication strategies
- Use communication skills to build trust, respect, and empathy

2. Identify health issues through active listening and “fact finding.”

- Selectively choose Bright Futures general and age-appropriate interview questions
- Ask open-ended questions to encourage more complete sharing of information
- Communicate understanding of the issues and provide feedback

3. Affirm strengths of child and family.

- Recognize what each person brings to the partnership
- Acknowledge and respect each person’s contributions
- Commend family for specific health and developmental achievements

4. Identify shared goals.

- Promote view of health supervision as partnership between child, family, health professional, and community
- Summarize mutual goals
- Provide links between stated goals, health issues, and available resources in community

5. Develop joint plan of action based on stated goals.

- Be sure that each partner has a role in developing the plan
- Keep plan simple and achievable
- Set measurable goals and specific timeline
- Use family-friendly negotiation skills to ensure agreement
- Build in mechanism and time for follow-up

6. Follow up: Sustaining the partnership.

- Share progress, successes, and challenges
- Evaluate and adjust plan
- Provide ongoing support and resources

FOSTERING FAMILY-CENTERED COMMUNICATION



Effective Behaviors

- Greet each family member and introduce self
- Use names of family members
- Incorporate social talk in the beginning of the interview
- Show interest and attention
- Demonstrate empathy
- Appear patient and unhurried
- Acknowledge concerns, fears, and feelings of child and family
- Use ordinary language, not medical jargon
- Use Bright Futures general and age-appropriate interview questions
- Give information clearly
- Query level of understanding and allow sufficient time for response
- Encourage additional questions
- Discuss family life, community, school

Active Listening Skills: Verbal Behaviors

- Allow child and parents to state concerns without interruption
- Encourage questions and answer them completely
- Clarify statements with follow-up questions
- Ask about feelings
- Acknowledge stress or difficulties
- Allow sufficient time for a response (wait time >3 seconds)
- Offer supportive comments
- Restate in the parent's or child's words
- Offer information or explanations

Active Listening Skills: Nonverbal Behaviors

- Nod in agreement
- Sit down at the level of the child and make eye contact
- Interact with or play with the child
- Show expression, attention, concern, or interest
- Convey understanding and empathy
- Touch child or parent (if appropriate)
- Draw pictures to clarify
- Demonstrate techniques



PROMOTING HEALTH AND PREVENTING ILLNESS

It is essential that health professionals identify and focus on the individual needs and concerns of the child and family, since families often hesitate to initiate discussion.

1. Identify relevant health promotion topics.

- Ask open-ended, nonjudgmental questions to obtain information and identify appropriate guidance

Example:

- “How is breastfeeding going? What questions/concerns do you have today?”

- Ask specific follow-up questions to communicate understanding and focus the discussion

Example:

- “How often and for how long do you breastfeed Manuel? How do you tell when he wants to be fed?”

- Listen for verbal and nonverbal cues to discover underlying or unidentified concerns

Example:

- “How do you balance your roles of partner and parent? When do you make time for yourself?”

Note:

- If parent hesitates with an answer, try to determine the reason.
- If parent brings in child multiple times for minor problems, explore the possibility of another unresolved concern.

2. Give personalized guidance.

- Introduce new information and reinforce healthy practices

Examples:

- Take time for self, time with partner
- Encourage partner to help care for baby
- Accept support from friends, family

3. Incorporate family and community resources.

- Approach child within context of family and community
- Identify each family member's role

Examples:

- “Who helps you with Kim?”
- “How much rest are you getting?”

- Identify community resources such as lactation consultant or local La Leche League chapter
- Develop working relationships with community professionals, and establish lines of referral
- Create a list of local resources with contact information

4. Come to closure.

- Be sure that the health message is understood

Examples:

- “Have I addressed your concerns?”
- “Do you have any other concerns about Kim's health?”

- Identify possible barriers

Example:

- “What problems do you think you might have following through with what we discussed today?”



MANAGING TIME FOR HEALTH PROMOTION

1. Maximize time for health promotion.

- Use accurate methods that minimize documentation time
- Ask family to complete forms in waiting area
- Organize chart in consistent manner
- Scan chart before meeting with the child and family
- Train staff to elicit information and to provide follow-up with family

2. Clarify health professional's goals for visit.

- Review screening forms and other basic health data
- Observe parent-infant interaction
- Clarify key issues for visit
Example: Review age-appropriate anticipatory guidance.
- Identify needs, then rank them in order of importance

3. Identify family's needs and concerns for visit.

- Selectively use Bright Futures general and age-appropriate interview questions
- Include open-ended questions to draw family into visit
Example: "Tell me about Sabrina's sleeping habits. What position does she sleep in?" (Elicits more than yes/no answer, and presents "teachable moment" on "Back to Sleep" and SIDS.)

4. Work with the family to prioritize goals for visit.

- Explain purpose of visit (identify, address specific concerns and overall health and development)
- Identify family's and health professional's shared goals
- Prioritize needs through family-friendly negotiation
Example: "I appreciate your concerns about _____. While you are here, I would also like to talk about _____."

5. Suggest other options for addressing unmet goals.

- Acknowledge importance of issues that could not be fully addressed during the visit
- Offer additional resources (hand-outs, audiotapes, videotapes, Web-based materials)
- Suggest a follow-up visit or phone call
Example: "I'm sorry we weren't able to talk about _____ during today's visit. Could I call you one afternoon next week to follow up on that?" Or: "Would you be able to come back next week so we could talk more about that?"
- Provide referral to professional or community resource
Example: "I know we haven't had a chance to cover your concern about _____ today. Would you like to pursue it with a specialist in that area?"



EDUCATING FAMILIES THROUGH TEACHABLE MOMENTS

Teachable moments occur multiple times each day but often go unrecognized. Health visits present opportunities for the health professional to teach the child and family.

1. Recognize “teachable moments” in health visit
2. Clarify learning needs of child and family
3. Set a limited agenda and prioritize needs together
4. Select teaching strategy
5. Seek and provide feedback
6. Evaluate effectiveness of teaching

Four characteristics of the teachable moment

- Provides “information bites” (small amounts of information)
- Is directed to the child’s or family’s specific need
- Is brief (e.g., a few seconds)
- Requires no preparation time

Teaching strategies

Advantages

■ <i>Telling</i> (explain, provide information, give directions)	Works well when giving initial explanations or clarifying concepts
■ <i>Showing</i> (demonstrate, model, draw)	Illustrates concepts for visual learners
■ <i>Providing resources</i> (handouts, videos, Web sites)	Serves as reference after family leaves the office/clinic
■ <i>Questioning</i> (ask open-ended questions, allow time for response)	Promotes problem-solving, critical thinking; elicits better information; stimulates recall
■ <i>Practicing</i> (apply new information)	Reinforces new concepts
■ <i>Giving constructive feedback</i> (seek family’s perspective, restate, clarify)	Affirms family’s knowledge; corrects misunderstandings

ADVOCATING FOR CHILDREN, FAMILIES, AND COMMUNITIES



Health professionals can be involved in advocacy either at an individual level (for example, obtaining services for a child or family) or at a local or national level (speaking with the media, community groups, or legislators).

1. Identify Family Needs or Concerns.

- Use open-ended questions to identify specific needs or concerns of the family

Example: "What are some of the main concerns in your life right now?"

- Choose a specific area of focus
Example: Obtaining special education services for a child
- Clarify family's beliefs and expectations about the issue
- Determine what has been done to date, and what has (or hasn't) worked

Example: Parents may have tried unsuccessfully to obtain services for their child

- Do some initial "fact finding" and obtain data
Example: Contact board of education or local department of public health.

- Talk with others, determine progress

Example: Is there a local school coalition that addresses the issue?

2. Assess the Situation.

- Determine existing community resources
- Learn the laws
Example: Are there any existing laws that address the issue?
- Review the data and resources to be sure they support the issue

- Assess political climate to determine support or opposition
Example: Is this issue of interest to anyone else (school/early intervention teacher, local policymakers)? Who (or what) might oppose the advocacy efforts? Why?

3. Develop a Strategy.

- Limit efforts to a specific issue
Example: Obtaining special education services for a child rather than changing the laws

- Use existing resources
- Start with small steps, then build upon successes
Examples: Write a letter to the school district. Attend the special education evaluation.

4. Follow Through.

- Be passionate about the issue, but willing to negotiate
- Review the outcome
- Evaluate your efforts
- Determine next steps with family
- Recognize that health professionals and families can learn from one another about effective advocacy



GENERAL HEALTH SUPERVISION QUESTIONS FOR ALL AGES

The following is a “menu” of general questions from which the health professional can choose those most appropriate for the individual child and family. Some questions cross all developmental stages and are generally appropriate for all health visits (for example, questions on changes or stressors in the family, sleeping and eating habits, safety and injury prevention).

General Questions for the Parent(s):

- How are you today? How are things going in your family?
- How is Antonio? Has he been sick since we last talked?
- What questions or concerns do you have about Antonio’s health?
- Tell me about any major changes or stresses in your family since your last visit.
- What are your child care arrangements? Are you satisfied with them?
- Who do you turn to when you need some help?
- What do you and your partner most enjoy about parenting these days? What seems most difficult?
- What new things is Jung doing?
- What makes you most proud of him?
- How does he express his feelings?
- What questions or concerns do you have about Jung’s development or behavior?
- How are your other children doing?
- What are some of the things you do together as a family?
- Tell me about Evan’s sleep habits. What is his bedtime?
- What did Evan eat for breakfast today? For lunch?
- How often does your family eat dinner together?
- What kinds of foods does your family like to eat? Do you eat a variety of healthy foods, such as plenty of fruits and vegetables; breads and cereals; lean meat, fish, and chicken; and low-fat dairy products?



- How do you praise Rafael for his accomplishments and encourage his good behavior?
- What are your thoughts about discipline? Do you and your partner tend to agree?
- How do you set clear and consistent rules for Rafael?
- How much time does he spend watching TV, playing video games, or using the computer? What standards do you set for TV, movies, music, computer use?
- How do you make sure that Lisa is safe when she rides in the car? Did you know that the back seat is the safest place for a child of any age to ride?
- Does anyone at home smoke? Are you aware that secondhand smoke is harmful to your family's health?
- Have you ever been worried that someone is going to hurt Lisa? Has Lisa ever been abused?
- Have you ever been in a relationship where you have been hurt, threatened, or treated badly?
- Tell me about your neighborhood. Do you feel safe there?

- Is there a gun in your home? Is the gun unloaded and locked up? Where is the ammunition stored?
- Have you considered removing the gun because of the danger to children and other family members?
- What have you taught Michelle about how to be safe at home and in her neighborhood? When biking, skating, or playing sports? Around water? In the car?
- How much time does Michelle spend in the sun? Does she always use sunscreen before going outside?
- What are the main concerns in your life right now? Transportation? Finances? Family problems? Housing? Personal safety? Do you need help with these issues?

If you are thinking of having another baby...

- Are you taking a folic acid supplement daily?
- Are you eating a variety of healthy foods, and are you physically active?
- How often do you or your partner smoke? Drink alcohol? Have you or your partner used any drugs? Which drugs?
- When was your last dental visit?



General Questions for the Child or Adolescent:

- What are some things you are good at?
- Tell me about your friends. What do you like to do together?
- If you had 3 wishes, what would they be?
- How is school going? What do you like the most about school? The least? How are your grades?
- What do you like to do after school? What activities are you involved in?
- What do you do for fun?
- What did you eat for breakfast today? For lunch?
- How often does your family eat dinner together?
- How much time do you spend watching television or using the computer? What are your favorite TV shows? Movies? Video games?
- What kinds of physical activities or organized sports do you participate in?
- Does anyone smoke in your home or in other places where you spend a lot of time?
- When you ride your bicycle, how often do you wear a helmet?
- How often do you wear a safety belt in the car?
- What chores do you have around the house?
- How do you get along with your brothers and sisters? With your parents?
- What are some of the things that you worry about?
- What makes you happy (sad, angry)?
- Do kids you know get into trouble at school sometimes? Do you ever get into trouble?
- When you have a problem, who do you talk to about it?
- Has anyone ever touched you in a way you didn't like? If so, what did you do?
- Has anyone ever tried to harm you physically?



- Tell me about your neighborhood. Do you feel safe there?
- Does your school/neighborhood have gangs?
- Do you get picked on by other kids at school?
- Do you stay home by yourself, either before or after school? If so, how do you feel when you're alone?
- Have you ever been pressured to do things you didn't want to do? What kinds of things?
- If you could change your life (school, family, friends, home), what changes would you make?

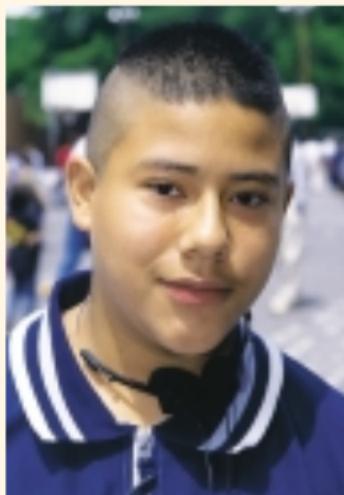
Developmental Observation

This section assesses the child's emerging capabilities during infancy, childhood, and adolescence through the following methods:

- Observation of parent-child interaction (ages newborn through 17)
- Developmental surveillance and milestones (ages 1 week through 5 years)
- Developmental surveillance and/or school performance (ages 6–17)

To assess school performance, also review a copy of the child's report card. If the child has special needs, review a copy of the Individualized Education Plan (IEP).







Questions for the Parent(s)-To-Be

- What questions do you have today?
- How has your pregnancy progressed?
- Have you had any physical or emotional problems during the pregnancy? In previous pregnancies?
- Many expectant parents have concerns about the baby or themselves. What concerns do you have?
- How are preparations for your baby progressing?
- Where do you plan to give birth?
- Who will help when you come home?
- Have you obtained an infant safety seat and installed it in the back seat of the car, following the vehicle owner's manual and manufacturer's instructions?
- What are your plans for feeding your baby? If you plan to breastfeed, do you need additional information? Or do you plan to use iron-fortified formula? How did you decide?
- Do you know that back sleeping is the best sleep position for your baby?
- If your baby is a boy, what are your thoughts about circumcision?
- Was this a good time for you to be pregnant? How does your family feel about it?
- Do you have other children? Have you talked with them about the pregnancy?
- Do you plan to raise your baby the way you were raised or somewhat differently? What would you change?
- Are you concerned that your baby may inherit any diseases or other characteristics that run in the family? Have you ever had genetic counseling?
- Are you taking any medications during pregnancy?
- Are you eating a variety of healthy foods and staying physically active?
- Have you been exposed to any sexually transmitted diseases, including herpes? Have you been offered an HIV test?
- How often do you or your partner smoke? Did you know that smoking and secondhand smoke are harmful to your family's health?
- How often do you or your partner drink alcohol? Have you or your partner used any drugs? Which drugs?
- Do you plan to return to work? To school? Have you thought about child care arrangements?
- Are you concerned about being able to afford food or supplies for your baby?
- *If question can be asked confidentially:* Does your partner ever threaten or hurt you?

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

Injury and Illness Prevention

- ☀️ Install rear-facing infant safety seat in back seat of car
 - Never place baby in front seat with a passenger air bag
 - Be sure that crib is safe, with slats $\leq 2 \frac{3}{8}$ " apart
- ☀️ Put baby to sleep on back or side (back preferred) to reduce SIDS risk
 - Don't use soft bedding (quilts, blankets, pillows) or soft toys
 - Keep room temperature comfortable, not too warm
 - Set water temperature $< 120^{\circ}\text{F}$
 - Don't use baby walkers
 - Install smoke alarms
- ☀️ Keep home and car smoke-free
 - Don't smoke or use drugs, alcohol
 - Check home for lead hazards
 - Attend childbirth classes
 - Learn infant CPR

Nutrition

- ☀️ *Discuss breastfeeding:* expectations, preparation, getting started
- ☀️ *Discuss bottlefeeding:* iron-fortified formula, semi-sitting feeding position
 - Learn to recognize hunger signs and feed baby on demand

Oral Health

- Don't put baby to bed with bottle
- Practice good family oral health habits (brushing, flossing)
- ☀️ Have dental checkup before baby is born

Family Relationships

- Expect changes in family relationships
- Plan to help each other with baby
- Prepare older siblings for baby
- Let go of less important tasks for a month or two

- ☀️ Anticipate sometimes feeling tired, overwhelmed, or "blue"
- ☀️ Develop support system (friends, family, community)

For the Health Professional

- ☀️ Discuss newborn physical exam and additional screening procedures performed in the hospital
 - Provide information on family preparation for future health visits
 - Offer materials to review at home
 - Suggest breastfeeding resources
 - Suggest resources/referrals (Medicaid, food, WIC, housing, infant safety seat)
- Discuss how to access health care (office/clinic hours, after-hours and emergency care)





Questions for the Parent(s)

- Congratulations on your new baby! Theresa is doing well and weighs 7 pounds, 10 ounces, today.
- How are you feeling? How did the delivery go?
- What questions or concerns do you have about caring for Theresa?
- *If breastfeeding:* How do you think feeding is going? What questions do you have about breastfeeding?
- *If bottlefeeding:* Will you use iron-fortified formula? How will nipples/bottles be cleaned after feedings?
- Do you know that the best sleep position for Joel is on his back?
- Is everything set for you to take Joel home?
- Do you have a rear-facing infant safety seat to use when you bring him home?
- Who will help you at home?
- When you have questions about the baby, who will you ask?

Developmental Observation

Do parents respond to baby's needs? Are they comfortable when feeding, holding, or caring for baby? Do they have visitors or other signs of support? Does baby latch on to the breast and suck well when breastfeeding?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart.

Vital signs: temperature, heart rate, respiratory rate

Note skin mottling, erythema toxicum, hemangiomas, nevi, mongolian spots, birthmarks

Pallor, jaundice, peripheral or central cyanosis

Head shape, size, signs of trauma

Ability to fix/follow human face, respond to human voice

Eyes (red reflex, puffy eyes, subconjunctival hemorrhages)

Ear shape, patent nares, intact palate

Ability to suck and swallow

Tachypnea/retractions, air movement

Cardiac murmurs; femoral pulses

Breast engorgement

Abdominal masses or distention; genitalia, rectum

Intact spine, clavicle fractures, developmental hip dysplasia, foot abnormalities

Moro reflex, muscle tone, symmetrical movements

Screening: Metabolic and hemoglobinopathy; initial hearing screening. Examine eyes (see exam, above).

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

Injury and Illness Prevention

- ☀️ Use infant safety seat in back seat
- ☀️ Never place baby in front seat with a passenger air bag
 - Back seat is safest place for baby
 - Be sure that crib is safe, with slats $\leq 2\frac{3}{8}$ " apart
- ☀️ Put baby to sleep on back or side (back preferred) to reduce SIDS risk
 - Don't use soft bedding (quilts, blankets, pillows) or soft toys
 - Be sure baby isn't too warm when sleeping
 - Set water heater $<120^{\circ}\text{F}$
- ☀️ Never shake baby
 - Keep home and car smoke-free
 - Keep hot liquids away from baby
 - Don't smoke or use drugs, alcohol
- ☀️ Know signs of illness: fever $>100.4^{\circ}$, seizure, rash, unusual irritability, lethargy, failure to eat, vomiting, diarrhea, dehydration, jaundice

Nutrition

- ☀️ *If breastfeeding:* Review holding, latching on, feeding on demand, 6–8 wet diapers a day
 - Discuss maternal care: rest, fluids, breast engorgement, nipple care, eating, follow-up support
- ☀️ *If bottlefeeding:* Discuss iron-fortified formula, feeding techniques, equipment, semi-sitting position
 - Don't warm bottles in microwave

Oral Health

- Don't put baby to bed with bottle
- Practice good family oral health habits (brushing, flossing)

Infant Care

- ☀️ Discuss cord care, circumcision, skin and nail care, vaginal discharge/bleeding, burping, crying, hiccups, spitting up, thumbsucking, pacifiers, sleeping, stools, thermometer use, clothing

Parent-Infant Interaction

- Learn baby's temperament
- Try to console baby
- Cuddle, rock baby

Family Relationships

- Encourage partner to help care for baby
- ☀️ Rest when baby sleeps
 - Recognize fatigue, depression
 - Accept support from friends, family
 - Prepare for sibling reactions

For the Health Professional

- ☀️ Discuss strengths of infant, family
 - Arrange follow-up call or visit in 1–3 days
 - Prepare family for next health visit, and schedule it within the first week as indicated
 - Suggest resources/referrals (breastfeeding, food, housing)
 - Discuss office/clinic hours, after-hours and emergency care





Questions for the Parent(s)

- How are you today? How is Carlotta doing?
- How would you describe her personality? What do you enjoy most about her?
- What questions or concerns do you have today?
- How fussy has Carlotta been? What have you found that seems to help?
- How do you tell when she wants to be fed? Wants to go to sleep?
- *If breastfeeding:* How often and for how long do you breastfeed? What questions or concerns do you have about breastfeeding?
- *If bottlefeeding:* How many ounces does Carlotta drink per feeding? What is the total for 24 hours?
- Do you put Bruce to sleep on his back?
- Does Bruce ride in a rear-facing infant safety seat in the back seat of the car?
- Have you been feeling tired or blue? What do you do when you feel that way?
- Who helps you with Bruce? Are you getting enough help? Enough rest?
- Do you know what to do in case of emergency?

Developmental Observation

Milestones: Responds to sound by startling, blinking, crying, quieting, or changing respiration; fixates on human face, follows with eyes; responds to parent's face and voice; has flexed posture; moves all extremities.

Observation: Does parent seem depressed, tearful, angry, fatigued, overwhelmed, or uncomfortable? If both parents visit, do they share holding and caring for baby? Do they respond to baby's cues?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart. Note jaundice, pallor, dehydration, irritability or lethargy, tachypnea, tachycardia, cardiac murmurs, abdominal distention or masses, developmental hip dysplasia.

Screening: Metabolic and hemoglobinopathy; initial hearing screening if not done in hospital. Examine eyes (red reflex, strabismus, dacryocystitis).

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

Injury and Illness Prevention

- ☀️ Use infant safety seat in back seat
 - Never place baby in front seat with a passenger air bag
 - Back seat is safest place for baby
 - Be sure that crib is safe, with slats $\leq 2 \frac{3}{8}$ " apart
- ☀️ Put baby to sleep on back or side (back preferred) to reduce SIDS risk
 - Don't use soft bedding, soft toys
 - Be sure baby isn't too warm when sleeping
 - Set water heater $< 120^{\circ}\text{F}$
- ☀️ Keep home and car smoke-free
 - Install/check smoke alarms
 - Never shake baby
 - Don't leave baby alone in tub, high places; always keep hand on baby
 - Keep hot liquids away from baby
 - Don't smoke or use drugs, alcohol
 - Avoid direct sun

☀️ Wash hands often

- ☀️ Know signs of illness: fever $> 100.4^{\circ}$, seizure, rash, unusual irritability, lethargy, failure to eat, vomiting, diarrhea, dehydration, jaundice, apnea, cyanosis
- Review emergency procedures

Nutrition

- ☀️ Breastfeed on demand, or bottle-feed with iron-fortified formula
- Don't warm bottles in microwave

Oral Health

- Don't put baby to bed with bottle
- Practice good family oral health habits (brushing, flossing)

Infant Care

- ☀️ Discuss questions/concerns about cord care, circumcision, skin and nail care, colic, crying, sneezing, hiccups, burping, spitting up, thumbsucking, pacifiers, sleeping, stools, thermometer use, clothing

Parent-Infant Interaction

- Learn baby's temperament
- Try to console baby; crying may peak at 6 weeks
- ☀️ Hold, cuddle, and play with baby
- Talk and sing to baby

Family Relationships

- Take time for self, time with partner
- Recognize fatigue, depression
- ☀️ Encourage partner to help care for baby
- ☀️ Accept support from friends, family
- Give siblings attention
- Schedule postpartum checkup

Community Interaction

- Ask for resources/referrals if needed
- Learn about parenting classes
- Discuss child care arrangements





Questions for the Parent(s)

- How is Juan doing? How would you describe his personality?
- What questions or concerns do you have today?
- Is Juan easy or difficult to console? What seems to work during his fussy periods?
- Do you put him on his back to sleep?
- How do you tell when Monica wants to be fed? Wants to go to sleep?
- *If breastfeeding:* How often and for how long do you breastfeed? What questions or concerns do you have about breastfeeding?
- *If bottlefeeding:* How many ounces does Monica drink per feeding? What is the total for 24 hours?
- Does Monica ride in a rear-facing infant safety seat in the back seat of the car?
- Do you think Monica hears all right? Sees all right?
- Have you been feeling tired or blue? What do you do when you feel that way?
- Who helps you with Monica? Are you getting enough help? Enough rest?
- How are your other children doing?
- Do you plan to return to work or school?

Developmental Observation

Milestones: Responds to sound by startling, blinking, crying, quieting, or changing respiration; fixates on human face, follows with eyes; responds to parent's face and voice; lifts head momentarily when prone; has flexed posture; moves all extremities; can sleep 3–4 hours at a time, and stay awake 1 hour or longer; when crying, can usually be consoled by being talked to or held.

Observation: Does parent seem depressed, angry, anxious, fatigued, overwhelmed, or uncomfortable? Does parent respond to baby's cues?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart. Note cardiac murmurs, developmental hip dysplasia, abdominal masses, thrush, cradle cap, diaper dermatitis, possible neglect/abuse.

Screening: Initial hearing screening by 1 month. Examine eyes (red reflex, dacryostenosis, dacryocystitis).

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.



ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

Injury and Illness Prevention

- ☀️ Use infant safety seat in back seat
 - Never place baby in front seat with a passenger air bag
- ☀️ Put baby to sleep on back or side (back preferred) to reduce SIDS risk
 - Don't use soft bedding, soft toys
 - Test water temperature with wrist
- ☀️ Keep home and car smoke-free
 - Keep hot liquids away from baby
 - Never shake baby
 - Avoid direct sun
- ☀️ Don't leave baby alone in tub, high places; always keep hand on baby
 - Keep small/sharp objects, plastic bags out of reach
 - Know signs of illness: fever $>100.4^{\circ}$, seizure, rash, unusual irritability, lethargy, failure to eat, vomiting, diarrhea, dehydration
- ☀️ Review emergency procedures

Nutrition

- Be sure baby is gaining weight
- Breastfeed on demand, or bottle-feed with iron-fortified formula
- Don't put cereal in bottle
- ☀️ Delay solid foods until 4–6 months
- Don't warm bottles in microwave

Oral Health

- Don't put baby to bed with bottle
- Practice good family oral health habits (brushing, flossing)

Infant Care

- ☀️ Discuss questions/concerns about skin and nail care, bathing, colic, crying, thumbsucking, pacifiers, sleeping, bowel movements, thermometer use

Parent-Infant Interaction

- Learn baby's temperament
- ☀️ Try to console baby; crying may peak at 6 weeks

- Hold, cuddle, and play with baby
- Talk and sing to baby

Family Relationships

- Take time for self, time with partner
- Encourage partner to help care for baby
- Keep in contact with friends, family
- Give siblings attention
- Have postpartum checkup
- ☀️ Discuss family planning
- If returning to work: discuss breastfeeding, feelings about leaving baby

Community Interaction

- Ask for resources/referrals if needed
- Consider parenting classes
- ☀️ Discuss child care, returning to work



Questions for the Parent(s)

- How is Kaitlin doing? How would you describe her personality?
- What do you enjoy most about parenting? What do you find most difficult?
- What questions or concerns do you have today?
- How is Kaitlin sleeping? Does she have a regular schedule now?
- Do you continue to put her on her back to sleep?
- *If breastfeeding:* How often and for how long do you breastfeed? Any concerns about feeding?
- *If bottlefeeding:* How many ounces does Michael drink per feeding? What is the total for 24 hours?
- Do you think Michael hears all right? Sees all right?
- Does Michael ride in a rear-facing infant safety seat in the back seat of the car?
- How are your other children? How much time do you spend with them individually?
- Have you had your postpartum checkup? Did you discuss family planning?
- Are you returning to work or school? What plans have you made for child care?

Developmental Observation

Milestones: Coos and vocalizes reciprocally; is attentive to voices, other sounds, visual stimuli; smiles responsively; shows pleasure interacting with parents, primary caregivers; in prone position, lifts head, neck, and upper chest with support on forearms; some head control in upright position.

Observation: Are parent and baby interested in and responsive to each other? Does parent seem depressed, angry, tired, overwhelmed, or uncomfortable? Does parent comfort baby effectively?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart. Note torticollis, metatarsus adductus, developmental hip dysplasia, cardiac murmurs, neurologic problems, abdominal masses, possible neglect/abuse.

Screening: Initial hearing screening if not done earlier. Examine eyes (red reflex, strabismus, eye alignment).

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.



ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

Injury and Illness Prevention

- Use infant safety seat in back seat
- Never place baby in front seat with a passenger air bag
- ☀️ Put baby to sleep on back or side (back preferred) to reduce SIDS risk
- ☀️ Don't use soft bedding, soft toys
 - Test water temperature with wrist
- ☀️ Never shake baby
 - Keep hot liquids away from baby
 - Never leave baby alone with young siblings or pets
- ☀️ Don't leave baby alone in tub, high places (changing tables, beds, sofas); always keep hand on baby
- Keep small/sharp objects, plastic bags out of reach
- Know signs of illness: fever $>100.4^{\circ}$, seizure, rash, unusual irritability, lethargy, failure to eat, vomiting, diarrhea, dehydration

- Keep home and car smoke-free
- Wash hands often, clean toys
- Review emergency procedures for home, child care
- Avoid direct sun

Nutrition

- Be sure baby is gaining weight
- Breastfeed on demand, or bottle-feed with iron-fortified formula
- Don't put cereal in bottle
- ☀️ Delay solid foods until 4–6 months
- Don't warm bottles in microwave

Oral Health

- ☀️ Don't put baby to bed with bottle
- Practice good family oral health habits (brushing, flossing)

Infant Care

- Discuss concerns about skin and nail care, colic, crying, thumb-sucking, pacifiers, sleeping, bowel movements, thermometer use

Parent-Infant Interaction

- ☀️ Learn baby's temperament
 - Hold, cuddle, and play with baby
 - Talk, sing, read to baby; play music
- ☀️ Establish bedtime routine
 - Provide age-appropriate toys

Family Relationships

- ☀️ Take time for self, time with partner
 - Encourage partner to help care for baby
 - Choose responsible babysitters
 - Keep in contact with friends, family
- ☀️ Meet needs of other children
 - Discuss family planning

Community Interaction

- Ask for resources/referrals if needed
- Consider parenting classes
- Discuss child care, returning to work



Questions for the Parent(s)

- What new things is Bobby doing?
- What questions or concerns do you have today?
- How do you know what Bobby needs or wants? Is it easy or difficult to tell?
- What have you found to be the best way to comfort him?
- How is feeding going? What do you feed Bobby?
- Tell me about Sabrina's sleeping habits. Do you put her on her back to sleep?
- Does Sabrina ride in a rear-facing infant safety seat in the back seat of the car?
- Do you think Sabrina hears all right? Sees all right?
- Do you know how to reduce the risk of lead hazards if you live in an older or recently renovated home?
- Have you returned to work or school? Do you plan to do so? What are your child care arrangements?
- Do you know what to do in case of an emergency? Do you know first aid and infant CPR?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Developmental Observation

- How does Jerome move around?
- Tell me about Jerome's typical play.

Milestones: Babbles, coos; smiles, laughs, squeals; holds head upright in prone position; raises body on hands; rolls over from front to back; opens hands, holds own hands, grasps rattle; controls head well; reaches for, bats objects; recognizes parent's voice/touch; has spontaneous social smile; may sleep 6 hours; self-comforts, falls asleep without breast or bottle.

Observation: Do parent and baby respond to each other? How does parent attend to baby during exam? How does parent comfort baby when he cries?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart. Note cardiac murmurs, developmental hip dysplasia, neurologic problems, possible neglect/abuse.

Screening: Initial hearing screening if not done earlier. Examine eyes (red reflex, strabismus).

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY



Healthy and Safe Habits

Injury and Illness Prevention

- ☀️ Use infant safety seat in back seat
 - Never place baby in front seat with a passenger air bag
 - Put baby to sleep on back or side (back preferred) to reduce SIDS risk
- ☀️ Don't use soft bedding, soft toys
 - Test water temperature with wrist
 - Never leave baby alone with young siblings or pets
 - Don't leave baby alone in tub, high places (changing tables, beds, sofas); always keep hand on baby
 - Keep home and car smoke-free
 - Avoid direct sun
 - Never shake baby
- ☀️ Childproof home (hot liquids, cigarettes, alcohol, poisons, medicines, outlets, cords, small/sharp objects, plastic bags, safety locks)
 - Use safety locks on cabinets

- ☀️ Don't use baby walkers

- Wash hands often, clean toys
- Know signs of illness: fever $>100.4^{\circ}$, seizure, rash, unusual irritability, lethargy, failure to eat, vomiting, diarrhea, dehydration

Nutrition

- Breastfeed or give iron-fortified formula
- If breastfeeding exclusively, give iron supplement
- ☀️ Introduce solids at 4–6 months (iron-fortified cereal first, then pureed fruits, vegetables, meats)
 - Wait ≥ 1 week to add a new food
 - Don't feed baby directly from jars or warm jars in microwave

Oral Health

- ☀️ Don't put baby to bed with bottle
 - Discuss teething
 - Practice good family oral health habits (brushing, flossing)

Parent-Infant Interaction

- Hold, cuddle, and play with baby
- ☀️ Talk, sing, read to baby; play music
 - Play pat-a-cake, peek-a-boo
 - Provide age-appropriate toys
- ☀️ Set bedtime routine; put baby to bed awake
 - Give same comfort object (toy, blanket, stuffed animal)

Family Relationships

- Take time for self, time with partner
- Encourage partner to help care for baby
- Keep in contact with friends, family
- Give siblings attention
- Choose responsible babysitters
- ☀️ Discuss child care, returning to work

Community Interaction

- ☀️ Ask for resources/referrals if needed
 - Consider parenting classes
 - Maintain ties to community



Questions for the Parent(s)

- How is Rosa? What new things is she doing?
- What questions or concerns do you have today?
- Are you breastfeeding Rosa? If not, what formula do you use? How often do you feed her? What's the total amount of formula you use each day?
- Have you introduced solids? What is Charles eating? Tell me about any reactions he's had.
- Do you continue to put Charles on his back to sleep?
- Do you think Charles sees all right? Hears all right? Does he turn his head when you enter the room?
- Does Charles ride in a rear-facing infant safety seat in the back seat of the car?
- How are your child care arrangements working?
- How are you balancing your roles of partner and parent? When do you make time for yourself?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Developmental Observation

- How does Katherine communicate what she wants?
- How does she act around other people?

Milestones: Says “dada” or “baba”; babbles reciprocally; rolls over; has no head lag when pulled to sit; sits with support; stands and bears weight when placed; grasps and mouths objects; shows differential recognition of parents; starts to self-feed; transfers cubes from hand to hand; rakes in small objects; shows interest in toys; self-comforts; smiles, laughs, squeals; turns to sounds; may show anxiety with strangers; may have first tooth.

Observation: Are parent and infant responsive to each other? How does parent attend to baby during exam? How does parent comfort baby if she cries?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart. Note tooth eruption; developmental hip dysplasia; problems with tendon reflexes, muscle tone, or use of extremities; possible neglect/abuse.

Screening: Initial hearing screening if not done earlier. Examine eyes (ability to fix/follow, alternate occlusion, corneal light reflex, red reflex, strabismus).

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

Injury and Illness Prevention

- Use infant safety seat in back seat
- Never place baby in front seat with a passenger air bag
- Put baby to sleep on back or side
- Don't use soft bedding, soft toys
- Lower crib mattress
- Never shake baby
- Keep home and car smoke-free
- Test water temperature with wrist
- ☀️ Empty tub, buckets, pools
- ☀️ Don't leave baby alone in tub, high places; always keep hand on baby
- Don't leave heavy objects or hot liquids on tablecloths
- ☀️ Childproof home (poisons, medications, outlets, cords, guns, small/sharp objects, plastic bags)
- Keep poison center number handy
- Limit sun; use sunscreen, hat
- Use safety locks, stair gates
- ☀️ Don't use baby walkers
- Wash your hands, baby's hands

- Know signs of illness: fever $>100.4^{\circ}$, seizure, rash, unusual irritability, lethargy, failure to eat, vomiting, diarrhea, dehydration, cough

Nutrition

- Breastfeed or give iron-fortified formula
- If breastfeeding exclusively, give iron supplement
- Start cup for water; limit juice
- Introduce solids (iron-fortified cereal first, then pureed fruits, vegetables, meats)
- Wait ≥ 1 week to add a new food
- Serve solids 2–3 times a day
- ☀️ Avoid choke foods (nuts, popcorn, carrot sticks, raisins, hard candy)
- Supervise eating

Oral Health

- ☀️ Don't put baby to bed with bottle
- ☀️ Discuss fluoride
- Brush baby's teeth with soft toothbrush, water only

Parent-Infant Interaction

- ☀️ Talk, sing, read to baby; play music
- Provide age-appropriate toys
- Set bedtime routine; put baby to bed awake
- Give same comfort object
- ☀️ Discuss separation anxiety

Family Relationships

- Take time for self, time with partner
- Keep in contact with friends, family
- Meet siblings' needs
- ☀️ Choose responsible caregivers, babysitters
- Discuss folic acid (if considering future pregnancy)

Community Interaction

- Ask for resources/referrals if needed
- Discuss child care, returning to work
- Consider attending parent education classes or support groups





Questions for the Parent(s)

- Tell me about Jamil. What do you find most rewarding about him?
- What questions or concerns do you have today?
- What is Jamil eating? Does he ever eat clay, dirt, or paint chips?
- Does Jamil play in a house with peeling paint?
- Tell me about Jamil's sleeping habits. Do you continue to put him on his back to sleep?
- Does Sara ride in a rear-facing infant safety seat in the back seat of the car?
- When do you make time for yourself? Who do you turn to when you need help caring for Sara?
- How do you feel as she becomes more independent?
- Now that Sara can move about more, what changes have you made at home to keep her safe?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Developmental Observation

- What do you think Alan understands?
- How does Alan move around?

Milestones: Responds to own name; understands a few words; babbles, imitates vocalizations; crawls, creeps, or scoots; sits; may pull to stand; uses inferior pincer grasp; pokes with index finger; shakes, bangs, throws, drops objects; plays peekaboo, pat-a-cake; feeds self with fingers; starts to drink from cup; sleeps through the night but may awaken and cry; may show anxiety with strangers; may have first tooth at 6 months.

Observation: Do parent and baby respond to one another? Does parent respond supportively to baby's independent behavior as long as it is not dangerous?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart. Note tooth eruption, parachute reflex to check for hemiparesis, cardiac murmurs, developmental hip dysplasia, neurologic problems, possible neglect/abuse.

Screening: Anemia; initial hearing screening if not done earlier. Examine eyes (ability to fix/follow with each eye, alternate occlusion, corneal light reflex, red reflex, strabismus).

Risk: Assess risk of lead exposure; screen as needed.

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

Injury and Illness Prevention

- Use infant safety seat in back seat
- ☀️ Never place baby in front seat with a passenger air bag
- Put baby to sleep on back or side
- Don't use soft bedding, soft toys
- ☀️ Lower crib mattress
- Never shake baby
- Keep home and car smoke-free
- Test water temperature with wrist
- Empty tub, buckets, pools
- Don't leave baby alone in tub, high places; always keep hand on baby
- Don't leave heavy objects or hot liquids on tablecloths
- Limit sun; use sunscreen, hat
- ☀️ Childproof home (poisons, medications, outlets, cords, guns, small/sharp objects, plastic bags)
- Use safety locks, stair gates
- ☀️ Keep poison center number handy

- Don't use baby walkers
- Know signs of illness: fever $>100.4^{\circ}$, seizure, rash, unusual irritability, lethargy, failure to eat, vomiting, diarrhea, dehydration, cough
- ☀️ Review emergency procedures for home, child care
- ☀️ Learn first aid, CPR

Nutrition

- Increase soft, moist table foods gradually (tuna, cooked mashed vegetables, spaghetti)
- Encourage self-feeding, cup use
- ☀️ Avoid choke foods (nuts, carrot sticks, large pieces of fruit/veggies)
- Supervise eating
- Breastfeed or use iron-fortified formula

Oral Health

- Don't put baby to bed with bottle
- Brush baby's teeth with soft toothbrush, water only

- Discuss fluoride
- Practice good family oral health habits (brushing, flossing)

Parent-Infant Interaction

- Talk, sing, read to baby; play games, music
- ☀️ Encourage safe exploration
- ☀️ Set simple rules, limits
- Have bedtime routine; put baby to bed awake
- Give same comfort object

Family Relationships

- ☀️ Discuss siblings' reactions to baby's explorations
- Take time for self, time with partner
- Keep in contact with friends, family
- Choose responsible caregivers

Community Interaction

- Ask for resources/referrals if needed
- Discuss community resources
- Discuss child care, work hours





Questions for the Parent(s)

- What new things is Cindy doing?
- What do you enjoy most about her?
- What is Cindy eating now?
- Tell me about her sleep habits and bedtime routine.
- Does Cindy ride in a safety seat in the back seat of the car?
- Do you think David hears all right? Sees all right?
- What are your thoughts about discipline? Do you and your partner tend to agree?
- Do you know how to reduce the risk of lead hazards if you live in an older or recently renovated home?
- How have you childproofed your home? Are cleaners, medicines, poisons locked up or stored out of reach?
- Tell me about your neighborhood. Do you feel safe there?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Developmental Observation

- How does Tashi communicate what she wants?
- How does she get from one place to another?
- Tell me about Tashi's typical play.

Milestones: Pulls to stand, cruises, may take steps alone; plays social games; has precise pincer grasp; points with index finger; bangs blocks together; says 1–3 words (besides “mama,” “dada”); imitates vocalizations; drinks from cup; looks for dropped or hidden objects; waves “bye-bye”; feeds self.

Observation: Are parent and child responsive to each other? What is child's activity level, and how does parent react? Does parent speak to child in positive terms?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart. Note feet, gait, walking; tooth eruption; early childhood caries (baby bottle tooth decay); cardiac murmurs; developmental hip dysplasia; possible neglect/abuse.

Screening: Anemia, if not done earlier. Examine eyes (ability to fix and follow, alternate occlusion, corneal light, red reflex).

Risk: Assess risk of hearing loss, lead exposure; screen as needed. Assess tuberculosis risk; give PPD as indicated.

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

- Keep home and car smoke-free
- Wash hands often, clean toys
- Avoid or limit TV viewing

Injury Prevention

- ☀️ Use safety seat in back seat of car
 - Never place child in front seat with a passenger air bag
 - Keep home and car smoke-free
 - Test smoke alarms
- ☀️ Childproof home (dangling cords, sockets, poisons, medicines, guns)
 - Check home for lead hazards
 - Keep poison center number handy
- ☀️ Supervise near water; empty tub, buckets, pools
 - Don't expect young siblings to supervise
- ☀️ Supervise near pets, mowers, driveways, streets
 - Don't leave heavy objects, hot liquids on tablecloths

- Use stair gates, safety locks, window guards
- Limit sun; use sunscreen, hat

Nutrition

- Provide 3 nutritious meals, 2–3 healthy snacks daily
- Allow child to feed self, use cup
- *If breastfeeding*: Discuss weaning
- *If bottlefeeding*: Change to whole milk, begin weaning
- ☀️ Let child experiment with food, do not force eating
 - Avoid choke foods, limit sugar

Oral Health

- ☀️ Don't put child to bed with bottle
- Brush child's teeth with soft toothbrush, water only
- Discuss fluoride
- ☀️ Schedule first dental exam
 - Practice good family oral health habits (brushing, flossing)

Social Competence

- Praise good behavior
- Talk, sing, read together
- Encourage safe exploration
- ☀️ Set limits (e.g., use distraction)
 - Don't allow hitting, biting, aggressive behavior
 - Limit rules, set routines, be consistent
 - Delay toilet training
 - Expect curiosity about genitals

Family Relationships

- Hold, cuddle child
- Show affection in family
- Help child express emotions
- ☀️ Limit caregivers, choose carefully

Community Interaction

- Ask for resources/referrals if needed
- Discuss early intervention programs if needed
- ☀️ Discuss child care arrangements





Questions for the Parent(s)

- How would you describe Jung's personality?
- What kinds of things do you and Jung like to do together (reading a book, playing a game)?
- Is he still breastfeeding? Taking a bottle? Or drinking from a cup?
- How does Jung show that he has a will of his own?
- How are you and your partner managing Lisa's behavior? What do you do when you disagree?
- What kinds of things do you find yourself saying "no" about?
- Do you think Jung hears all right? Sees all right?
- Does Lisa ride in a safety seat in the back seat of the car?
- How are your child care arrangements working?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Developmental Observation

- What do you think Kenji understands?
- How does Kenji react to strangers?
- Tell me about his typical play.

Milestones: Says 3–10 words; can point to body parts; understands simple commands; walks well, stoops, climbs stairs; stacks 2 blocks; feeds self with fingers; drinks from cup; listens to story; tells what he wants by pulling, pointing, or grunting.

Observation: When child moves around the room, how does parent react? Does parent watch, follow closely, or ignore child? How do parent and child play with toys? Does parent react positively when health professional praises child?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart. Note feet, gait, walking; nevi, cafe au lait spots, birthmarks; tooth eruption, early childhood caries, dental injuries; excessive injuries or bruising, possible neglect/abuse.

Screening: Examine eyes.

Risk: Assess risk of vision impairment, hearing loss, anemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY



Healthy and Safe Habits

- Keep home and car smoke-free
- Wash hands often; clean toys
- Avoid or limit TV viewing
- Reinforce bedtime routines

Injury Prevention

- ☀️ Use safety seat in back seat of car
 - Never place child in front seat with a passenger air bag
 - Test water temperature with wrist
 - Supervise near water; empty tub, buckets, pools
- ☀️ Childproof home (dangling cords, sockets, cleaners, medicines, guns)
 - Keep poison center number handy
 - Don't leave heavy objects, hot liquids on tablecloths
 - Turn pot handles to back of stove
- ☀️ Check window guards, safety locks, stair gates
 - Supervise near pets, mowers, driveways, streets
 - Limit sun; use sunscreen, hat

Nutrition

- Provide 3 nutritious meals, 2–3 healthy snacks daily
- ☀️ Eat meals as a family
 - Allow child to feed self, drink from cup
 - Let child decide what/how much to eat
- Give pasteurized whole milk
- Avoid choke foods, limit sugar
- Don't use food to comfort, reward

Oral Health

- ☀️ Don't put child to bed with bottle
 - Brush child's teeth with soft toothbrush, water only
 - Practice good family oral health habits (brushing, flossing)

Social Competence

- ☀️ Praise good behavior and accomplishments
 - Talk, sing, read to child
 - Encourage safe exploration

- ☀️ Use discipline ("time out," gentle restraint) to teach, not punish
 - Avoid power struggles
 - Limit rules, be consistent
- ☀️ Discourage hitting, biting, aggressive behavior
 - Delay toilet training
 - Expect curiosity about genitals

Family Relationships

- ☀️ Take time for self, time with partner
 - Hold, cuddle child, show affection in family
 - Listen to, respect child
 - Encourage family members to play with child
- ☀️ Help child express joy, anger, sadness, fear

Community Interaction

- Ask for resources/referrals if needed
- Discuss community programs, parent support groups
- Discuss child care arrangements



Questions for the Parent(s)

- Who are Rachel's playmates?
- What are some of her favorite activities?
- What do you do when you become angry or frustrated with Rachel?
- How does Steve assert himself? Does he hit, bite, or kick? How are you managing his behavior?
- Do you and your partner agree on household rules?
- How does Steve get along at child care?
- Do you feel pressure to toilet train him?
- Does Rachel ride in a safety seat in the back seat of the car?
- Are there any major stresses or changes in your family since your last visit?
- Do you feel safe in your neighborhood?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Developmental Observation

- How does Elena communicate what she wants?
- How does she act around family members?
- How does she act around other children?

Milestones: Walks quickly or runs stiffly; throws ball; says 15–20 words; imitates words; uses 2-word phrases; pulls toy; stacks 2–3 blocks; uses a spoon and cup; listens to a story, looks at pictures, names objects; shows affection, kisses; follows simple directions; points to some body parts; scribbles; dumps object from bottle without being shown.

Observation: How do parent and child communicate? When health professional speaks directly to child, does parent intervene? How does parent discipline child? Is parent positive when speaking about child?

Exam and Screening

Exam: Measure and plot length, weight, and head circumference on CDC growth chart. Note feet, gait, walking; early childhood caries or dental injuries; excessive injuries or bruising, possible neglect/abuse.

Screening: Examine eyes.

Risk: Assess risk of vision impairment, hearing loss, anemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

- Keep home and car smoke-free
- Wash hands often; clean toys
- Avoid or limit TV viewing
- Reinforce bedtime routine

Injury Prevention

- Use safety seat in back seat of car
- Never place child in front seat with a passenger air bag
- Test water temperature with wrist
- ☀️ Supervise near water; empty buckets, tubs, pools
- Limit sun; use sunscreen, hat
- Don't leave heavy objects, hot liquids on tablecloths
- Turn pot handles to back of stove
- ☀️ Childproof home (dangling cords, poisons, medicines, guns)
- Supervise near pets, mowers, driveways, streets
- Use stair gates, safety locks
- ☀️ Never leave child alone in home or car

- Keep poison center number handy
- Discuss first aid

Nutrition

- Provide 3 nutritious meals, 2–3 healthy snacks daily
- ☀️ Encourage child to feed self, drink from cup
- Let child decide what to eat, don't force eating
- Avoid choke foods, limit sugar
- Don't use food to comfort, reward

Oral Health

- ☀️ Brush child's teeth with soft toothbrush, water only
- Don't put child to bed with bottle
- Practice good family oral health habits (brushing, flossing)

Social Competence

- Praise good behavior and accomplishments
- ☀️ Encourage self-expression, choices
- Talk, sing, read to child

- ☀️ Set specific limits, be consistent
- Allow assertiveness within limits
- ☀️ Keep discipline brief
- Develop strategies for nightmares
- Delay toilet training
- Expect curiosity about genitals

Family Relationships

- Listen to child, show interest
- Spend time with each child
- Help child express emotions
- ☀️ Keep family outings short, simple
- Don't expect child to share all toys
- Help siblings resolve conflicts
- ☀️ Allow older children their own space, toys
- Discuss family planning, folic acid, health habits

Community Interaction

- Ask for resources/referrals if needed
- Discuss child care arrangements
- Join neighborhood watch program





Questions for the Parent(s)

- What new things is Tommy doing?
- Do you have questions/concerns about his behavior?
- How is Tommy's toilet training going?
- Tell me about his eating and sleeping habits.
- Does he eat substances such as dirt or paint chips?
- Do you know how to reduce the risk of lead hazards if you live in an older or recently renovated home?
- How are you dealing with setting limits for Yolanda and disciplining her?
- How do you deal with tantrums?
- Does Yolanda ride in a safety seat in the back seat of the car?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Developmental Observation

- How does Lincoln communicate what he wants?
- How independent is he in eating and dressing?
- How does he get along with other children?

Milestones: Goes up and down stairs 1 step at a time; kicks ball; stacks 5–6 blocks; says at least 20 words, 2-word phrases; follows 2-step commands; makes horizontal and circular strokes with crayon; imitates adults.

Observation: What words, what tone do parent and child use to communicate? Does parent teach child the name of person or object during the visit? Is parent positive when speaking about child?

Exam and Screening

Exam: Measure and plot height, weight, and head circumference on CDC growth chart. Note early childhood caries, dental injuries; excessive injuries or bruising, possible neglect/abuse.

Screening: Examine eyes (strabismus).

Risk: Assess risk of vision impairment, hearing loss, anemia, lead exposure, hyperlipidemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

- Keep home and car smoke-free
- Teach child to wash hands, wipe nose with tissue
- Clean potty chairs after each use
- Limit TV, watch programs together
- Reinforce bedtime routine

Injury Prevention

- Use safety seat in back seat of car
- Never place child in front seat with a passenger air bag
- ☀️ Ensure water safety; empty tub, buckets, pools
- Limit sun; use sunscreen, hat
- ☀️ Childproof home (hot liquids/pots, knives, medicines, guns)
- Use safety locks, window guards, stair gates; supervise on stairs
- Keep poison center number handy
- ☀️ Supervise near pets, mowers, driveways, streets
- ☀️ Supervise play, ensure playground safety
- Use bike helmet

Nutrition

- Provide 3 nutritious meals, 2–3 healthy snacks daily
- Eat meals as a family
- ☀️ Offer variety of healthy foods, let child decide, avoid struggles
- Don't force eating
- Provide child-size utensils

Oral Health

- ☀️ Begin brushing child's teeth with fluoridated toothpaste
- Practice good family oral health habits (brushing, flossing)
- Schedule dental appointment

Sexuality Education

- ☀️ Expect curiosity about genitals
- Use correct terms

Social Competence

- Praise good behavior and accomplishments
- Encourage self-expression, choices, safe exploration

- ☀️ Hug, talk, read, play together
- Reinforce limits, be consistent
- Learn how to help with fears, nightmares
- ☀️ Begin toilet training when child is ready

Family Relationships

- Take time for self, time with partner
- Spend time with each child
- ☀️ Help child express emotions
- Help siblings resolve conflicts
- Don't expect child to share all toys
- If pregnant, discuss how to prepare child for new baby

Community Interaction

- Ask for resources/referrals if needed
- ☀️ Discuss child care arrangements, play groups, preschool, early intervention programs
- Maintain ties to your community





Questions for the Parent(s)

- What new things is Phyllis doing?
- Tell me about her eating and sleeping habits.
- How is toilet training going?
- Does Phyllis wash her hands before eating and after toileting? At home? At child care?
- How do you set clear and specific limits for her?
- Do family members understand Alberto's speech?
- How is child care (preschool, early intervention)? What does his teacher say about him?
- Does Alberto ride in a safety seat or belt-positioning booster seat in the back seat of the car?
- Have you ever been worried that someone was going to hurt your child? Has your child ever been abused?
- Have you checked your home for lead hazards?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Developmental Observation

- How does Patty communicate what she wants?
- How independent is she in eating, dressing, and toileting?
- Tell me about Patty's typical play.

Milestones: Jumps in place; kicks ball; rides tricycle; knows name, age, sex; copies circle, cross; has self-care skills; shows early imaginative behavior.

Observation: How do parent and child communicate? How much is verbal? Nonverbal? Does parent use baby talk? Does parent provide choices? ("Do you want to sit or stand?") Does parent give commands or ask child what she wants to do? How does child react?

Exam and Screening

Exam: Measure and plot height, weight, and BMI-for-age on CDC growth chart. Note teeth; excessive injuries or bruising, possible neglect/abuse.

Screening: Vision, blood pressure.

Risk: Assess risk of hearing loss, lead exposure, anemia, hyperlipidemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY



Healthy and Safe Habits

- Keep home and car smoke-free
- Teach child to wash hands, wipe nose with tissue
- Clean potty chairs after each use
- Limit TV, watch programs together
- Reinforce bedtime routine

Injury Prevention

- ☀️ Use safety seat. Switch to belt-positioning booster seat in back seat when child weighs 40 lbs
- ☀️ Never place child in front seat with a passenger air bag
 - Test smoke alarms, change batteries yearly
 - Empty tub, buckets, pools
 - Keep poison center number handy
 - Childproof home (matches, cords, cleaners, knives, medicines, guns)
 - Limit sun; use sunscreen, hat
 - Use helmet for biking
- ☀️ Ensure playground safety
 - Teach stranger safety

- ☀️ Teach pedestrian safety skills
 - Don't leave child alone in tub, house, yard, car
 - Know where child is at all times
 - Supervise all play near water, pets, streets, driveways

Nutrition

- Provide 3 nutritious meals, 2–3 healthy snacks daily
- ☀️ Offer variety of healthy foods, let child decide
- Serve low-fat dairy products

Oral Health

- ☀️ Teach child to brush teeth
 - Discuss flossing, fluoride
 - Schedule dental appointment

Sexuality Education

- Expect normal curiosity
- Use correct terms, answer questions
- ☀️ Explain that certain body parts are private

Social Competence

- Praise good behavior and accomplishments
- ☀️ Encourage talking, reading
- Encourage safe exploration, socialization, physical activity
- ☀️ Provide choices, reinforce limits, use “time out”
- Help child cope with fears

Family Relationships

- Choose responsible caregivers
- Show affection, spend time with each child
- Create family time together
- ☀️ Handle anger constructively, help siblings resolve conflicts
- If pregnant, prepare child for baby

Community Interaction

- Ask for resources/referrals if needed
- Discuss community programs (preschool, Head Start)



Questions for the Parent(s)

- What do you enjoy most about Rafael?
- What are some of his new skills?
- How does Rafael show interest in other children?
- How is he doing in preschool? What does his teacher say about him?
- How do you deal with Rafael's greater independence?
- How do you set clear and specific limits for Diane?
- What do you do when she has ideas that are different from yours?
- Does Diane ride in a belt-positioning booster seat in the back seat of the car?
- Have you checked your home for lead hazards?
- Do you feel safe in your neighborhood?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Developmental Observation

- How does Lamont act around others?
- How independent is he in eating, dressing, and toileting?
- Tell me about his typical play.

Milestones: Sings songs; knows about things used at home (food, appliances); draws person with 3 parts; distinguishes fantasy from reality; gives first and last name; talks about daily activities, experiences; builds tower of 10 blocks; hops, jumps on 1 foot; rides tricycle or bicycle with training wheels; throws overhand ball.

Observation: How do parent and child communicate? Does parent allow child to answer health professional's questions? How do parent, child, and siblings interact? Does parent pay attention to all the children?

Exam and Screening

Exam: Measure and plot height, weight, and BMI-for-age on CDC growth chart. Note gait; teeth; possible neglect/abuse.

Screening: Vision, hearing, blood pressure.

Risk: Assess risk of lead exposure, anemia, hyperlipidemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

- Keep home and car smoke-free
- ☀️ Remind child to wash hands
- Limit TV, watch programs together
- Enjoy physical activities

Injury Prevention

- Use belt-positioning booster seat in back seat when child weighs 40 lbs
- Never place child in front seat of car with a passenger air bag
- ☀️ Keep cigarettes, matches, poisons, alcohol, electrical tools locked up and/or out of reach
- Use helmet for biking
- Be sure child learns how to swim
- Keep poison center number handy
- ☀️ Teach pedestrian, playground, stranger, neighborhood safety
- Know where child is at all times
- Limit sun; use sunscreen, hat
- ☀️ Keep guns unloaded and locked up, or remove from home

Nutrition

- Provide 3 nutritious meals and 2 healthy snacks daily
- ☀️ Limit candy, chips, soft drinks
- Serve low-fat dairy products
- Model good eating habits

Oral Health

- ☀️ Be sure child brushes teeth
- Discuss flossing, fluoride
- Learn dental emergency care
- Schedule dental appointment

Sexuality Education

- Expect normal curiosity
- Use correct terms, answer questions
- Explain that certain body parts are private

Social Competence

- Praise good behavior and accomplishments
- ☀️ Encourage child to talk about feelings, experiences, school

- Read together with child
- Assign chores (toys, setting table)
- Visit parks, museums, libraries
- Encourage assertiveness without aggression
- ☀️ Set appropriate limits
- Provide structured learning (preschool, Sunday school)

Family Relationships

- Take time for self, time with partner
- Choose responsible caregivers
- ☀️ Show affection, spend time with each child
- ☀️ Create family time together
- Handle anger constructively, help siblings resolve conflicts

Community Interaction

- Ask for resources/referrals if needed
- Discuss community programs (preschool, Head Start)
- Discuss child care arrangements





Questions for the Parent(s)

- Tell me about Nora's experience with preschool or child care.
- What do you think about her readiness to start school?
- How are you feeling about Nora's starting school?
- What are Darryl's eating and sleeping habits?
- Is there anything you would like to discuss or have checked before Darryl goes to school?
- What have you done to prepare him for crossing the street on the way to school or for taking a school bus?
- Will you visit the school with him before school starts?
- What are your plans for before- and after-school care?
- Is there a gun in your home? Is it unloaded and locked up? Have you considered removing the gun because of the dangers to children?

Questions for the Child

- What are you looking forward to most about going to school?
- What kinds of things do you like to do with friends?
- Tell me some of the things you are good at.
- Do you sit on a booster seat and use a safety belt each time you ride in the back seat of the car?
- If you had 3 wishes, what would they be?

Developmental Observation

- What questions or concerns do you have about Robin's development or behavior?
- Does Robin know her address and phone number? Can she print her name? Count with numbers?

Milestones: Dresses self without help; knows address and phone number; can count on fingers; copies triangle or square; draws person with head, body, arms, legs; recognizes many letters and can print some; plays make-believe; may be able to skip.

Observation: Does parent answer questions addressed to child? Is child active in the reception area or examination room? How does parent discipline child? What is child's reaction to the discipline?

Exam and Screening

Exam: Measure and plot height, weight, and BMI-for-age on CDC growth chart. Note teeth, possible neglect/abuse.

Screening: Vision, hearing, blood pressure, urinalysis.

Risk: Assess risk of lead exposure, anemia, hyperlipidemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

Immunizations: See schedule, pp. 51–53. Describe possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

- Keep home and car smoke-free
- Ensure adequate sleep
- ☀️ Promote physical activity
- ☀️ Limit TV, video, computer time
 - Teach hygiene, handwashing after toileting and before meals

Injury Prevention

- ☀️ Use belt-positioning booster seat, place lap and shoulder belt across child in back seat
 - Never place child in front seat with a passenger air bag
 - Use helmet for biking, skating
- ☀️ Emphasize pedestrian, neighborhood, stranger, playground safety
 - Teach child how to swim; reinforce water safety rules
 - Limit sun; use sunscreen
 - Keep guns unloaded and locked up, or remove from home
 - Teach child emergency phone numbers, home safety rules
 - Provide safe after-school care

Nutrition

- Provide 3 nutritious meals and 2 healthy snacks daily
- Share meals as a family
- Limit high-fat, low-nutrient foods

Oral Health

- Supervise tooth brushing
- Ask about fluoride, dental sealants
- ☀️ Schedule dental appointment
- Learn dental emergency care

Sexuality Education

- Expect curiosity, use correct terms
- Teach with age-appropriate books
- ☀️ Explain that certain body parts are private

Social Competence

- ☀️ Praise child
 - Encourage expression of feelings
- ☀️ Read interactively with child
 - Set limits, establish consequences
 - Teach family rules, respect for authority, and right from wrong

- Teach how to resolve conflicts and handle anger
- Assign chores

Family Relationships

- Listen, show interest in activities
- Show affection, respect
- ☀️ Spend time playing together
- Set reasonable expectations

Community Interaction

- Ask for resources/referrals if needed
- Explore school, recreational, community programs
- Volunteer where adult supervision is needed

School Entry

- ☀️ Meet with teachers, prepare child for school
 - Tour school with child
- ☀️ Become involved with school





Questions for the Parent(s)

- Is Justin happy in school?
- Does he talk to you about what's happening in school?
- Tell me about Justin's eating and sleeping habits.
- Have there been any major changes or stresses in your family since the last visit?
- What do you and Maegan like to do together?
- What does Maegan say about her friends at school?
- Does she use a booster seat in the back seat of the car?
- What are your child care arrangements before and after school?

Questions for the Child

- What do you like the most about school? The least?
- Tell me about your friends. What kinds of things do you like to do together?
- What do you do outside of school (for example, sports, scouts, music lessons)?
- Do you like to read? Have someone read to you? What is your favorite book?
- Do you wear a helmet when you bike or skate?
- Draw me a picture of your family. Tell me a story about them.

Development and School Performance

- What questions or concerns do you have about Jackson's development or behavior?
- When he plays with other children, can he keep up with them?
- Is he able to follow the rules at school?
- How do you praise his achievements?
- Have you visited his classroom?
- What does the teacher say about Jackson's progress?
- Is he having any problems completing school work?

Observation: Does parent answer questions addressed to child? Is child active in the reception area or examination room? How does parent respond?

Exam and Screening

Exam: Measure and plot height, weight, and BMI-for-age on CDC growth chart. Note teeth, possible neglect/abuse.

Screening: Vision, hearing, blood pressure.

Risk: Assess risk of lead exposure, hyperlipidemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

Immunizations: See schedule, pp. 51–53. Describe possible side effects, what to do, when to call.

ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

- Keep home and car smoke-free
- Ensure adequate sleep
- ☀️ Promote physical activity
- ☀️ Limit TV, computer time
 - Reinforce personal care/hygiene

Injury Prevention

- ☀️ Use belt-positioning booster seat, place lap and shoulder belt across child in back seat
- Never place child in front seat with a passenger air bag
- Review safety rules for biking, skating; ensure helmet use
- Teach child how to swim; reinforce water safety rules
- Limit sun; teach sunscreen use
- Reinforce home safety (matches, poisons, tools)
- ☀️ Keep guns unloaded and locked up, or remove from home
 - Provide safe after-school care
 - Teach stranger safety
 - Keep firm, consistent rules

Nutrition

- Provide 3 nutritious meals and 2 healthy snacks daily
- Eat most meals as a family
- ☀️ Teach healthy food choices
- Limit high-fat, low-nutrient foods

Oral Health

- Supervise tooth brushing
- Discuss fluoride, flossing, sealants
- ☀️ Schedule dental appointment
- Learn dental emergency care

Sexuality Education

- Answer questions
- Use age-appropriate books

Social Competence

- ☀️ Praise child and encourage talking about activities and feelings
- ☀️ Read interactively with child, listen as he reads aloud
 - Give individual attention
 - Plan family activities and outings
 - Set limits, establish consequences

- ☀️ Teach family rules, respect for authority, right from wrong, how to resolve conflicts, handle anger
- Assign chores and provide personal space

Family Relationships

- Listen, show interest in activities
- Show affection, respect
- Play with child
- Set reasonable expectations
- Encourage good sibling relationships
- ☀️ Know child's friends and their families

Community Interaction

- ☀️ Ask for resources/referrals if needed
- Participate in school/community activities
- Advocate for community programs and facilities





Questions for the Parent(s)

- How is Kim doing in school?
- Tell me about Kim's relationships with others (family members, classmates, teachers).
- Do you know Kim's friends and their families? Does she bring friends home? Go to friends' homes?
- Is Kim involved in sports or other physical activities? If so, does she wear protective gear?
- What are the rules at home regarding food, movies, games, and language?
- What does Max do when he is stressed, angry, or frustrated?

Questions for the Child

- How is school going? What do you like best? Least?
- What kinds of school and after-school activities are you involved in?
- What are some things you are good at? Proud of?
- Tell me about your friends. Who is your best friend?
- What kinds of things do you like to do together?
- What do you enjoy learning about the most?
- Do you stay home by yourself, either before or after school? If so, how do you feel when you are alone?
- If you could change your life, school, family, or home, what changes would you make?

Development and School Performance

- What questions or concerns do you have about Claire's development or behavior at home, at school, or when playing with friends?
- Is she reading and doing math at grade level?
- Is she proud of her achievements?
- Does Claire talk about what goes on in school?
- Is she having any problems completing school work?

Observation: Do both parent and child ask questions? Does parent let child speak directly to health professional or does parent interrupt? Is child playful or serious with health professional?

Exam and Screening

Exam: Measure and plot height, weight, and BMI-for-age on CDC growth chart. Note early puberty (females), teeth, possible neglect/abuse.

Screening: Vision, hearing, blood pressure.

Risk: Assess risk of hyperlipidemia; screen as indicated. Assess tuberculosis risk; give PPD as needed.

Immunizations: See schedule, pp. 51–53. Describe possible side effects, what to do, when to call.



ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

- Keep home and car smoke-free
- ☀️ Supervise activities with peers
 - Ensure adequate sleep
 - Encourage physical activity
 - Limit TV, computer time
- ☀️ Counsel about avoiding alcohol, tobacco, drugs, inhalants

Injury Prevention

- ☀️ Ensure use of belt-positioning booster seat until child can sit upright in back seat and bend legs over edge of seat
 - Never place child in front seat with a passenger air bag
- ☀️ Reinforce water, bike, neighborhood, and sports safety
 - Limit sun; ensure sunscreen use
 - Test smoke alarms
- ☀️ Keep guns unloaded and locked up, or remove from home
 - Provide rules for home safety, stranger safety

Nutrition

- Eat most meals as a family
- ☀️ Teach healthy choices, including fruits and vegetables
 - Limit high-fat, high-sugar foods

Oral Health

- Ensure brushing, teach flossing
- Ask about fluoride, dental sealants
- Schedule dental appointment
- Learn dental emergency care

Sexuality Education:

- Answer questions
- Use age-appropriate books
- Discuss information given at school

Social Competence

- Praise, encourage talking and expression of feelings
- ☀️ Encourage reading and hobbies
 - Spend time together as family
- ☀️ Set limits, establish consequences

- Assign chores, provide personal space
- Teach family rules and how to resolve conflicts

Family Relationships

- Spend time with each child
- Show interest in school performance and activities
- ☀️ Set reasonable but challenging expectations
 - Encourage good sibling relationships
 - Handle anger constructively in family; do not allow violence
 - Know child's friends and their families

Community Interaction

- Ask for resources/referrals if needed
- Ensure safe after-school care
- ☀️ Participate in school/community activities



Questions for the Parent(s)

- How does Sanjay express his feelings and share his experiences with you?
- What are some of the things you do together as a family?
- How much time does he spend watching TV? On the computer?
- What is his bedtime?
- What have you discussed with Nancy about her changing body?
- What has she learned about menstruation?

Questions for the Child

- How is school going? How are your grades?
- Tell me about your friends. What do you like to do together? What activities are you involved in?
- Do your friends pressure you to do things you don't want to do? What kinds of things?
- How do you get along with your family? With your teachers?
- What education have you had about sex? What are some of the questions I can answer for you?
- What do you like to eat? Are you concerned about your weight? Are you trying to change it?
- What are some things that make you happy? Sad? Angry? Worried? Who do you talk to about them?

Development and School Performance

- What changes have you noticed in Pablo's behavior, relationships, or school performance? Do you have concerns about his development or behavior?
- Has he identified certain interests or talents he would like to develop?
- Is Pablo reading and doing math at grade level?
- Tell me about his grades.
- Where and how does Pablo do his homework?

Observation: Do both parent and child ask questions? Does parent interrupt when child is speaking to health professional? Is child comfortable if health professional speaks with him alone?

Exam and Screening

Exam: Measure and plot height, weight, and BMI-for-age on CDC growth chart. Evaluate Sexual Maturity Rating or Tanner stage. Note teeth, possible neglect/abuse, scoliosis (screen females).

Screening: Vision, hearing, blood pressure.

Risk: Assess hyperlipidemia risk; screen as needed. Assess tuberculosis risk; give PPD as indicated.

Immunizations: See schedule, pp. 51–53. Describe possible side effects, what to do, when to call.



ANTICIPATORY GUIDANCE FOR THE FAMILY

Healthy and Safe Habits

- Keep home and car smoke-free
- Ensure adequate sleep
- Encourage physical activity
- ☀️ Set reasonable standards for TV, music, video, computer time
- ☀️ Counsel about avoiding alcohol, tobacco, drugs, and inhalants

Injury Prevention

- ☀️ Ensure use of lap/shoulder safety belts in back seat of car
 - Reinforce water/biking/skating safety, protective sports gear use
 - Limit sun; ensure sunscreen use
- ☀️ Keep guns unloaded and locked up, or remove from home
 - Anticipate some errors in judgment, increased risk-taking

Nutrition

- ☀️ Eat most meals as a family
 - Teach healthy food choices
 - Limit high-fat, high-sugar, low-nutrient foods and drinks

Oral Health

- Ensure tooth brushing, flossing
- Ask about fluoride, dental sealants
- Schedule dental appointment
- ☀️ Teach dangers of smoking and smokeless tobacco

Sexuality Education

- ☀️ Prepare child for sexual development, menstruation, wet dreams
- Discuss information given at school, provide more as needed
- Teach importance of delaying sexual behavior

Social Competence

- ☀️ Encourage reading, hobbies, pursuit of talents
- ☀️ Promote interaction/friendships through team or group activities
 - Encourage positive interactions with teachers and other adults
- ☀️ Reinforce limits, family rules for bedtimes, homework, chores

Family Relationships

- Foster conversation and open communication
- Participate in activities together
- ☀️ Contribute to self-esteem with affection and praise
- Set reasonable but challenging expectations
- Encourage good sibling relationships
- ☀️ Handle anger constructively in family; do not allow violence
- Know child's friends and their families

Community Interaction

- Ask for resources/referrals if needed
- Volunteer in school or community activities
- ☀️ Discuss current events and social responsibility



Questions for the Parent(s)

- What makes you proud of Angela?
- How have things changed now that Angela is becoming a teenager?
- What questions/concerns do you have about her? (E.g., weight, substance use, friends, sexual activity.)
- How is Angela doing in school? What does she do after school?
- What has Matt been taught in school or at home about drugs, sex, and other health topics?
- Do you supervise Matt's social and recreational activities? How do you check for alcohol or drug use?

Questions for the Adolescent

Social and Emotional Development

- What do you do for fun? What is your favorite activity?
- Who is your best friend? What do you do together?
- What are some things that make you sad? Angry? Worried? Who do you talk to about them?
- What do you do when you feel really down or depressed? Have you ever thought about hurting or killing yourself?

Physical Development and Health Habits

- What do you do to stay healthy?
- What changes have you noticed in your body in the past 6 months?
- Have you started having wet dreams? Started your period? Is it regular?
- How do you feel about the way you look?
- What do you usually eat for breakfast? For lunch? How often do you eat meals with your family?
- Do you ever fast, vomit, or take laxatives or diet pills to control your weight?
- What physical activities do you participate in? Ever been injured playing sports? Ever been encouraged to “play hurt”?
- How often have you smoked or chewed tobacco in the past month?
- How often did you drink alcohol, use inhalants, or use drugs in the past month? Which drugs?
- Do your friends try to pressure you to do things you don't want to do? How do you handle that?
- How often do you wear a safety belt in the car? Use a bike helmet when bike riding?
- Have you been in a fight in the past year? Have you ever carried a weapon?



Relationships and Sexuality

- Have you started dating or going out with anyone?
- What questions/concerns do you have about sex?
- Have you ever had sex? Are you having sex now? Do you use condoms?
- Has anyone ever touched you in a way you didn't like? Forced you to have sex?
- Have you had any sexually transmitted diseases (STDs)? Ever had sexual contact with someone with an STD?

Family Functioning

- How do you get along with other family members?
- Who do you live with? *If adolescent lives with one parent:* When do you see your other parent?
- What would you change about your family if you could?

School Performance

- How are you doing in school? Tell me about your grades.
- What activities are you involved in?

Observation: How do adolescent and parent respond when health professional talks with adolescent alone? Does parent seem to respect adolescent's growing need for confidentiality?

Exam and Screening

Exam: Measure and plot height, weight, and BMI-for-age on CDC growth chart. Note Sexual Maturity Rating; scoliosis or kyphosis (screen annually); possible neglect/abuse; eating disorders; sports injuries, orthopedic problems; teeth; acne; tattoos, piercing.

Females: Examine genitals; check for condyloma/lesions, vulvovaginitis.

Males: Examine genitals; check for varicoceles, hernias, condyloma/lesions, testicular cancer (risk factors: history of undescended testes, single testicle). Evaluate for gynecomastia.

Screening: Vision and hearing (age 12), blood pressure annually, anemia annually (menstruating females); urinalysis at least once in adolescence. Assess emotional health (risk factors: stressors, substance use, sexual behavior, depression, history of abuse, learning disabilities, school problems, cruelty).

Risk: Assess risk of anemia, hyperlipidemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

If sexually active: Annual pelvic exam and Pap smear (females), STD screening (see p. 57).

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.



ANTICIPATORY GUIDANCE FOR THE ADOLESCENT

Promotion of Healthy and Safe Habits

- Keep home and car smoke-free
- ☀️ Try to get 8 hours of sleep a night
- ☀️ Engage in physical activity (30–60 minutes 3 or more times a week)
- Discuss athletic conditioning, weight training, fluids, weight gain/loss, supplements
- Limit TV, computer time
- Learn to manage time, activities

Injury and Violence Prevention

- ☀️ Use lap and shoulder belt in car
- Don't drink alcohol, especially when biking, swimming, operating machinery
- Limit sun, use sunscreen
- ☀️ Use bike helmet, mouth guards, protective gear
- Discuss home safety rules with parents (visitors, emergencies)
- ☀️ Don't carry or use weapons
- Learn to swim

- Avoid loud music
- Learn to protect self from abuse

Mental Health

- Take on new challenges to build confidence
- Learn about self, strengths
- Listen to valued friends, adults
- ☀️ Talk with health professional or trusted adult if feeling sad or if things are not going right
- Recognize, deal with stress
- Understand/meet spiritual needs

Nutrition

- Eat three nutritious meals a day and healthy snacks
- Eat most meals with family
- Limit high-fat, high-sugar foods
- ☀️ Choose fruits, vegetables; breads, cereals, other grains; lean meats, chicken, fish; low-fat dairy products
- ☀️ Maintain healthy weight with good eating habits, physical activity

Oral Health

- Brush teeth; floss daily
- Ask about fluoride, dental sealants
- Learn dental emergency care
- Schedule dental appointment
- ☀️ Don't smoke or chew tobacco

Sexuality

- Identify adult who can give accurate information
- ☀️ Ask health professional about puberty, sexual development, contraception, STDs
- ☀️ Recognize that sexual feelings are normal, but delay having sex
- Learn how to say no to sex
- Practice abstinence, the safest way to prevent pregnancy and STDs
- If sexually active, discuss contraception, practice safer sex, use latex condoms correctly
- Ask questions if concerned about feelings for same or opposite sex

Prevention of Substance Use/Abuse

- ☀ Don't use tobacco, alcohol, drugs, diet pills, inhalants
- ☀ Discuss how to resist peer pressure to smoke, drink, use drugs
- ☀ If using drugs or alcohol, discuss help available, seek assistance
 - Avoid situations where drugs or alcohol are present

Promotion of Social Competence

- Enjoy family activities
- ☀ Participate in social activities, community groups, or sports
- ☀ Understand parental limits and consequences for unacceptable behavior
 - Respect and care about peers and siblings

Promotion of Responsibility

- Respect rights and needs of others
- Share in household chores
- Take on new responsibility
- ☀ Learn new skills (child care, CPR)

Promotion of School Achievement

- Discuss school transitions
- ☀ Become responsible for attendance, homework, course selection
- ☀ Discuss frustrations with school, thoughts of dropping out
 - Participate in school activities
 - Identify/pursue talents, interests

Promotion of Community Interaction

- Ask for resources/referrals if needed
- Participate in volunteer, religious, recreational activities
- Explore heritage, cultural diversity
- Participate in peer-mediated conflict management training

ANTICIPATORY GUIDANCE FOR THE PARENT(S)

- Spend time with adolescent
- Show affection, praise good behavior
- ☀ Model respect, family values, safe driving practices, and healthy behaviors
 - Respect adolescent's need for privacy
- ☀ Establish realistic expectations, clear limits, consequences
 - Anticipate challenges to parental authority
 - Minimize criticism; avoid nagging, negative messages
- ☀ Emphasize importance of school, show interest in school activities
 - Ask for resources/referrals if needed
 - Keep guns unloaded and locked up, or remove from home





Questions for the Parent(s)

- What makes you most proud of Kamal?
- What questions/concerns do you have today? (E.g., weight gain/loss, substance use, physical complaints, depression, friendships, sexual activity.)
- Does Kamal's school work match his future goals?
- Do you keep track of Michelle's social and recreational activities? How do you check for alcohol or drug use?
- What have you discussed with Michelle about sexuality, values, and decision-making?
- Does Michelle have a driving permit/license? What rules have you set for her use of the car?

Questions for the Adolescent

Social and Emotional Development

- What do you do for fun? What ages are your friends?
- Tell me some things you're really good at.
- What are some things that make you sad? Angry? Worried? Who do you talk to about them?
- What do you do when you feel really down/depressed? Have you ever thought about hurting or killing yourself?
- If you could change anything in your life, what would it be?

Physical Development and Health Habits

- How do you feel about the way you look?
- Do you ever fast, vomit, or take laxatives or diet pills to control your weight?
- What kind of physical activities do you participate in?
- Do you work? How many hours per week?
- How often have you smoked or chewed tobacco in the past month?
- How often did you drink alcohol, use inhalants, or use drugs in the past month? Which drugs? What's the most you've had to drink at one time?
- Do your friends try to pressure you to do things you don't want to do? How do you handle that?
- How often do you wear a safety belt when driving/riding in a car?
- Do you ever drink and drive? Ever been in a car when the driver was drinking or using drugs?
- Have you ever witnessed or been a victim of violence?
- Do you own a gun or have access to one?

Relationships and Sexuality

- Do you date? Do you date one person or more than one?
- What questions/concerns do you have about sex?
- Have you ever had sex? Are you having sex now? If so, tell me about your partner.

- Do you use condoms? How often?
- Have you ever been pregnant, or responsible for someone becoming pregnant?
- Has anyone ever touched you in a way you didn't like? Forced you to have sex?
- Have you had any sexually transmitted diseases (STDs)? Ever had sexual contact with someone with an STD?

Family Functioning

- How do you get along with other family members?
- Who do you live with? *If adolescent lives with one parent:* When do you see your other parent?

School Performance

- How are you doing in school? Tell me about your grades.
- How often do you miss school?
- What activities are you involved in?
- What do you plan to do after high school?

Observation: Is parent supportive of adolescent? Does adolescent's attitude change when parent is not in the room? Does parent respect adolescent's need for confidentiality? Is adolescent able to discuss sensitive topics?

Exam: Measure and plot height, weight, and BMI-for-age on CDC growth chart. Note Sexual Maturity Rating; scoliosis or kyphosis (screen annually); possible neglect/abuse; eating disorders; sports injuries, orthopedic problems; teeth; acne; tattoos, piercing; excessive body hair.

Females: Teach breast self-exam. Examine genitals; check for condyloma/lesions, vulvovaginitis. If amenorrhea or menstrual complaints, perform pelvic exam.

Males: Teach testicular self-exam. Examine genitals; check for varicoceles, hernias, condyloma/lesions, testicular cancer (risk factors: history of undescended testes, single testicle). Evaluate for gynecomastia.

Screening: Vision and hearing (age 15), blood pressure annually, anemia annually (menstruating females); urinalysis at least once in adolescence. Assess emotional health (risk factors: stressors, substance use, sexual behavior, depression, history of abuse, learning disabilities, school problems, cruelty).

Risk: Assess risk of anemia, hyperlipidemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

If sexually active: Annual pelvic exam and Pap smear (females), STD screening (see p. 57).

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.





ANTICIPATORY GUIDANCE FOR THE ADOLESCENT

Promotion of Healthy and Safe Habits

- Keep home and car smoke-free
- ☀️ Try to get 8 hours of sleep a night
- ☀️ Engage in physical activity (30–60 minutes 3 or more times a week)
- Discuss athletic conditioning, weight training, fluids, weight gain/loss, supplements
- Limit TV, computer time
- Practice time management skills

Injury and Violence Prevention

- ☀️ Always wear safety belt in car, be sure passengers wear them
- ☀️ Follow speed limits, drive responsibly, avoid distractions
- ☀️ Don't drink alcohol, especially when driving, biking, swimming, operating machinery
- ☀️ Plan to ride with designated driver or call for a ride if drinking
- Limit sun, use sunscreen, avoid tanning salons

- Know fire and other emergency procedures
- Wear helmet on bikes, motorcycles
- Use protective sports gear
- Use protective gear at work, follow job safety rules
- ☀️ Don't carry or use weapons
- Learn how to swim
- ☀️ Learn to protect self from abuse, deal with anger, resolve conflicts

Mental Health

- Take on new challenges to build confidence
- Continue to develop sense of identity and clarify values, beliefs
- ☀️ Trust own feelings, listen to good friends and valued adults
- ☀️ Seek help if you often feel angry, depressed, or hopeless
- Set reasonable, challenging goals
- Learn how to deal with stress
- Meet spiritual needs

Nutrition

- Eat 3 nutritious meals a day and healthy snacks
- Eat most meals with family
- Limit high-fat, high-sugar foods
- ☀️ Choose fruits, vegetables; breads, cereals, other grains; lean meats, chicken, fish; low-fat dairy products
- ☀️ Maintain healthy weight with good eating habits, physical activity

Oral Health

- ☀️ Brush teeth; floss
- Ask about fluoride, dental sealants
- Learn dental emergency care
- Schedule dental appointment
- ☀️ Don't smoke or chew tobacco

Sexuality

- ☀️ Identify adult who can give accurate information
- ☀️ Ask health professional about sexual development, contraception, STDs; discuss questions



- Ask questions if concerned about feelings for same or opposite sex

- ☀️ Recognize that sexual feelings are normal, but having sex should be a well-thought-out decision
- Delay having sex until mature enough to handle responsibilities
- Learn how to say no to sex
- Abstinence is safest way to prevent pregnancy and STDs
- ☀️ If sexually active, discuss folic acid supplementation, contraception, STD prevention; practice safer sex
- Limit partners, use latex condoms and other barriers correctly

Prevention of Substance Use/Abuse

- ☀️ Don't use tobacco, alcohol, drugs, diet pills, inhalants
- ☀️ If you smoke, or use drugs or alcohol, discuss help available, seek assistance
- Avoid situations where drugs or alcohol are present

Promotion of Social Competence

- Enjoy family activities
- Participate in social activities, community groups, or team sports
- Respect parental limits and consequences for unacceptable behavior
- ☀️ Discuss handling negative peer pressure
- ☀️ Continue building decision-making skills, understand consequences of your behavior

Promotion of Responsibility

- ☀️ Respect rights and needs of others
- Follow family rules (curfew, car)
- Share household chores
- Take on new responsibility
- Learn new skills (lifesaving, mentoring)
- ☀️ Discuss taking responsibility for own health, becoming informed about preventive health services

Promotion of School Achievement

- Be responsible for attendance, homework, course selection
- ☀️ Discuss frustrations with school or thoughts of dropping out
- Participate in school activities
- Identify/pursue talents, interests
- ☀️ Make plans for after high school

Promotion of Community Interaction

- Ask for resources/referrals if needed
- ☀️ Explore cultural heritage, cultural diversity
- Discuss current events, community responsibilities
- Advocate for community programs
- Ask about health programs and services in school



Questions for the Adolescent/Young Adult

Social and Emotional Development

- What do you like to do for fun? Do you have a lot of friends or a few close friends?
- What goals are you pursuing? Do you feel you'll accomplish what you would like to do?
- What do you do when you feel really down/depressed? Have you ever thought about hurting or killing yourself?
- Have you ever been in trouble at school, at work, or with the law?

Physical Development and Health Habits

- How do you feel about the way you look?
- Are your periods regular?
- Do you ever fast, vomit, or take laxatives or diet pills to control your weight?
- What kind of physical activities do you participate in?
- Do you work? How many hours per week?
- How often do you smoke cigarettes or chew tobacco?
- How often did you drink alcohol or use drugs in the

past month? Which drugs? What's the most you've had to drink at one time?

- How often do you wear a safety belt in the car?
- Are you aware that this is a high-risk time for being in an auto crash? What are you doing to reduce your risk?
- Do you ever drink and drive? Ever been in a car when the driver was drinking or using drugs?
- Do you own a gun or have access to one?
- Have you ever been threatened with violence? Ever been a victim of violence?

Relationships and Sexuality

- Are you dating anyone now? Are you happy with the relationship?
- Have you ever had sex? Are you having sex now? With men, women, or both?
- Do you use condoms? How often?
- Have you ever been pregnant, or responsible for someone becoming pregnant?
- Has anyone ever touched you in a way you didn't like? Forced you to have sex?
- Have you had any sexually transmitted diseases (STDs)? Ever had sexual contact with someone with an STD?



Family Functioning

- How do you get along with family members?
- How are you dealing with living away from home or preparing to do so?

School/Vocational Performance

- Are you attending school? Working?
- What are your career goals and how will you achieve them?

Questions for Parent(s) if Accompanying the Adolescent

- What questions or concerns do you have today? (E.g., weight gain/loss, substance use, physical complaints, depression, friendships, sexual activity.)
- Have you discussed your concerns with Todd?
- How do you think Fran's living away will affect things at home? Is she prepared to live away?
- What plans have you made for Fran's health insurance coverage?

Exam and Screening

Exam: Measure and plot height, weight, and BMI-for-age on CDC growth chart. Note Sexual Maturity Rating; possible neglect/abuse; eating disorders; sports

injuries, orthopedic problems; teeth; acne; tattoos, piercing; excessive body hair.

Females: Teach breast self-exam; encourage monthly self-exam at home. Examine genitals; check for condyloma/lesions, vulvovaginitis. If amenorrhea or menstrual complaints, perform pelvic exam. (Offer pelvic exam as routine preventive care).

Males: Teach testicular self-exam. Examine genitals; check for varicoceles, hernias, condyloma/lesions, testicular cancer (risk factors: history of undescended testes, single testicle).

Screening: Vision and hearing (age 18), blood pressure annually, anemia annually (menstruating females); urinalysis at least once in adolescence. Assess emotional health (risk factors: stressors, substance use, sexual behavior, depression, history of abuse, learning disabilities, school problems, cruelty).

Risk: Assess risk of anemia, hyperlipidemia; screen as needed. Assess tuberculosis risk; give PPD as indicated.

If sexually active: Annual pelvic exam and Pap smear (females), STD screening (see p. 57).

Immunizations: See schedule, pp. 51–53. Discuss possible side effects, what to do, when to call.



ANTICIPATORY GUIDANCE FOR THE ADOLESCENT

Promotion of Healthy and Safe Habits

- Keep home and car smoke-free
- ☀️ Try to get 8 hours of sleep a night
- Engage in physical activity (30–60 minutes 3 or more times a week)
- Discuss athletic conditioning, weight training, fluids, weight gain/loss, supplements
- Practice time management skills

Injury and Violence Prevention

- ☀️ Wear safety belt in car
- ☀️ Follow speed limits, drive responsibly, avoid distractions
- ☀️ Don't drink alcohol, especially when driving, biking, swimming, operating machinery
- ☀️ Ride with designated driver or call for a ride if drinking
- Limit sun, use sunscreen, avoid tanning salons
- Know fire and other emergency procedures

- Use protective sports gear, helmet on bikes, motorcycles
- ☀️ Use protective gear at work, follow job safety rules
- Avoid high noise levels, especially with earphones
- Don't carry or use weapons
- ☀️ Learn how to protect self from abuse, resolve conflicts

Mental Health

- Take on new challenges to build confidence
- ☀️ Continue to develop sense of identity and clarify values, beliefs
- Trust own feelings, listen to good friends and valued adults
- ☀️ Seek help if often feeling angry, depressed, or hopeless
- Set reasonable, challenging goals
- ☀️ Learn how to deal with stress
- Meet spiritual needs

Nutrition

- Eat 3 nutritious meals a day at regular times
- ☀️ Purchase/prepare a variety of healthy foods (fruits, vegetables; breads, cereals, other grains; lean meats, chicken, fish; low-fat dairy products)
- Limit high-fat, high-sugar foods
- Eat in pleasant environment with companions
- ☀️ Maintain healthy weight with good eating habits, physical activity

Oral Health

- Brush teeth; floss
- Learn dental emergency care
- Schedule dental appointment
- Ask dentist to check wisdom teeth
- ☀️ Don't smoke or chew tobacco

Sexuality

- ☀ Discuss contraception; STD prevention; gay, lesbian, bisexual issues; celibacy; questions/concerns
 - Delay having sex until older; having sex should be a well-thought-out decision
 - Abstinence is safest way to prevent pregnancy and STDs
 - Learn to resist sexual pressures
- ☀ If sexually active, discuss contraception, STD prevention; practice safer sex
- ☀ Limit partners, use latex condoms and other barriers correctly

Prevention of Substance Use/Abuse

- ☀ Don't use tobacco, alcohol, drugs, diet pills, inhalants; don't sell drugs
- ☀ If you smoke, or use drugs or alcohol, discuss help available, seek assistance
- ☀ Support friends who choose not to smoke, drink, use drugs

Promotion of Social Competence

- ☀ Continue to maintain strong family relationships
 - Develop good peer relationships, social support systems
 - Use peer refusal skills to handle negative peer pressure
- ☀ Continue progress in independence, decision-making, anticipating consequences of behavior

Promotion of Responsibility

- Respect rights and needs of others
- Serve as positive role model
- ☀ Learn new responsibilities, skills
 - Become an informed health care consumer
- ☀ Ask for help entering adult health care system
 - Discuss future reproductive plans with health professional

If Thinking of Having a Baby...

- Discuss responsibilities involved (physical, emotional, financial)
- Eat a variety of healthy foods, be physically active
- Take a folic acid supplement daily before and during pregnancy
- Avoid tobacco, alcohol, drugs before and during pregnancy
- Seek genetic counseling if needed

Promotion of School/Vocational Achievement

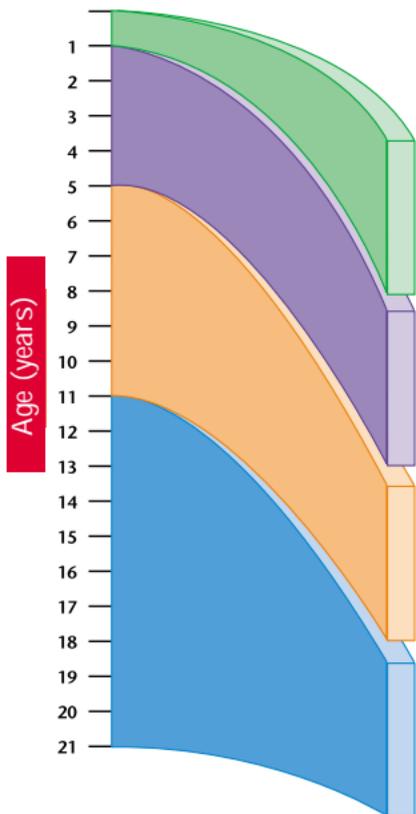
- ☀ Identify/pursue talents and interests
 - Plan for the future

Promotion of Community Interaction

- Ask for resources/referrals if needed
- ☀ Participate in community activities
 - Explore heritage, cultural diversity
- ☀ Discuss community responsibility
 - Become a community advocate



BRIGHT FUTURES PERIODICITY



Infancy Periodicity Schedule

Initial Visit	1 Month	6 Months
Newborn	2 Months	9 Months
Within the First Week	4 Months	

Early Childhood Periodicity Schedule

1 Year	2 Years
15 Months	3 Years
18 Months	4 Years

Middle Childhood Periodicity Schedule

5 Years	8 Years
6 Years	10 Years

Adolescence Periodicity Schedule

11 Years	15 Years	18 Years
12 Years	16 Years	19 Years
13 Years	17 Years	20 Years
14 Years		21 Years

RECOMMENDED IMMUNIZATION SCHEDULE: 2001

Age Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4–6 yrs	11–12 yrs	14–18 yrs
Hepatitis B ²	Hep B #1		Hep B #2		Hep B #3						Hep B ²	
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP		DTaP ³			DTaP	Td	
<i>H. influenzae</i> type b ⁴			Hib	Hib	Hib	Hib						
Inactivated Polio ⁵			IPV	IPV	IPV ⁵					IPV ⁵		
Pneumococcal Conjugate ⁶			PCV	PCV	PCV	PCV						
Measles, Mumps, Rubella ⁷						MMR				MMR ⁷	MMR ⁷	
Varicella ⁸						Var					Var ⁸	
Hepatitis A ⁹									Hep A—in selected areas ⁹			

Vaccines are listed under routinely recommended ages.¹ Bars indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a “catch-up” immunization at any subsequent visit when indicated and feasible. Ovals indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

(See notes on pp. 52–53.)

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

Source: Centers for Disease Control and Prevention. 2001. Recommended childhood immunization schedule—United States, January–December 2001. *MMWR* 50(1):7–10; available at <http://www.cdc.gov/nip/recs/child-schedule.pdf>. See also American Academy of Pediatrics. 2001. *Pediatrics* 107(1):202–204; available at <http://www.aap.org/family/parents/immunize.htm>.

¹This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines as of 11/01/00 for children through 18 years of age. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

²*Infants born to HBsAg-negative mothers* should receive the first dose of hepatitis B (Hep B) vaccine by age 2 months. The second dose should be at least 1 month after the first dose. The third dose should be administered at least 4 months after the first dose and at least 2 months after the second dose, but not before 6 months of age for infants.

Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at 1–2 months of age and the third dose at 6 months of age.

Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).

All children and adolescents who have not been immunized against hepatitis B should begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.

³The fourth dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. Td (tetanus and diphtheria toxoids) is recommended at 11–12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP, or DT. Subsequent routine Td boosters are recommended every 10 years.

⁴Three *Haemophilus influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4, or 6 months of age, unless FDA-approved for these ages.

⁵An all-IPV schedule is recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at 2 months, 4 months, 6–18 months, and 4–6 years of age. Oral poliovirus vaccine (OPV) should be used only in selected circumstances. (See *MMWR* May 19, 2000; 49[RR-5]:1–22.)

⁶The heptavalent conjugate pneumococcal vaccine (PCV) is recommended for all children 2–23 months of age. It also is recommended for certain children 24–59 months of age. (See *MMWR* Oct. 6, 2000; 49[RR-9]:1–35.)

⁷The second dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4–6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the first dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule by the 11- to 12-year-old visit.

⁸Varicella (VAR) vaccine is recommended at any visit on or after the first birthday for susceptible children (i.e., those who lack a reliable history of chickenpox [as judged by a health care provider] and who have not been immunized). Susceptible persons 13 years of age or older should receive two doses, given at least 4 weeks apart.

⁹Hepatitis A (Hep A) is shaded to indicate its recommended use in selected states and/or regions, and for certain high risk groups; consult your local public health authority. (See *MMWR* Oct. 1, 1999; 48[RR-12]:1–37.)

For additional information about the vaccines listed above, please visit the National Immunization Program Home Page at <http://www.cdc.gov/nip/> or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

HEARING SCREENING

Infants Newborn Through 6 Months

Universal Newborn Screening

Screen all newborns at birth, before discharge from the hospital. If this is not possible, conduct initial hearing screening within the first month of life. Infants who pass screening but who have risk indicators for hearing loss need to be monitored regularly. Infants who do not pass screening must be referred promptly for formal audiologic assessment. It is essential to ensure appropriate follow-up of infants referred for assessment, identify those with congenital hearing loss by 3 months of age, and initiate intervention before 6 months of age.

Risk Indicators for Hearing Loss

- Family history of hereditary childhood hearing loss
- Parental/caregiver concerns about hearing, speech, language, developmental delay, learning disabilities
- In utero infection
- Craniofacial anomalies
- Inner ear malformations
- Anatomic disorders that affect eustachian tube function
- Birthweight < 1,500 g
- Hyperbilirubinemia requiring transfusion
- Ototoxic medications
- Apgar scores of 0 to 4 at 1 minute, or 0 to 6 at 5 minutes
- Mechanical ventilation \geq 5 days
- Stigmata related to syndromes that include hearing loss

- Bacterial meningitis
- Neurofibromatosis type II, neurodegenerative disorders
- Persistent pulmonary hypertension
- Head trauma with loss of consciousness or skull fracture
- Recurrent or persistent otitis media with effusion (OME) lasting \geq 3 months
- Neural conductive disorders
- Exposure to potentially damaging noise levels

Screening Methodologies

Only two physiologic tests are valid and reliable measures for use with newborns:

- Auditory brainstem response (ABR)
- Distortion product or transient evoked otoacoustic emissions (EOAE)

Infants and Young Children 7 Months Through 3 Years

Screen audiologically all infants and children not previously screened and those with any of the risk indicators listed above.

Screening Methodologies

Two methods are recommended for audiologic screening of children at a developmental age of 7 months through 3 years:

- Visual reinforcement audiometry (VRA), for screening children ages 6 months to 2 years
- Conditioned play audiometry (CPA), for screening preschool children ages 2 and older

Children 4 Through 10 Years

Screen audiologically all children at ages 4, 5, 6, 8, and 10 years, or more frequently if the child has any of the risk indicators listed above.

Screening Methodologies

- CPA
- Conventional audiometry

Adolescents 11 Through 21 Years

Screen audiologically all adolescents at ages 12, 15, and 18 years, or more frequently if needed. Screen also at entry into special education, at grade repetition, at entry to a school system without evidence of having passed a previous hearing screening, or if absent during a previously scheduled screening.

Assess risk of hearing loss annually and screen if the adolescent has any of the risk indicators listed above.

Screening Methodologies

- CPA
- Conventional audiometry

Source: Information in “Infants Newborn Through 6 Months” has been adapted from AAP¹ with permission, and from the Joint Committee on Infant Hearing 1994 Position Statement.² The risk indicators are drawn from ASHA³ with permission. The assistance of Evelyn Cherow, M.A., ASHA, is gratefully acknowledged.

References

1. American Academy of Pediatrics. 1999. Newborn and infant hearing loss: Detection and intervention [policy statement no. RE9846]. *Pediatrics* 103(2):527–530.
2. Joint Committee on Infant Hearing 1994 Position Statement. 1994. *ASHA* 36:38–41; also available in *Pediatrics* 95(1):152–156.
3. American Speech-Language-Hearing Association, Panel on Audiologic Assessment. 1997. *Guidelines for Audiologic Screening*. Rockville, MD: American Speech-Language-Hearing Association.

VISION SCREENING

Function	Recommended Tests	Referral Criteria	Comments*
Distance visual acuity Ages 3–5y	Snellen letters Snellen numbers Tumbling E HOTV Picture tests Allen figures LH symbol test	<ol style="list-style-type: none"> 1. Less than 4 of 6 correct on 20-ft line with either eye tested at 10 ft monocularly (i.e., < 10/20 or 20/40) 2. Two-line difference between eyes, even within the passing range (i.e., 10/12.5 and 10/20 or 20/25 and 20/40) 	<ol style="list-style-type: none"> 1. Tests are listed in decreasing order of cognitive difficulty; the highest test that the child is capable of performing should be used. In general, the Tumbling E or the HOTV test should be used for ages 3–5 years and Snellen letters or numbers for ages 6 years and older.
Distance visual acuity Ages 6y and older	Snellen letters Snellen numbers Tumbling E HOTV Picture tests Allen figures LH symbol test	<ol style="list-style-type: none"> 1. Less than 4 of 6 correct on 15-ft line with either eye tested at 10 ft monocularly (i.e., < 10/15 or 20/30) 2. Two-line difference between eyes, even within the passing range (i.e., 10/10 and 10/15 or 20/20 and 20/30) 	<ol style="list-style-type: none"> 2. Testing distance of 10 ft is recommended for all visual acuity tests. 3. A line of figures is preferred over single figures. 4. The nontested eye should be covered by an occluder held by the examiner or by an adhesive occluder patch applied to the eye; the examiner must ensure that it is not possible to peek with the nontested eye.
Ocular alignment Ages 3y and older	Unilateral cover test at 10 ft or 3 m; <i>or</i> Random-dot-E stereo test at 40 cm (630 secs of arc)	Any eye movement Less than 4 of 6 correct	

*Comments pertain to distance visual acuity.

Source: Adapted with permission from American Academy of Pediatrics. 1996. Eye examination and vision screening in infants, children, and young adults [Appendix 1]. *Pediatrics* 98(1):153–157. Also available at <http://www.aap.org/policy/01461t1.htm>. Copyright © 1996 American Academy of Pediatrics.

SCREENING FOR SEXUALLY TRANSMITTED DISEASES

Screening Recommendations

Bacterial Vaginosis (BV)

Screen asymptomatic pregnant females; screen symptomatic females annually.

Chlamydia

Screen sexually active males and females (including asymptomatic persons) annually.

Gonorrhea

Screen sexually active males and females (including asymptomatic persons) annually.

Hepatitis B Virus (HBV)

Ensure that adolescent has been immunized.

Herpes Simplex Virus

Examine sexually active males and females annually for ulcerative lesions; ask about genital pain.

HIV/AIDS

Screen if requested or if any risk factors are present.

Obtain informed consent and provide adolescent-specific pretest and posttest counseling.

Human Papilloma Virus (HPV)

Examine sexually active males and females annually for warts; screen females with Pap smear.

Syphilis (VDRL/RPR)

Screen if requested or if any risk factors are present.

Trichomoniasis

Screen symptomatic females annually.

Risk Factors for Syphilis and HIV/AIDS

- History of STDs
- More than one sex partner in past 6 months
- Intravenous drug use
- Sexual intercourse with a partner at risk
- Sex in exchange for drugs or money
- Homelessness
- *For males:* Sex with other males
- *For HIV/AIDS only:* Blood or blood product transfusion before 1985
- *For syphilis only:* Residence in areas where syphilis is prevalent

Source: Screening information was compiled with the assistance of Donald P. Orr, M.D., Indiana University, and S. Jean Emans, M.D., Children's Hospital, Boston.

IRON-DEFICIENCY ANEMIA SCREENING

CDC Screening Guidelines¹

Infants Newborn to 12 Months and Children 1 to 5 Years

Assess all infants and children ages 1 to 5 years for risk of iron-deficiency anemia. Screen those at high risk or with known risk factors using a standard laboratory test.

Universal Screening for Infants and Children at High Risk

Screen high-risk infants ages 9 to 12 months, and rescreen 6 months later (at 15 to 18 months). Screen high-risk children ages 2 to 5 annually. Include infants and children

- From families with low incomes
- Who are eligible for WIC
- Whose parents are migrants or recently arrived refugees

Selective Screening for Infants and Children with Known Risk Factors

Screen infants and children not at high risk, but who have known risk factors.

Screen preterm infants and low-birthweight infants younger than 6 months who are fed non-iron-fortified infant formula.

Screen at 9 to 12 months, and rescreen 6 months later (at 15 to 18 months), infants and children with the following risk factors:

- Infants born preterm or with low birthweight
- Infants fed non-iron-fortified infant formula for more than 2 months
- Infants fed cow's milk before 12 months of age

- Breastfed infants not receiving enough iron after 6 months of age
- Children consuming more than 24 oz of cow's milk per day after 12 months of age
- Children with special health care needs who use medications that interfere with iron absorption and those with chronic infection or inflammation, restricted diets, or extensive blood loss

Annually screen children ages 2 to 5 who

- Consume a diet low in iron
- Have limited access to food because of poverty or neglect
- Have special health care needs

Children Ages 5 to 12 and Adolescent Males Ages 12 to 18

Screen only those with known risk factors (e.g., low iron intake, special health care needs, history of anemia).

Adolescent Females Ages 12 to 18 and Nonpregnant Women of Childbearing Age

Annually screen those with known risk factors (e.g., excessive menstrual or other blood loss, low iron intake, a history of anemia). Screen every 5 to 10 years during routine health examinations.

Pregnant Adolescents and Women

Screen at first prenatal care visit.

Males Ages 18 and Older

No routine screening is recommended. Evaluate iron-deficiency anemia detected during routine health examinations.

AAP Recommendations for Additional Screening^{2,3}

- Screen *all* infants at 9 to 12 months, not just those at high risk or with known risk factors
- Screen adolescent males during routine health examinations in their peak growth period
- Screen adolescent females during all routine health examinations

Additional Risk Factors for Iron-Deficiency Anemia¹

- Periods of rapid growth
- Low intake of meat, fish, poultry, or foods rich in ascorbic acid
- Macrobiotic diets
- Meal skipping, frequent dieting
- Pregnancy or recent pregnancy
- Participation in endurance physical activities (e.g., long-distance running, swimming, biking)

- Intensive physical training
- Recent blood loss, heavy/lengthy menstrual periods
- Chronic use of aspirin or non-steroidal anti-inflammatory drugs (e.g., ibuprofen)
- Parasitic infections

References

1. Centers for Disease Control and Prevention. 1998. Recommendations to prevent and control iron deficiency in the United States. *MMWR* 47(No. RR-3).
2. American Academy of Pediatrics, Committee on Nutrition. 1998. *Pediatric Nutrition Handbook* (4th ed.). Elk Grove Village, IL: American Academy of Pediatrics.
3. American Academy of Pediatrics, Committee on Psychological Aspects of Child and Family Health. 1997. *Guidelines for Health Supervision III*. Elk Grove Village, IL: American Academy of Pediatrics.

SCREENING FOR ELEVATED BLOOD LEAD LEVELS

CDC Screening Recommendations

The following information is based on CDC's lead screening guidance for state and local public health officials.¹ AAP supports the CDC guidelines for universal or targeted screening.

Based on its current preventive health care recommendations, AAP suggests that infants and children at risk should be screened for elevated blood lead levels beginning at 9 to 12 months, and rescreened at 24 months.^{2,3}

Note that federal Medicaid policy requires that all Medicaid-eligible children be screened for elevated blood lead levels, based on the following universal screening recommendations.

Universal Screening

Universal screening is recommended in communities in which the risk of lead exposure is widespread. A sample universal screening recommendation follows.^{1(p85)}

Sample Universal Screening

Using a blood lead test, screen all children at ages 1 and 2, and all children 36–72 months of age who have not been previously screened.

Targeted Screening

Targeted screening is recommended in communities in which the risk of lead exposure is not widespread. A sample targeted screening recommendation follows.^{1(p85)}

Sample Targeted Screening

Using a blood lead test, screen children at ages 1 and 2, and all children 36–72 months of age who have not been previously screened, if they meet one of the following health department criteria:

- Child resides in a geographic area (e.g., a specified zip code) in which ≥ 27 percent of housing was built before 1950
- Child receives services from public assistance programs such as Medicaid or WIC
- Child's parent or guardian answers "yes" or "don't know" to any of the three questions in the basic personal-risk questionnaire

A Basic Personal-Risk Questionnaire for Lead Exposure in Children

1. Does your child live in or regularly visit a house or child-care facility that was built before 1950?
2. Does your child live in or regularly visit a house or child-care facility built before 1978 that is being or has recently been renovated or remodeled (within the last 6 months)?
3. Does your child have a sibling or playmate who has or did have lead poisoning?

Source: Reproduced with permission from AAP,² based on CDC.^{1(p62)} Copyright © 1998 American Academy of Pediatrics.

History of Possible Lead Exposure

Periodically assess infants and children ages 6 months to 6 years for a history of possible lead exposure, using the basic personal-risk questionnaire and asking any additional questions recommended by the state or local health department. Screening is suggested for abused or neglected children and for children who have conditions associated with increased lead exposure.²

References

1. Centers for Disease Control and Prevention. 1997. *Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials*. Atlanta, GA: Centers for Disease Control and Prevention. Also in Centers for Disease Control and Prevention [Web site]. Cited May 14, 1999; available at <http://www.cdc.gov/nceh/programs/lead/guide/1997/guide97.htm>.
2. American Academy of Pediatrics. 1998. Screening for elevated blood lead levels [policy statement no. RE9815]. *Pediatrics* 101(6):1072–1078. Also in American Academy of Pediatrics [Web site]. Cited May 14, 1999; available at <http://www.aap.org/policy/re9815.html>.
3. American Academy of Pediatrics. 2000. *Recommendations for Preventive Pediatric Health Care* (RE9939). Available in American Academy of Pediatrics [Web site]. Cited August 7, 2000; available at <http://www.aap.org/policy/RE9939.html>.

HYPERLIPIDEMIA SCREENING

Hyperlipidemia refers to an elevation in serum levels of any or all lipids such as total cholesterol (TC), triglycerides (TG), and lipoproteins. TC, TG, high-density lipoprotein cholesterol (HDL-C), and low-density lipoprotein cholesterol (LDL-C) may need to be measured, based on assessed risk.

Increasing evidence suggests that atherosclerosis and coronary heart disease (CHD) involve processes begins in childhood or adolescence.¹ Depending on family history, children at risk for hyperlipidemia should be selectively screened beginning at age 2.²

Screening

The table below lists major risk factors and recommended screening procedures for hyperlipidemia. Children and adolescents whose family history is unknown, particularly those with other risk factors, should be screened with a TC.²

Hyperlipidemia Screening Recommendations Based on Family History

Major Risk Factor	Recommended Screening Procedure
<ul style="list-style-type: none"> Parent or grandparent ≤ 55 years of age diagnosed with coronary atherosclerosis (based on coronary arteriography), including those who have had balloon angioplasty or coronary artery bypass surgery 	<ul style="list-style-type: none"> Screen with fasting lipoprotein analysis (12-hour fast) Repeat lipoprotein analysis and calculate the average LDL-C
<ul style="list-style-type: none"> Parent or grandparent ≤ 55 years of age with documented myocardial infarction, angina pectoris, peripheral vascular disease, cerebrovascular disease, or sudden cardiac death 	<ul style="list-style-type: none"> Screen with fasting lipoprotein analysis (12-hour fast) Repeat lipoprotein analysis and calculate the average LDL-C
<ul style="list-style-type: none"> Parent with high cholesterol level (≥ 240 mg/dl) Family history unknown 	<ul style="list-style-type: none"> Measure TC

Source: AAP.²

The following risk factors are also associated with the development of atherosclerosis and CHD:²

- Family history of premature CHD, cerebrovascular disease, or occlusive peripheral vascular disease (< age 55 in siblings, parent, or sibling of parent)
- Cigarette smoking
- Elevated blood pressure
- Low HDL-C concentration (< 35 mg/dL)
- Severe obesity (BMI \geq 95th percentile)
- Diabetes mellitus
- Physical inactivity

Follow-Up: TC Screening

- If TC is < 170 mg/dL, rescreen within 5 years.
- If TC is between 170 and 199 mg/dL, measure TC again and calculate the average.

- If average TC is < 170 mg/dL, rescreen within 5 years.
- If average TC is \geq 170 mg/dL, screen with fasting lipoprotein analysis to calculate LDL-C.
- If TC is > 200 mg/dL, screen with fasting lipoprotein analysis to determine LDL-C.

Follow-Up: LDL-C Screening

- If average fasting LDL-C level is < 110 mg/dL, rescreen within 5 years.
- If average fasting LDL-C level is 110 to 129 mg/dL, reevaluate in 1 year.
- If average fasting LDL-C level is \geq 130 mg/dL, consider referral to a dietitian or a lipid center.

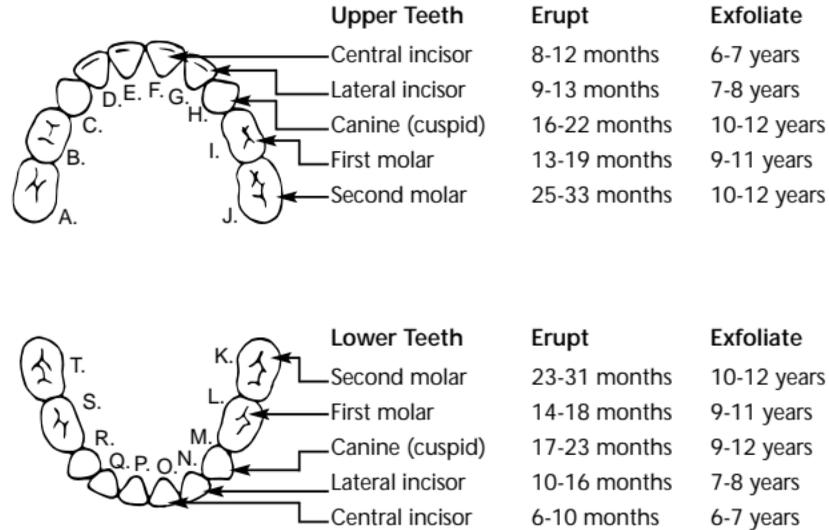
Source: Information on screening procedures has been adapted from AAP² with permission. The assistance of Robert L. Markowitz, M.D., Children's Hospital, Boston, is gratefully acknowledged.

References

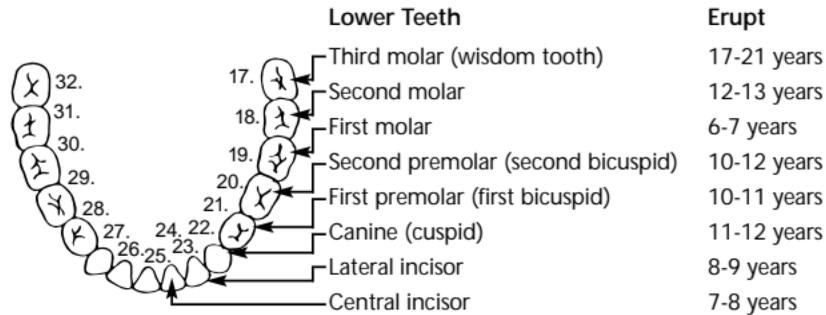
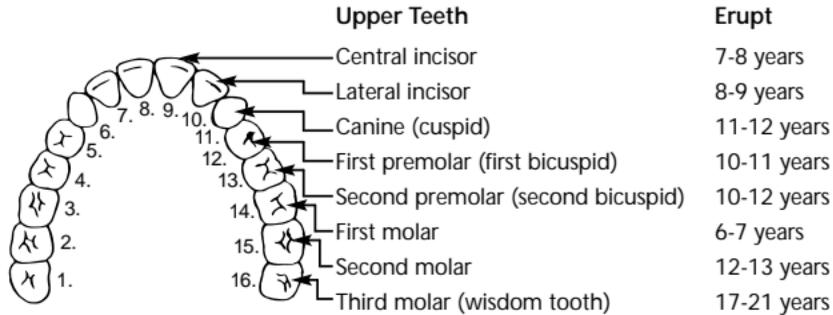
1. Berenson GS, Srinivasan SR, Bao W, Newman III WP, Tracy RE, Wattigney WA. 1998. Association between multiple cardiovascular risk factors and atherosclerosis in children and young adults. *New England Journal of Medicine* 338(23):1650–1656.
2. American Academy of Pediatrics, Committee on Nutrition. 1998. Cholesterol in childhood. *Pediatrics* 101(1):141–147.

TOOTH ERUPTION CHART

PRIMARY DENTITION



PERMANENT DENTITION



Source: Reproduced with permission from the Arizona Department of Health Services, Office of Oral Health, courtesy of Don Altman, D.D.S., M.P.H. The assistance of the American Dental Hygienists' Association is gratefully acknowledged.

SEXUAL MATURITY RATINGS

Sexual maturity ratings (SMRs) are widely used to assess adolescents' physical development during puberty in five stages (from preadolescent to adult). Also known as Tanner stages, SMRs

are a way of assessing the degree of maturation of secondary sexual characteristics. The developmental stages of the adolescent's sexual characteristics should be rated separately (i.e., one stage for

pubic hair and one for breasts in females, one stage for pubic hair and one for genitals in males), because these characteristics may differ in their degree of maturity.

Sexual Maturity Ratings: Males

SMR	Pubic Hair
Stage 1	None
Stage 2	Scanty, long, slightly pigmented, primarily at base of penis
Stage 3	Darker, coarser, starts to curl, small amount
Stage 4	Coarse, curly; resembles adult type but covers smaller area
Stage 5	Adult quantity and distribution, spread to medial surface of thighs

SMR	Genitals	
	Penis	Testes
Stage 1	Preadolescent	Preadolescent
Stage 2	Slight enlargement	Slight enlargement of testes and scrotum; scrotal skin reddened, texture altered
Stage 3	Longer	Further enlargement of testes and scrotum
Stage 4	Larger in breadth, glans penis develops	Further enlargement of testes and scrotum
Stage 5	Adult	Adult

Sexual Maturity Ratings: Females

SMR	Pubic Hair
Stage 1	None
Stage 2	Sparse, slightly pigmented, straight, at medial border of labia
Stage 3	Darker, beginning to curl, increased amount
Stage 4	Coarse, curly, abundant, but amount less than in adult
Stage 5	Adult feminine triangle, spread to medial surface of thighs

SMR	Breasts
Stage 1	Preadolescent
Stage 2	Breast and papilla elevated as small mound; areolar diameter increased
Stage 3	Breast and areola enlarged, no contour separation
Stage 4	Areola and papilla form secondary mound
Stage 5	Mature; nipple projects, areola part of general breast contour

Source: Tables have been adapted with permission from Daniels^{1(p29)} (as drawn from Tanner²); see also Spear.^{3(p4)}

References

1. Daniels WA. 1977. *Adolescents in Health and Disease*. St. Louis, MO: Mosby, Inc.
2. Tanner JM. 1962. *Growth at Adolescence* (2nd ed.). Oxford, England: Blackwell Scientific Publications.
3. Spear B. 1996. Adolescent growth and development. In Rickert VI, ed., *Adolescent Nutrition: Assessment and Management* (pp. 3–24). New York, NY: Chapman and Hall (Aspen Publishers, Inc.).

SAFE, QUALITY CHILD CARE

Selecting a Child Care Provider

The U.S. Department of Health and Human Services' Administration for Children and Families recommends four steps for parents in selecting a child care provider.

1. Interview Caregivers.

Call the caregiver and ask about

- Location; hours and days open
- Openings available; transportation provided
- Costs and financial assistance available
- Number and ages of children in care
- Meals and snacks provided
- Licensing, accreditation, or other certification
- Convenient time to visit

Visit the child care facility or home more than once, and stay as long as you can. Look for

- Positive interactions between caregiver and children
- Evidence that children are getting individual attention, are happily involved in activities, and are comfortable with their caregivers
- Clean, safe, and healthy indoor and outdoor environment; areas for naps, meals, and toileting
- Toys and learning materials that contribute to children's growth and development

Ask caregiver about

- Visiting your child during the day
- Discipline; sick children, emergencies

- Training of staff and substitutes
- Immunizations required for children and staff
- Their license or other certification (ask to see a copy)
- Substitute or back-up caregivers
- A list of parents who use or have used their care
- Napping areas; placement of babies on their backs to sleep

2. Check References.

Ask other parents who use the caregiver about

- The caregiver's reliability, discipline methods
- Their child's experience with the caregiver
- The caregiver's response to the parents and respect for their values and culture

- Whether they would strongly recommend the caregiver
- If their child is no longer with the caregiver, why they left

Ask the local child care resource and referral program or licensing office about

- Regulations for child care providers in your area
- How to check for any record of complaints about the child care provider

3. Make the Decision for Quality Care.

From what you heard and saw, choose

- The best place for your child to be happy and grow
- The caregiver who will best meet your child's needs
- The caregiver whose values are compatible with yours

- The care that is accessible and affordable
- The care that makes you feel good about your decision

4. Stay Involved.

Once you make a decision, think about ways to

- Arrange your schedule so that you can

Talk with the caregiver daily

Talk with your child daily

Visit your child at different times of the day

Be involved in your child's activities

- Work with the caregiver to resolve any issues and concerns
- Keep informed about your child's growth and development while in care

- Promote good working conditions for the child care provider
- Network with other parents

For more information on health and safety guidelines, call the National Resource Center for Health and Safety in Child Care at (800) 598-KIDS (5437); for the name of the nearest Child Care Resource and Referral Program, call Child Care Aware at (800) 424-2246.

Source: Adapted from U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau. Four Steps to Selecting a Child Care Provider. In Administration for Children and Families [Web site]. Cited April 22, 1999; available at <http://www.acf.dhhs.gov/programs/ccb/faq/4steps.htm>.

Child Care Safety Checklist for Parents and Child Care Providers

To increase injury prevention awareness and reduce injuries among infants and children, the Consumer Product Safety Commission (CPSC) developed the following safety checklist:

- ❑ **Cribs:** Be sure that cribs meet current national safety standards and are in good condition. Look for a certification safety seal. Older cribs may not meet current standards. Crib slats should be no more than 2 ³/₈ inches apart, and mattresses should fit snugly.
- ❑ **Soft bedding:** Be sure that no pillows, soft bedding, or comforters are used when putting babies to sleep. Babies should be put to sleep on their backs in a crib with a firm, flat mattress.
- ❑ **Playground surfacing:** Look for safe surfacing on outdoor playgrounds: at least 12 inches of

wood chips, mulch, sand, or pea gravel, or mats made of safety-tested rubber or rubber-like materials.

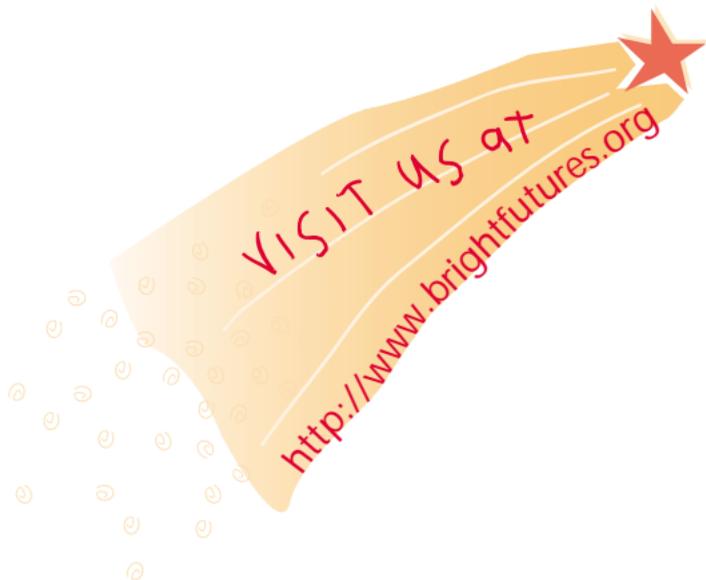
- ❑ **Playground maintenance:** Check playground surfacing and equipment regularly to make sure they are in good condition and properly maintained.
- ❑ **Safety gates:** Be sure that safety gates are used to keep children away from potentially dangerous areas, especially stairs.
- ❑ **Window blind and curtain cords:** Check that blinds do not have looped cords, and that vertical blinds, continuous looped blinds, and drapery cords have tension or tie-down devices to hold the cords tight.
- ❑ **Clothing drawstrings:** Be sure that there are no drawstrings around the hood and neck of children's

outerwear. Other types of fasteners (e.g., snaps, zippers, Velcro) should be used.

- ❑ **Recalled products:** Check that no recalled products are being used and that a current list of recalled children's products is prominently posted.

For more information, contact
 U.S. Consumer Product Safety
 Commission
 Washington, DC 20207
 Consumer Hotline: (800) 638-2772
 Web site: <http://www.cpsc.gov>

Source: Adapted from U.S. Consumer Product Safety Commission. *Child Care Safety Checklist for Parents and Child Care Providers*. In Consumer Product Safety Commission [Web site]. Cited April 25, 2000; available at <http://www.cpsc.gov/cpsc/pub/pubs/chldcare.html>.



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