



Routine Preventive Services for Children and Adolescents (Ages 2-18)

The following guideline provides recommendations for routine preventive services for children and adolescents ages 2-18 years. Children at increased risk may warrant additional services, e.g. Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT)¹. Personalized recommendations: to offer any patient, for age, gender, and risk factor-based recommendations, see [Electronic Preventive Services Selector](#).

Visit Schedule
Annually

- ◆ Annual health, developmental screening² (including once at 30 months) and risk assessments, including:
 - Tobacco use: Establish tobacco use and secondhand smoke exposure
 - Obesity screening and counseling if indicated: Record height, weight, and BMI percentile; assess dietary, physical activity and sedentary behavior
 - Social Determinants of Health via [Bright Futures](#)
- ◆ Parent and Child age-appropriate education and counseling:
 - Nutrition, physical activity, violence, and abuse/bullying/trafficking (Michigan abuse and neglect hotline 855-444-3911), sexually transmitted infection prevention, suicide threats, alcohol and drug abuse, behavioral/emotional problems, anxiety, stress reduction, coping skills, immunizations, skin cancer prevention
 - Helmet use and protective gear for bicycle riding, skateboarding, skating, etc. [B]
 - Motor vehicle safety³ - Car seat, booster seat, seat belt use [B]
 - Poison prevention - Keep the National Poison Control number (800-222-1222) readily accessible; use child resistant containers; dispose of expired or unused medications
 - Burn prevention - Install smoke detectors and test twice a year; carbon monoxide detectors; water heater temperature and fire prevention
 - Injury prevention - Firearm safety; water safety; CPR training
 - Screen time: limit screen time exposure/use; 2 to 6 years/one hour per day. Parents should designate media-free time.
- ◆ Dental health screening: Adequate fluoridation (oral fluoride supplement when indicated), limit sugar and juices, home oral care, avoid baby bottle use; establish dental home
- ◆ Apply fluoride varnish to primary teeth

Recommendation	2-6 years	7-9 years	10-12 years	13-18 years
Developmental screening using a standardized tool ⁴ . Discuss formal screening at each visit from 4-24 months ² .	X			
Vision screening [A]	X (prior to school enrollment)	X Every 2 years		X at age 15
Hearing	X (annually ages 4-6)	X (age 8)	X (age 10)	X (every 3 years)
Chlamydia and other STI screening [A] (rescreen if change in risk status)				X (≥ age 11, annually if sexually active)
Pregnancy prevention (abstinence, long-acting reversible contraception, condom use) Preconception counseling, Folic acid 400 mcg/d				X (≥ age 12, or earlier if sexually active)
HIV screening [A] (age ≥ 15, younger if at increased risk)				X
Consider Hepatitis C screening for ≥18 years of age				X
Psychological, behavioral, depression and suicide screening [B] (PHQ-9-M) See MQIC Adolescent and Young Adult Health Risk Behavior Assessment guideline				Annually
Dyslipidemia screening (if at increased risk, screen ages 2-8 and 12-16) [B]			X (~ age 10)	X (~ age 18)
Immunizations:				
• For updated immunization schedules, see CDC Advisory Committee on Immunization Practices (ACIP) .				
• For updated immunization schedules, including catch up and condition specific schedules, see Recommended Child and Adolescent Immunization Schedule for ages 18 years and younger .				
• Use combination vaccines to minimize the number of injections.				
• Update the Michigan Care Improvement Registry (MCIR) .				
DTaP [A]	X		Tdap	
IPV	X			
MMR (MMRV) [A]	X			
Varicella [A]	X			
Meningococcal (MCV4)			X	Booster at age 16 years

Inactivated influenza vaccine [B]: Note: Influenza - For first immunization of children ≤8 yrs., give 2 doses 1 month apart. Age ≥9, and all children with 2 prior doses, give 1 dose annually.

Human papilloma virus: Give 2-dose series if started at 9-14 years. Give 3-dose series for ages 15-26, or if immunocompromised.

¹ [Early Periodic Screening Diagnosis and Treatment](#)

² [AAP Section on Developmental and Behavioral Pediatrics](#)

³ [AAP Policy Statement – Child Passenger Safety](#)

⁴ [Bright Futures Periodicity Table](#)

Levels of Evidence for the most significant recommendations: A = randomized controlled trials; B = controlled trials, no randomization; C = observational studies; D = opinion of expert panel

This guideline lists core management steps. It is based on: AAP Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, 2017; Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents Summary Report, National Heart Lung and Blood Institute, NIH Publication No. 12-7486-A. October 2012. Individual patient considerations and advances in medical science may supersede or modify these recommendations.