



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 ServicesSelector](#).

Visit Schedule Annually	<ul style="list-style-type: none">♦ Annual health, developmental screening² (including once at 30 months) and risk assessments, including:<ul style="list-style-type: none">– 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:<ul style="list-style-type: none">– 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			
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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] (<i>rescreen if change in risk status</i>)			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] (<i>age ≥ 15, younger if at increased risk</i>)				X
Consider Hepatitis C screening for ≥18 years of age				X
Psychological, behavioral, depression and suicide screening [B] (PHQ-9-M) <i>See MQIC Adolescent and Young Adult Health Risk Behavior Assessment guideline</i>			Annually	
Dyslipidemia screening (<i>if at increased risk, screen ages 2-8 and 12-16</i>) [B]			X (~ age 10)	X (~ age 18)
Immunizations: <ul style="list-style-type: none">• 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).	4-6 years		11-12 years	15-18 years
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.