



# Routine Preventive Services for Children and Adolescents (Ages 2-21)

The following guideline provides recommendations for routine preventive services for children and adolescents ages 2-21 years. Children at increased risk may warrant additional services, e.g. Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT)<sup>1</sup>. Personalized recommendations: to offer any patient, for age, gender, and risk factor-based recommendations, see [Electronic Preventive Services Selector](#).

Recommendation	2-6 years	7-9 years	10-12 years	13-21 years
<p><b>Visit Schedule</b> Annually</p> <ul style="list-style-type: none"> <li>◆ <b>Annual</b> health, developmental screening<sup>2</sup> (including once at 30 months) and risk assessments, including:                             <ul style="list-style-type: none"> <li>– Tobacco use: Establish tobacco use and secondhand smoke exposure</li> <li>– Obesity screening and counseling if indicated: Record height, weight, and BMI percentile; assess dietary, physical activity and sedentary behavior</li> <li>– Social Determinants of Health via <a href="#">Bright Futures</a></li> </ul> </li> <li>◆ Parent and Child age-appropriate education and counseling:                             <ul style="list-style-type: none"> <li>– 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</li> <li>– Helmet use and protective gear for bicycle riding, skateboarding, skating, etc. [B]</li> <li>– Motor vehicle safety<sup>3</sup> - Car seat, booster seat, seat belt use [B]</li> <li>– Poison prevention - Keep the National Poison Control number (800-222-1222) readily accessible; use child resistant containers; dispose of expired or unused medications</li> <li>– Burn prevention - Install smoke detectors and test twice a year; carbon monoxide detectors; water heater temperature and fire prevention</li> <li>– Injury prevention - Firearm safety; water safety; CPR training</li> <li>– Screen time: limit screen time exposure/use; 2 to 6 years/one hour per day. Parents should designate media-free time.</li> </ul> </li> <li>◆ Dental health screening: Adequate fluoridation (oral fluoride supplement when indicated), limit sugar and juices, home oral care, avoid baby bottle use; establish dental home</li> <li>◆ Apply fluoride varnish to primary teeth</li> </ul>				
Developmental screening using a standardized tool <sup>4</sup> . Discuss formal screening at each visit from 4-24 months <sup>2</sup> .	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] ( <a href="#">PHQ-9-M</a> ) See <a href="#">MQIC Adolescent and Young Adult Health Risk Behavior Assessment guideline</a>				Annually
Dyslipidemia screening ( <i>if at increased risk, screen ages 2-8 and 12-16</i> ) [B]			X (~ age 10)	X (~ age 20)
<p>Immunizations:</p> <ul style="list-style-type: none"> <li>• For updated immunization schedules, see <a href="#">CDC Advisory Committee on Immunization Practices (ACIP)</a>.</li> <li>• For updated immunization schedules, including catch up and condition specific schedules, see <a href="#">Recommended Child and Adolescent Immunization Schedule for ages 18 years and younger</a>.</li> <li>• Use combination vaccines to minimize the number of injections.</li> <li>• Update the <a href="#">Michigan Care Improvement Registry (MCIR)</a>.</li> </ul>		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.