MedStar Family Choice

DISTRICT OF COLUMBIA

MedStar Family Choice District of Columbia
Pediatric Ambulatory Best Practice Group
Recommended Pediatric Screening Guidelines 2023

The Pediatric Ambulatory Best Practice Group is composed of experts in pediatrics, primary care, and pharmacy from across our system. This multidisciplinary group of health professionals meets on a regular basis to evaluate the quality of care delivered across the system while staying abreast of trends in healthcare that will impact ambulatory practice and care outcomes. This Group is a subcommittee of the Pediatric Clinical Council (PCC).

During the preparation of these screening guidelines, the Pediatric Ambulatory Quality Best Practices Group reviews multiple sources of information including current literature, community practice standards, expert opinion from subject matter experts from within our system, national recommendations from clinical specialty organizations and information available regarding recommendations for health and prevention screening guidelines.

This reference is intended for all providers who serve as primary care practitioners for pediatric **ambulatory** patients in the MedStar Health system primary and urgent care settings. This document is a summary of our recommendations for the appropriate screening of pediatric ambulatory patients in MedStar Health.

Successful implementation of the screening guidelines is at least in part related to a successful education process for providers, patients, and families. To that end, we have included information that is available free of charge through specific Internet sites.

These recommendations are provided to assist physicians and other clinicians making decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's primary care provider and in collaboration with the patient. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication but should be used with the clear understanding that continued research may result in new knowledge and recommendations.

Federal and state law, particularly laws and regulations relative to provision of care under governmental programs such as Medicare/Medicaid, may mandate the provision of certain screening and preventive care. Any questions regarding these requirements should be reviewed with legal counsel or a member of our committee. Member names and phone numbers are listed on the next page of this document.

The Pediatric Ambulatory Best Practice Group reviews guidelines on an annual/biannual basis for additions, deletions or clarifications and distribute as appropriate.

MedStar Family Choice
DISTRICT OF COLUMBIA

Pediatric Clinical Council Sub- Committee: Pediatric Ambulatory Best Practice Group Members

Chair:

Lee Fireman, MD	MedStar Health- MFSMC	443-777-2037

Members:

Nneka Holder, MD	MedStar Health- GUH	202-243-3465
Ami Patel, MD	MedStar Health- GUH	202-243-3406
Dahlia Halim, MD	MedStar Health- MMG Bel Air	410-668-1918
Ari Silver-Isenstadt, MD	MedStar Family Choice-MFC	443-812-9017
Shira Lerner, MD	MedStar Health-MFSMC	215-316-0251
Greg Dohmeier, DO	MedStar Family Choice - MFC	443-933-3039
Barbara Ayd	MedStar Health – MMG Federal Hill	410-230-7815
Shahira Ghobrial, PharmD	MedStar Health- GUH	202-444-1515

MedStar Family Choice

DISTRICT OF COLUMBIA

Pediatric Populations

Preventive Service	GUIDELINE	
	1-18 MONTHS	**18 MONTHS - 21 YEARS**
Well Child Care WCC) Visit Schedule[1,2]	Newborn, 3-5 days, by 1 mo., 2 mo., 4 mo., 6 mo., 9 mo., 12 mo., 15 mo., 18 mo.	2 yrs., 30 months, and annually from age 3 years to 21 years
Review of History: Past Medical and Family History[2]	Every visit	Every visit
Physical Exam[1,2]	Every visit	Every visit (use of chaperone when appropriate)[1]
Length, Height, and Weight with percentile[1,2]	Every visit	Every visit.
Head Circumference with percentile[1,2]	Every visit through 24 months	Continue if abnormal head size is detected
Weight for Length[1]	Every visit through 18 months	
BMI with percentile[1,2]		24 months, 30 months and then annually from age 3 years to 21 years[10,11,39]
Blood Pressure Screening[1,2]	Risk Assessment every visit through 30 months	Every visit beginning at 3 years to 21 years
Developmental Surveillance[1,2]	Surveillance every visit. Formal screening with standardized tool at 9, 18, and 24[2]-30[1] months.	
Developmental Screening by Standardized Tool[1,2]	Developmental screening should be administered regularly at the 9, 18, and 24[2]-30[1]-month well visits using a valid and standardized screening tool such as Ages and Stages Questionnaire (ASQ), Parent Evaluation of Developmental Status (PEDS) or Child Development Inventories (CDI).	
Psychosocial/Behavioral Screening[1,2]	Every WCC visit: using validated and standardized tools such as Strength and Difficulties Questionnaire (SDQ), Pediatric Symptom Checklist (PSC), Ages and Stages Questionnaire – Social/Emotional (ASQ-SE), Early Childhood Screening Assessment (ECSA)	
Maternal Depression Screening[1,2]	Use a validated screening tool like the Edinburgh Post-Partum Depression Screen (EPDS) at WCC 2 weeks to 6 months age.[3]	
Family Wellbeing/Social Determinants of Health[4]	At each visit, screen Social Determinants of Health (such as in the MedConnect Well Child power form). There are many tools available through the AAP.[4]	

MedStar Family Choice

DISTRICT OF COLUMBIA

Anticipatory Guidance[1,2] Counseling / Education / Screening for high-risk factors[1]	Safe sleep for infants.5 Age-appropriate counseling should be discussed during WCC (e.g., providing information regarding development, diet and exercise, injury prevention, dental health, appropriate screen time.). Evaluate strengths and protective factors (family relationships and support, childcare). Ask about use of alternative and complementary medicines. Additional screening and intervention may be necessary for individuals at high-risk. Review risks such as insecure living situation and food insecurity; exposure or use of tobacco, alcohol, and drugs; exposure and risk of interpersonal violence, sexuality and sexual activity, parental depression, high-risk of exposure to infectious diseases (HIV, Hep A, Hep B, Hep C).	
Autism[1,2]	Screen all children at 18-month and 24-month WCC with autism (ASD) specific screening tool such as MCHAT-R/F (Modified Checklist for Autism in Toddlers, Revised with Follow-Up)[6]	
Depression Screening[1,2]		Depression screening at all WCC from ages 11-21 years old and when appropriate. Use validated and standardized tools such as Strength and Difficulties Questionnaire (SDQ), Pediatric Symptom Checklist (PSC), Patient Health Questionnaire 2 (PHQ-2), Patient Health Questionnaire (PHQ-9, PHQ-9A) [7,8] Patients should be screened for suicidal/homicidal ideation. A validated tool is the ASQ (Ask Suicide Screening Questions).[9]
Anxiety Screening		Anxiety screening intervals have not been established. Available anxiety screening tools include the Screen for Child Anxiety Related Disorders (SCARED)(age 4-18) and the GAD-7 (age 12+).[12]
Substance Use Assessment[1,2]		Screen yearly at WCC from age 11-21 and when appropriate. There are standardized screenings such as the CRAFFT to use.[13]
Cervical Cancer Screening[14]		Cervical cancer screening may begin at age 21 years (regardless of sexual history*). Screening before age 21 should be avoided because women less than 21 years old are at very low risk of cancer. Screening these women may lead to unnecessary and harmful evaluation and treatment*. For at-risk patients, screening may start earlier.
Nutritional Status/Physical Activity Status[1,10]	Every visit: Assess nutritional status and physical activity; counsel as appropriate.	

MedStar Family Choice

DISTRICT OF COLUMBIA

Hearing[1,2]	Subjective screening (validated): Newborn – 18 months. Objective Screening (validated): Newborn (confirm hearing test passed in hospital)	Subjective per EPSDT[2]: 24 months, 30 months, at years 7, 9, 11, 13, 14, 16, 17, 19, 20 Objective testing[2]: at years 3, 4, 5, 6, 8, 10, 12, 15, 18. *refer to hearing screening if not performed elsewhere
Vision[2]	Subjective screening: newborn-18 months[2]	Subjective per EPSDT[2]: 24 months, 30 months, at years 7, 9, 11, 13, 14, 16, 17, 19, 20 Objective testing[2]: at years 3, 4, 5, 6, 8, 10, 12, 15, 18.
Dental Health[15]	Oral Health assessment at birth; dental assessment begins at tooth eruption. Dental provider assessment at age 12 months and 18 months	Dental provider assessment every 6 months
Fluoride[2,16]	Starting at tooth emergence, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office.	Fluoride varnish can be applied every 3-6 months through age 5[2]. Fluoride supplementation as needed at least through age 16.[16]
Hepatitis C[17]		Screening for hepatitis C virus infection should be completed at least once between the ages of 18 and 79.
HIV Testing and Sexually Transmitted Infection (STI) Risk Assessment and Screening[1,2,18-21]	Recommended testing in pregnancy: syphilis, chlamydia, gonorrhea (when indicated), Hepatitis B, HIV.[18] Infants born to mothers whose HIV status is unknown should be tested for HIV.[19]	Yearly risk assessment starting at age 11.[1,2] Universal testing for HIV once between the ages of 15-21 years.[20] Screening for all sexually active adolescents for STIs (includes gonorrhea, chlamydia, HIV, and syphilis) based on risk/behavior. [21]
Cyanotic Congenital Heart Defect Screening[27]	All newborns are to be screened in the hospital. If screening is not able to be verified it should be performed in the outpatient setting.	
Neonatal Bilirubin[28]	Confirm initial screening was accomplished, verify results, and follow up.	

MedStar Family Choice
DISTRICT OF COLUMBIA

Hereditary/Newborn Metabolic Screening (NMS)[1,2]	NMS should be done after completing 24 hours of feeding, therefore between 24-48 hours after birth and before discharge from the hospital.[29,30] Maryland requires a second NMS after 7 days old, ideally between 10-14 days.[29] Results should be reviewed with appropriate follow up. NMS recommendations vary between states.	Sickle cell screen if not already completed if status unknown or risk factors.
Tuberculosis Screening/Risk Assessment[31]	Perform TB screening /risk assessment by age 1 month; again at 6,12, and 24 months.	Annually, ages 3-21. High risk patients should be tested for TB. High risk patients can be defined as those that are immunocompromised, are or have been in close contact with active TB cases, have medical risk factors, are immigrants from high prevalence areas, or have recently traveled to high-risk areas, and other disparate populations.
Lead RiskAssessment[1,2]	6 mo., 9 mo., 12 mo., 15 mo., 18 mo.	24 months, 30 months and then annually from age 3 years to 6 years
Anemia Risk Assessment	4 mo,15 mo., 18 mo.[1]	24 mo., 30 mo., 3 yrs. and annually until age 21 years[1];(11-21yo)[2]
Blood Lead Testing[1,2]	Blood lead test at 9 to 12 months **or sooner** if at high risk.	Blood lead test on or after 2 years age as required by state and repeated for anyone at high risk Screening is recommended for previously untested children aged ≤6 years and required by most school districts for entry.[23] **Any blood lead screen ≥ 3.5 mcg/dL should have a followup blood test per state.[22]** Maryland Lead Recommendations,[24] DC Lead Recommendations,[25] VA Lead Recommendations,[26] CDC Lead Recommendations[22]
Hematocrit /Hemoglobin Screening	Hematocrit or Hemoglobin testing at 9 to 12 months[1,2] or if at high risk.	Test on or after 2 years age[2] and for anyone at high risk Higher risk factors for iron deficiency can be defined as low socioeconomic status; history of low birth weight; exclusive breast feeding beyond 4 months old without supplemental iron; early weaning to whole milk and complementary foods not iron-fortified or naturally rich in iron; feeding problems, poor growth; inadequate nutrition typically seen in infants with special health care needs; child of Mexican American descent.[42] Females should be screened at least once after regular menstruation[32].
Cholesterol Risk Assessment		2-21 years old[2]

MedStar Family Choice

DISTRICT OF COLUMBIA

Blood Lipid Testing (non-HDL cholesterol or fasting lipid profile)[1,2,36]		screening once between 9 -11[1,2] years and once between 17[1] (18)[2]-21 years and for high-risk patients with blood fasting lipid profile. Risk factors for premature cardiovascular disease include obesity, high blood pressure, diabetes, family history of dyslipidemia and family history of premature cardiovascular disease (males<55yrs and female <65yrs).[36]
Diabetes Screening[37,38]		Screening with fasting glucose and/or HbA1c every two years is recommended for overweight individual (BMI> 85th percentile) and should also be based on other risk factors such as lifestyle and/or family history
Urinalysis Screening[39,40]		Routine urinalysis to screen for kidney disease is not required.
Contraception[41]		Screening pelvic exams are not recommended. Age-appropriate contraceptive management should be offered as part of preventive health maintenance. **App for mobile phone**: CDC – Contraception
IMMUNIZATIONS	**For Complete CDC recommendations for Pediatric Immunizations go to; https://www.cdc.gov/vaccines/schedules/index.html.** **Apps for phone:** CDC – "Vaccine Schedules"; Society of Teachers of Family Medicine – "Shots Immunizations"	

Note: For MedStar Health providers, use of the **MedConnect Well Child powerforms** in Cerner is recommended for all well visits as these include many (but not all) of the above preventative screening recommendations.

MedStar Family Choice

DISTRICT OF COLUMBIA

Notes & Resources

1. American Academy of Pediatrics, 2021. Bright Futures screening and assessments. Retrieved from https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
2. Maryland Department of Health Early Periodic Screening Diagnosis and Treatment, Healthy Kids Preventive Health Schedule, effective 01/01/2022: https://health.maryland.gov/mmcp/epsdt/Documents/Maryland%20EPSDT%20Schedule-01-01-22%20HealthRiskAssessment.pdf
3. Earls MF, Yogman MW, Mattson G, et al; AAP Committee on Psychosocial Aspects of Child and Family Health. Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice. Pediatrics. 2019;143(1):e20183259: https://publications.aap.org/pediatrics/article/143/1/e20183259/37241/Incorporating-Recognition-and-Management-of
4. AAP, Social Determinants of Health Screening Resources. Retrieved from https://www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/screening-resource-library/social-determinants-of-health/?page=1&sortDirection=1&sortField=Year
5. Rachel Y. Moon, Rebecca F. Carlin, Ivan Hand, THE TASK FORCE ON SUDDEN INFANT DEATH SYNDROME and THE COMMITTEE ON FETUS AND NEWBORN; Evidence Base for 2022 Updated Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-Related Infant Deaths. Pediatrics July 2022; 150 (1): e2022057991. 10.1542/peds.2022-057991: https://doi.org/10.1542/peds.2022-057991
6. Modified Checklist for Autism in Toddlers, Revised with Follow-Up website: https://mchatscreen.com/
7. U.S. Preventive Services Task Force, 2022. Depression and Suicide Risk in Children and Adolescents: Screening: https://www.uspreventiveservicestaskforcore. g/uspstf/recommendation/screening-depression-suicide-risk-children-adolescents
8. Rachel A. Zuckerbrot, Amy Cheung, Peter S. Jensen, Ruth E.K. Stein, Danielle Laraque, GLAD-PC STEERING GROUP, Anthony Levitt, Boris Birmaher, John Campo, Greg Clarke, Graham Emslie, Miriam Kaufman, Kelly J. Kelleher, Stanley Kutcher, Michael Malus, Diane Sacks, Bruce Waslick, Barry Sarvet; Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management. Pediatrics March 2018; 141 (3): e20174081. 10.1542/peds.2017-4081: https://doi.org/10.1542/peds.2017-4081
9. National Institute of Mental Health, Ask Suicide-Screening Questions(ASQ) Toolkit: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials
10. 2007 Expert Committee recommendations Regarding the Prevention assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report Retrieved from https://pediatrics.aappublications.org/content/120/Supplement_4/S164.full
11. Nancy F. Krebs, John H. Himes, Dawn Jacobson, Theresa A. Nicklas, Patricia Guilday, Dennis Styne; Assessment of Child and Adolescent Overweight and Obesity. Pediatrics December 2007; 120 (Supplement_4): S193–S228. 10.1542/peds.2007-2329D: https://doi.org/10.1542/peds.2007-2329D
12. U.S. Preventive Services Task Force, 2022. Anxiety in Children and Adolescents: Screening: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-anxiety-children-adolescents
13. CRAFFT website. https://crafft.org/
14. American college of Obstetricians and Gynecologists, April 2021. Updated Cervical Cancer Screening Guidelines: https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2021/04/updated-cervical-cancer-screening-guidelines
15. American Academy of Pediatric Dentistry, 2022. Recommended Dental Periodicity Schedule – Chart: https://www.aapd.org/globalassets/media/policies_guidelines/bp_recdentperiodschedule.pdf
16. Melinda B. Clark, Martha Ann Keels, Rebecca L. Slayton, SECTION ON ORAL HEALTH, Patricia A. Braun, Susan A. Fisher-Owens, Qadira Ali Huff, Jeffrey M. Karp, Anupama Rao Tate, John H. Unkel, David Krol; Fluoride Use in Caries Prevention in the Primary Care Setting. *Pediatrics* December 2020; 146 (6): e2020034637. 10.1542/peds.2020-034637 https://doi.org/10.1542/peds.2020-034637

MedStar Family Choice

DISTRICT OF COLUMBIA

17. Schillie S, Wester C, Osborne M, Wesolowski L, Ryerson AB. CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020. MMWR Recomm Rep 2020;69(No. RR-2):1–17. DOI: http://dx.doi.org/10.15585/mmwr.rr6902a1
18. American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. Guidelines for Perinatal Care, September 2017: https://www.acog.org/clinical-information/physician-faqs/-/media/3a22e153b67446a6b31fb051e469187c.ashx
19. Panel on Treatment of HIV During Pregnancy and Prevention of Perinatal Transmission. Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States. Available at https://clinicalinfo.hiv.gov/en/guidelines/perinatal. Accessed (12/27/2022): https://clinicalinfo.hiv.gov/en/guidelines/pediatric-arv/maternal-hiv-testing-and-identification-perinatal-hiv-exposure
20. U.S. Preventive Services Task Force, 2019. Human Immunodeficiency Virus (HIV) Infection: Screening: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening
21. Centers for Disease Control and Prevention. Screening Recommendations, "Sexually Transmitted Infections Treatment Guidelines, 2021: https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm
22. Centers for Disease Control and Prevention. Childhood Lead Poisoning Prevention. Last Reviewed by CDC 12/16/2022: https://www.cdc.gov/nceh/lead/default.htm
23. Medicaid.gov. Lead Screening, accessed 12/27/2022: https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/lead-screening/index.html
24. Maryland Department of Health. Guidance for Providers Regarding New CDC Blood Lead Reference Level and Other Matters Pertaining to Lead Testing for Children, 1/25/2022: https://content.govdelivery.com/attachments/MDMBP/2022/01/27/file_attachments/2060379/Physician%20follow-up%20Lead%20Letter_01252022.pdf
25. DC.gov. Department of Energy and Environment. Lead Screening Guidelines, 10/31/2022: https://doee.dc.gov/node/7942
26. Virginia Department of Health. Childhood Lead Poisoning Prevention Program: https://www.vdh.virginia.gov/leadsafe/
27. SECTION ON CARDIOLOGY AND CARDIAC SURGERY EXECUTIVE COMMITTEE, William T. Mahle, Gerard R. Martin, Robert H. Beekman, W. Robert Morrow, Geoffrey L. Rosenthal, Christopher S. Snyder, L. LuAnn Minich, Seema Mital, Jeffrey A. Towbin, James S. Tweddell; Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease. Pediatrics January 2012; 129 (1): 190–192. 10.1542/peds.2011-3211: https://doi.org/10.1542/peds.2011-3211
28. Alex R. Kemper, Thomas B. Newman, Jonathan L. Slaughter, M. Jeffrey Maisels, Jon F. Watchko, Stephen M. Downs, Randall W. Grout, David G. Bundy, Ann R. Stark, Debra L. Bogen, Alison Volpe Holmes, Lori B. Feldman-Winter, Vinod K. Bhutani, Steven R. Brown, Gabriela M. Maradiaga Panayotti, Kymika Okechukwu, Peter D. Rappo, Terri L. Russell; Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation. Pediatrics August 2022; 150 (3): e2022058859. 10.1542/peds.2022-058859: https://doi.org/10.1542/peds.2022-058859
29. Maryland Department of Health, Genetics. Accessed 1/6/2023: https://health.maryland.gov/phpa/genetics/Pages/NBS_Program.aspx
30. DC Heath. DC Newborn Metabolic Screening Program. Accessed 1/6/2023: https://dchealth.dc.gov/service/dc-newborn-metabolic-screening-program
31. 2021. "Tuberculosis", Red Book: 2021–2024 Report of the Committee on Infectious Diseases, Committee on Infectious Diseases, American Academy of Pediatrics, David W. Kimberlin, MD, FAAP, Elizabeth D. Barnett, MD, FAAP, Ruth Lynfield, MD, FAAP, Mark H. Sawyer, MD, FAAP: https://publications.aap.org/redbook/book/347/chapter/5757587/Tuberculosis

MedStar Family Choice

DISTRICT OF COLUMBIA

32. Recommendations to prevent and control iron deficiency in the United States. Centers for Disease Control and Prevention. MMWR Recomm Rep. 1998 Apr 3;47(RR-3):1-29. PMID: 9563847.
33. 2020 Maryland Guidelines for the Assessment and Management of Childhood Lead Exposure Retrieved from https://content.govdelivery.com/attachments/MDMBP/2021/03/03/file_attachments/1712219/MDHGuidelinesChildhoodLead_2020_Final.pdf
34. Lead Exposure and Healthy Homes – Diagnosing & Managing Lead Exposures Retrieved from https://doee.dc.gov/node/613312
35. National Institute of Mental Health, Ask Suicide-Screening Questions(ASQ) Toolkithttps://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials, retrieved 2022: https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit-materials
36. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report. Pediatrics December 2011; 128 (Supplement_5): S213–S256. 10.1542/peds.2009-2107C: https://pediatrics.aappublications.org/content/128/Supplement_5/S213#sec-1
37. Sheela N. Magge, Elizabeth Goodman, Sarah C. Armstrong, COMMITTEE ON NUTRITION, SECTION ON ENDOCRINOLOGY, SECTION ON OBESITY, Stephen Daniels, Mark Corkins, Sarah de Ferranti, Neville H. Golden, Jae H. Kim, Sheela N. Magge, Sarah Jane Schwarzenberg, Irene N. Sills, Samuel J. Casella, Linda A. DeMeglio, Jose L. Gonzalez, Paul B. Kaplowitz, Jane L. Lynch, Kupper A. Wintergerst, Christopher F. Bolling, Sarah C. Armstrong, Natalie Digate Muth, John C. Rausch, Victoria Weeks Rogers, Robert P. Schwartz; The Metabolic Syndrome in Children and Adolescents: Shifting the Focus to Cardiometabolic Risk Factor Clustering. Pediatrics August 2017; 140 (2): e20171603. 10.1542/peds.2017-1603: https://doi.org/10.1542/peds.2017-1603
38. U.S. Preventive Services Task Force (USPSTF), January 2017. Screening for Obesity in Children and Adolescents. Retrieved from https://jamanetwork.com/journals/jama/fullarticle/2632511
39. Choosing Wisely. American Academy of pediatrics-Section on Nephrology and the American Society of Pediatric Nephrology. Accessed 1/9/2023: https://www.choosingwisely.org/clinician-lists/routine-screening-urine-analysis-in-healthy-pediatric-patients/
40. Deepa L. Sekhar, Li Wang, Christopher S. Hollenbeak, Mark D. Widome, Ian M. Paul; A Cost-effectiveness Analysis of Screening Urine Dipsticks in Well-Child Care. Pediatrics April 2010; 125 (4): 660–663. 10.1542/peds.2009-1980: https://doi.org/10.1542/peds.2009-1980
41. Braverman PK, Breech L; Committee on Adolescence. American Academy of Pediatrics. Clinical report--gynecologic examination for adolescents in the pediatric office setting. Pediatrics. 2010: . www.pediatrics.org/cgi/doi/doi:10.1542/peds.2010-1564: https://publications.aap.org/pediatrics/article/126/3/583/66218/Gynecologic-Examination-for-Adolescents-in-the.

MedStar Family Choice

DISTRICT OF COLUMBIA

42. Robert D. Baker, Frank R. Greer, The Committee on Nutrition; Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0–3 Years of Age). Pediatrics November 2010; 126 (5): 1040–1050. 10.1542/peds.2010-2576: https://publications.aap.org/pediatrics/article/126/5/1040/65343/Diagnosis-and-Prevention-of-Iron-Deficiency-and

Initial Approval Date and Reviews:	**Most Recent Revision and Approval Date:**	**Next Scheduled Review Date:**
01/17, 1/18, 1/19, 1/20, 1/21, 4/21, 1/22, 2/22	January 2023	January 2024 Pediatric Workgroup