MedStar Health

MedStar Health
Pediatric Ambulatory Best Practice Group
Recommended Pediatric Screening Guidelines 2022

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.

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01/17, 1/18, 1/19, 1/2020, 1/2021, April 2021 -Added updated Maryland Lead Recommendations Link and MDH Testing and Treatment Link, Ambulatory Best Practice Committee	January 2022	January 2023 Pediatric Workgroup

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Pediatric Populations

Preventive Service	GUIDELINE	
	1-18 MONTHS	**18 MONTHS - 21 YEARS**
Well Child Care Visit Schedule	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	Every visit	Every visit
Physical Exam	Every visit	Every visit
Length, Height and Weight with percentile	Every visit	Every visit.
Head Circumference with percentile	Every visit through 24 months	Continue if abnormal head size is detected
Weight for Length	Every visit through 18 months	
BMI with percentile		24 months, 30 months and then annually from age 3 years to 21 years
Blood Pressure Screening	Risk Assessment every visit through 30 months	Every visit beginning at 3 years to 21 years
Developmental Surveillance	Every visit except 9, 18 and 30 months when complete screening: Assess Development	Every visit except 9, 18 and 30 months when complete screening: Assess Development
Developmental Screening by Standardized Tool	Developmental screening should be administered regularly at the 9, 18, and 30-month well visits utilizing 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	Every visit: utilizing 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)	
Family Wellbeing/Social Determinants of Health	Post-Partum Depression: such as Edinburgh Post-Partum Depression Screen (EPDS) screen all well visits 2 weeks to 6 months age. Social Determinants of Health screening (such as in the MedConnect Well Child power form).	
Anticipatory Guidance Counseling / Education / Screening for high-risk factors	Age-appropriate counseling should be discussed during periodic primary care physician visits. Additional screening and intervention may be necessary for individuals at high-risk. Risks (living situation and food security; tobacco, alcohol, and drugs; parental depression). Strengths and protective factors (family relationships and support, childcare) Anticipatory guidance, substance abuse, smoking, diet and exercise, injury prevention, domestic violence, dental health, appropriate screen time, sexual behavior, use of alternative and complementary medicines, depression, suicidal/homicidal ideation, high-risk of exposure to infectious diseases (HIV, Hep A, Hep B, Hep C). Safe sleep for infants.	

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Autism	Administer autism (ASD) specific screening tool on all children at the 18-month and 24-month preventive care visit such as MCHAT (Modified Checklist for Autism in Toddlers)
Depression Screening	Depression screening ages from 12-21 years of age should be performed annually utilizing 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), Teen Screen, or Guideline for Adolescent Preventive Services (GAPS) and should be assessed for suicidal/homicidal ideation
Genital Exam	External genital exam: All ages and performed annually
Cervical Cancer Screening	Cervical cancer screening should 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* (ACOG 2009, AAP 2014). For immunosuppressed patients screening may start earlier.

Preventive Service	**GUIDELINE**	
	1-18 MONTHS	**18 MONTHS - 21 YEARS**
Nutritional Status/Physical Activity Status	Every visit: Assess nutritional status and physical activity; counsel as appropriate.	
Hearing	**Subjective screening (validated):** Newborn – 3 yrs., 7 yrs., 9 yrs. **Objective Screening (validated):** Newborn (confirm hearing test passed in hospital), 4 yrs., 5 yrs., 6 yrs., 8 yrs., 10 yrs., once between 11 yrs. and 14 yrs., once between 15 yrs. and 17 yrs., once between 18 yrs. & 21yrs.	
Vision	**Subjective screening:** newborn-30 months, 7 yrs., 9 yrs., 11 yrs., 13-14 yrs., 16-21 years. **Objective testing:** yearly 3-6 yrs. then every other year until age 12 yrs. & 15 years.	
Dental Health	Oral Health assessment should begin at birth and dental assessment begins at tooth eruption. Recommend dental provider assessment beginning at age 1 or earlier if dental concerns are present. Dentist evaluation should occur every 6 months. (AADP)	
Fluoride	Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. https://pediatrics.aappublications.org/content/134/3/626	
Hepatitis C	Screening for hepatitis C virus infection should be completed at least once between the ages of 18 and 79.	

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Sexually Transmitted Infection (STI) Risk Assessment and Screening	Infants born to mothers whose HIV status is unknown should be tested for HIV.	Yearly risk assessment starting at age 11. Screening for all sexually active adolescents for STIs (includes gonorrhea, chlamydia and HIV). Screen for syphilis in high risk sexually active patients. The USPSTF recommends HIV testing once for all adolescents between the ages of 15-18 years. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use or are being tested for other STIs, should be tested for HIV and reassessed annually or more frequently based on risk. https://www.cdc.gov/hiv/clinicians/screening/benefits.html
Lead Risk Assessment	6 mo., 9 mo., 12 mo., 15 mo., 18 mo. as required by state	24 months, 30 months and then annually from age 3 years thru 6 years as required by state
Blood Lead Testing	Blood lead test at 9 to 12 months as required by state **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. **Any blood lead screen ≥ 5 mcg/dL should have a follow up blood test per state.** Hyperlinks below: **Maryland Lead Recommendations,** **MDH Guidance for Testing and Treatment of Lead Exposure** **DC Lead Recommendations,** **VA Lead Recommendations,** **CDC Lead Recommendations**
Preventive Service	**GUIDELINE**	
	1-18 MONTHS	**18 MONTHS - 21 YEARS**
Cyanotic Congenital Heart Defect Screening	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.	
Tuberculosis Screening/Risk Assessment	Perform TB screening /risk assessment by age 1 month, at 6 mos., 12 mos., and annually thereafter for all patients as required by state. 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.	
Anemia Risk Assessment	4 mo,15 mo., 18 mo. as required by state	24 mo., 30 mo., 3 yrs. and annually until age 21 years as required by state

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Hematocrit or Hemoglobin Screening	Hematocrit or Hemoglobin testing at 9 to 12 months and as required by state or if at high risk.	Test on or after 2 years age as required by state and repeated for anyone at high risk High risk populations can be defined as children who are: living in poverty, Black, Native American, Alaska native, immigrant, preterm and low birth weight infants, infants drinking cow's milk. Females should be screened at least once after regular menstruation.
Hereditary/ Newborn Metabolic Screening (NMS)	NMS should be done by 48 hours after birth. 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.
Newborn Bilirubin	Newborn - Confirm initial screening was accomplished, verify results, and follow up,	
Cholesterol Risk Assessment		24 months, 4 yrs., 6 yrs., 8 yrs., and then annually from age 12 years to 16 years as required by state
Blood Lipid Testing		2 to 21 years: Perform cholesterol screening at 9 -11 years and 17 - 20 years as required by state 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
Diabetes Screening		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		Routine urinalysis to screen for kidney disease is not required.
Contraception Management		Screening pelvic exams are not recommended. Age-appropriate contraceptive management should be offered as part of preventive health maintenance. **App for 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 for Teachers of Family Medicine – Shots Immunizations	

Note: For MedStar Health providers use of the **MedConnect Well Child powerforms** in Cerner are recommended for all well visits as these include many of the above preventative screening recommendations.

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Notes & Resources

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Recommended Uniform Screening Panel Core Conditions
https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/heritable-disorders/rusp/uniform-screening-panel.pdf

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