

PERIODICITY SCHEDULE

Recommendations for preventive health care

The mission of the Tennessee Department of Health is to protect and promote the health of Tennesseans. In order to fulfill this mission, priority must be given to services that address disease prevention, health promotion, and health education.

By way of introduction to this section, the American Academy of Pediatrics (AAP)/Bright Futures periodicity tables for Infancy, Early Childhood, Middle Childhood, and Adolescence, as well as Preventive Health Care tables for Adults 22 through 49 years, and age 50 and older have been included. These tables identify recommended periodic health screening/examinations for child and adult health. The following should be noted:

- These tables provide **general recommendations for the provision of preventive health care**. In so doing they assume that the client is healthy and with no significant problems. However, once a problem has been identified through the periodic health screening, a plan of care should be determined which accurately reflects specific patient needs.
- It should be noted that **procedures** identified in the Children's table have been divided into those that are routine (general) and those screening procedures that are recommended for high-risk populations/individuals.
- The recommendations provided for **preventive pediatric health care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.
- The following guidelines include **recommendations** for preventive services that can be provided directly through the health department as well as those that may necessitate a referral.
- A patient may enter at any point in the health care continuum. At the discretion of the nurse practitioner and/or triage nurse, each patient must be evaluated in order to **identify those services that are required related to the patient's chief complaint or preventive health care needs**. A complete health history should be taken at the first comprehensive preventive screening visit. An updated health history should be taken at each subsequent visit (which may be as simple as asking the question "Have there been any health changes since your last visit?")
- These tables can also be used as **teaching tools** in order to educate patients as to the availability of, and recommended need for, specific services, as determined by age criteria.
- Distinction should be made between a **sick visit and a well visit**. For example, if a patient seeks services for a sore throat, it may not be advisable, or feasible, to provide all the services that are recommended for that particular visit according to age. The patient should be questioned as to his/her current status regarding those recommended services, and advised as to the need to schedule an appointment whereby such recommended services can be provided.

- It must be emphasized that **documentation** as to the specific services and patient information that was provided is essential.
- Although not specifically addressed in the list of recommended services for adults, **anticipatory guidance and preventive health counseling** are vital elements of public health. Each patient visit provides a valuable opportunity for education. The nurse should make efficient use of every chance to provide preventive health counseling on such topics as proper nutrition, exercise, alcohol/drug/tobacco use, safe sex, child safety, seatbelt use, violence prevention, cancer warning signs, and recommendations for self-examination.

INFANCY PERIODICITY TABLE

AGE ¹	Prenatal ²	Newborn ³	3-5d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo
HISTORY								
Initial/Interval	•	•	•	•	•	•	•	•
MEASUREMENTS								
Length/Height and Weight		•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•
Weight for Length		•	•	•	•	•	•	•
Body Mass Index ⁵								
Blood Pressure ⁶		★	★	★	★	★	★	★
SENSORY SCREENING								
Vision		★	★	★	★	★	★	★
Hearing		• ⁸	★	★	★	★	★	★
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT								
Developmental Screening ⁹								•
Autism Screening ¹⁰								
Developmental Surveillance		•	•	•	•	•	•	
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•
Alcohol & Drug Use Assessment ¹¹								
Depression Screening ¹²								
PHYSICAL EXAMINATION¹³		•	•	•	•	•	•	•
PROCEDURES¹⁴								
Newborn Blood Screening ¹⁵		←	•	→				
Critical Congenital Heart Defect Screening ¹⁶		•						
Immunization ¹⁷		•	•	•	•	•	•	•
Hematocrit or Hemoglobin ¹⁸						★		
Lead Screening ¹⁹							★	★
Tuberculosis Testing ²¹				★			★	
Dyslipidemia Screening ²²								
STI/HIV Screening ²³							★	
Cervical Dysplasia Screening ²⁴								★
ORAL HEALTH²⁵							★	★
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•

AAP Recommendations for Preventive Pediatric Health Care/Bright Futures

KEY

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- ★ = risk assessment to be performed, with appropriate action to follow, if positive
- ←→ = range during which a service may be provided, with the symbol indicating the preferred age.

EARLY CHILDHOOD PERIODICITY TABLE

AGE ¹	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr
HISTORY							
Initial/Interval	•	•	•	•	•	•	•
MEASUREMENTS							
Length/Height and Weight	•	•	•	•	•	•	•
Head Circumference	•	•	•	•			
Weight for Length	•	•	•				
Body Mass Index ⁵				•	•	•	•
Blood Pressure ⁶	★	★	★	★	★	•	•
SENSORY SCREENING							
Vision	★	★	★	★	★	• ⁷	•
Hearing	★	★	★	★	★	★	•
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT							
Developmental Screening ⁹			•		•		
Autism Screening ¹⁰			•	•			
Developmental Surveillance	•	•		•		•	•
Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•
Alcohol & Drug Use Assessment ¹¹							
Depression ¹²							
PHYSICAL EXAMINATION¹³	•	•	•	•	•	•	•
PROCEDURES¹⁴							
Newborn Blood Screening ¹⁵							
Critical Congenital Heart Defect Screening ¹⁶							
Immunization ¹⁷	•	•	•	•	•	•	•
Hematocrit or Hemoglobin ¹⁸	•	★	★	★	★	★	★
Lead Screening ¹⁹	• or ★ ²⁰		★	• or ★ ²⁰		★	★
Tuberculosis Testing ²¹	★			★		★	★
Dyslipidemia Screening ²²				★			★
STI/HIV Screening ²³							
Cervical Dysplasia Screening ²⁴							
ORAL HEALTH²⁵	• or ★		• or ★	• or ★	• or ★	•	
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•

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MIDDLE CHILDHOOD PERIODICITY TABLE

AGE ¹	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr
HISTORY						
Initial/Interval	•	•	•	•	•	•
MEASUREMENTS						
Length/Height and Weight	•	•	•	•	•	•
Head Circumference						
Weight for Length						
Body Mass Index ⁵	•	•	•	•	•	•
Blood Pressure ⁶	•	•	•	•	•	•
SENSORY SCREENING						
Vision	•	•	★	•	★	•
Hearing	•	•	★	•	★	•
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT						
Developmental Screening ⁹						
Autism Screening ¹⁰						
Developmental Surveillance	•	•	•	•	•	•
Psychosocial/Behavioral Assessment	•	•	•	•	•	•
Alcohol & Drug Use Assessment ¹¹						
Depression ¹²						
PHYSICAL EXAMINATION¹³	•	•	•	•	•	•
PROCEDURES¹⁴						
Newborn Blood Screening ¹⁵						
Critical Congenital Heart Defect Screening ¹⁶						
Immunization ¹⁷	•	•	•	•	•	•
Hematocrit or Hemoglobin ¹⁸	★	★	★	★	★	★
Lead Screening ¹⁹	★	★				
Tuberculosis Testing ²¹	★	★	★	★	★	★
Dyslipidemia Screening ²²				★		
STI/HIV Screening ²³		★				←•→
Cervical Dysplasia Screening ²⁴						
ORAL HEALTH²⁵		•				
ANTICIPATORY GUIDANCE	•	•	•	•	•	•

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ADOLESCENCE PERIODICITY TABLE

AGE ¹	11yr	12yr	13yr	14yr	15yr	16yr	17yr	18yr	19yr	20yr	21yr
HISTORY											
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS											
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•
Head Circumference											
Weight for Length											
Body Mass Index ⁵	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure ⁶	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING											
Vision	★	•	★	★	•	★	★	•	★	★	★
Hearing	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT											
Developmental Screening ⁹											
Autism Screening ¹⁰											
Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•
Alcohol & Drug Use Assessment ¹¹	★	★	★	★	★	★	★	★	★	★	★
Depression ¹²	•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION¹³	•	•	•	•	•	•	•	•	•	•	•
PROCEDURES¹⁴											
Newborn Blood Screening ¹⁵											
Critical Congenital Heart Defect ¹⁶											
Immunization ¹⁷	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin ¹⁸	★	★	★	★	★	★	★	★	★	★	★
Lead Screening ¹⁹	★	★	★	★	★	★	★	★	★	★	★
Tuberculosis Testing ²¹	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening ²²	→	★	★	★	★	★	★	←	•	→	→
STI/HIV Screening ²³	★	★	★	★	★	←	•	→	★	★	★
Cervical Dysplasia Screening ²⁴											•
ORAL HEALTH²⁵											
ANTICIPATORY GUIDANCE	•	•	•	•	•	•	•	•	•	•	•

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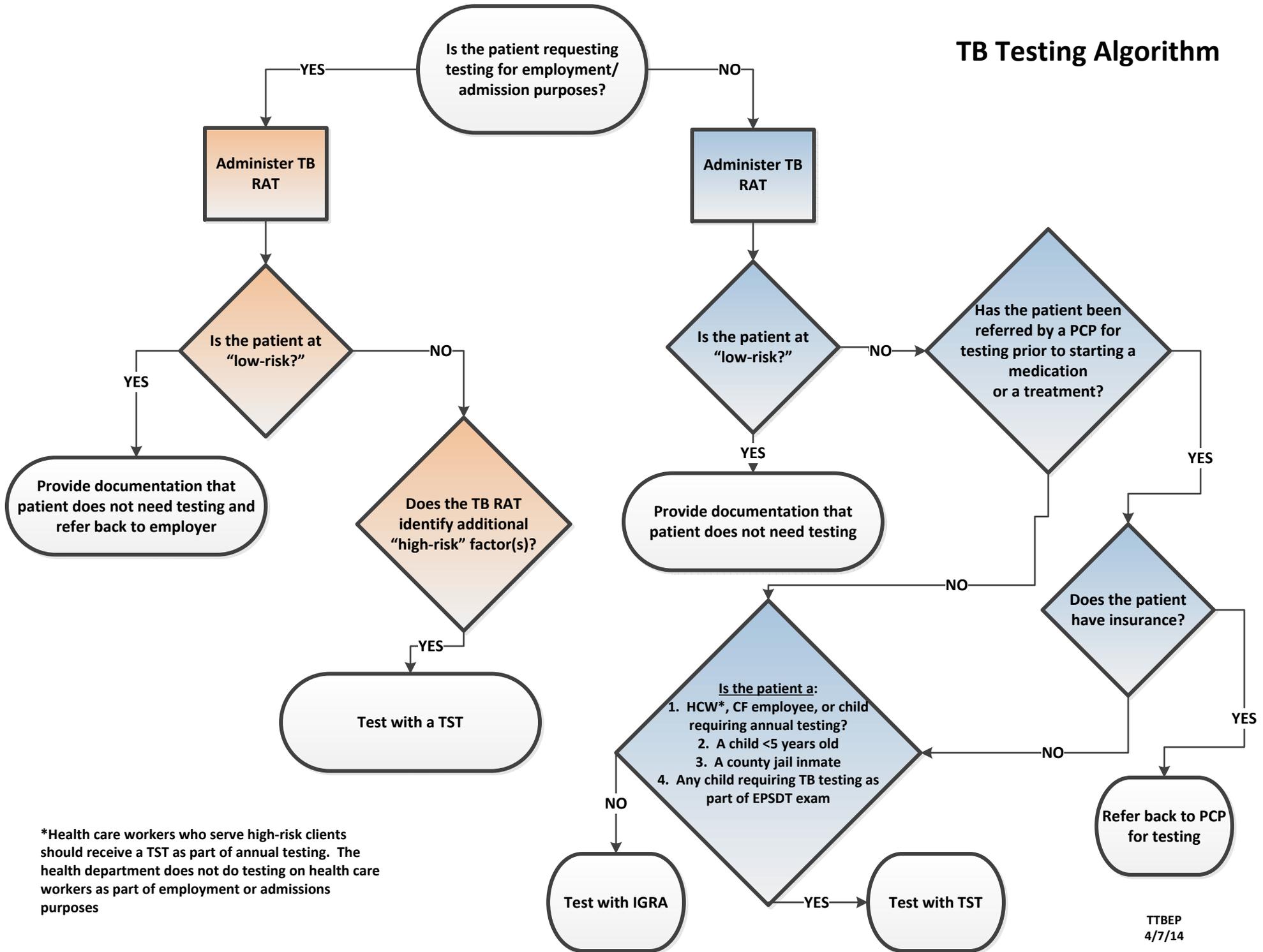
FOOTNOTES FOR PERIODICITY TABLES INFANCY THROUGH ADOLESCENCE

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement “The Prenatal Visit” (<http://pediatrics.aappublications.org/content/124/4/1227.full>).
3. Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement “Breastfeeding and the Use of Human Milk” (<http://pediatrics.aappublications.org/content/129/3/e827.full>). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement “Hospital Stay for Healthy Term Newborns” (<http://pediatrics.aappublications.org/content/125/2/405.full>).
5. Screen, per the 2007 AAP statement “Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report” (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. If the patient is uncooperative, rescreen within 6 months, per the 2007 AAP statement “Eye Examination in Infants, Children, and Young Adults by Pediatricians” (<http://pediatrics.aappublications.org/content/111/4/902.abstract>).
8. All newborns should be screened, per the AAP statement “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (<http://pediatrics.aappublications.org/content/120/4/898.full>).
9. See 2006 AAP statement “Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (<http://pediatrics.aappublications.org/content/118/1/405.full>).
10. Screening should occur per the 2007 AAP statement “Identification and Evaluation of Children with Autism Spectrum Disorders” (<http://pediatrics.aappublications.org/content/120/5/1183.full>).
11. A recommended screening tool is available at <http://www.ceasar-boston.org/CRAFFT/index.php>

12. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf
13. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See 2011 AAP statement “Use of Chaperones during the Physical Examination of the Pediatric Patient” (<http://pediatrics.aappublications.org/content/127/5/991.full>).
14. These may be modified, depending on entry point into schedule and individual need.
15. The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>) as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>) establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.
16. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (<http://pediatrics.aappublications.org/content/129/1/190.full>).
17. Schedules, per the AAP Committee on Infectious Diseases, are available at: <http://aapredbook.aappublications.org/site/resources/izschedules.xhtml>. Every visit should be an opportunity to update and complete a child’s immunizations.
18. See 2010 AAP statement “Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)” (<http://pediatrics.aappublications.org/content/126/5/1040.full>)
19. For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
20. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
22. See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).

23. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the AAP statement (<http://pediatrics.aappublications.org/content/128/5/1023.full>) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. 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.
24. See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm>). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (<http://pediatrics.aappublications.org/content/126/3/583.full>).
25. Refer to a dental home, if available. If not available, perform a risk assessment (<http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf>). If primary water source is deficient in fluoride, consider oral fluoride supplementation. For those at high risk, consider application of fluoride varnish for caries prevention. See 2008 AAP statement “Preventive Oral Health Intervention for Pediatricians” (<http://pediatrics.aappublications.org/content/122/6/1387.full>) and 2009 AAP statement “Oral Health Risk Assessment Timing and Establishment of the Dental Home” (<http://pediatrics.aappublications.org/content/111/5/1113.full>).

TB Testing Algorithm



*Health care workers who serve high-risk clients should receive a TST as part of annual testing. The health department does not do testing on health care workers as part of employment or admissions purposes