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Acne and Other Common Dermatoses	**(1) Not Addressed**	11 - 21 years: Note the presence of acne and common dermatoses.	**(1) Not Addressed**	12 - 17 years: Evaluate the skin for acne.	**(1) Not Addressed**
Activities	**(1) Not Addressed**	11 - 21 years: Ask adolescent what activities he/she is involved in. Parent: Ask parent what kind of music does teen listen to. Is parent concerned about choice and volume of music? (15-17 year old).	**(1) Not Addressed**	12 - 21 years: Ask about typical daily activities.	**(1) Not Addressed**

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Alternative Medicine Treatments	**(1) Not Addressed**	11-21 years: Asks if use alternative medicine treatments.	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**
Anemia Among Females Exam (11-14): Anemia: screen menstruating females annually. [Note: Based on CDC 1998 publication, the 2nd ed. Refers to appendix with three risk factors (extensive menstrual or other blood loss, low iron take, or history of anemia) - these differ from some factors listed in 1st ed.] Interview Adolescent (15-17): Added: Are you having regular periods? Exam (15-17): Anemia: screen menstruating females annually. [Note: Based on CDC 1998 publication, the 2nd ed. Refers to appendix with three risk factors (extensive menstrual or other blood loss, low iron take, or history of anemia) - these differ from some factors listed in 1st ed.] - moderate to heavy memes, chronic weight loss, nutritional deficit, athletic activity Interview Adolescent (18-21): Added: Are your periods regular? Exam (18-21): Anemia: Note BR II may have error: AAP's new recommendations for preventive care say "all menstruating females should be screened annually" [ftnt #14 in AAP] BF guidelines say "assess risk of anemia and screen adolescents at risk" BF appendix on anemia cites AAP's Pediatric Nutrition Handbook (4th ed., 1998), which indicates screening adolescent females during all routine physical exams. (BR states it correctly in Mid Adolescence, but not in Late adolescence)	**(1) Not Addressed**	11 - 21 years: Annual hematocrit or hemoglobin screening for females with moderate to heavy menses, chronic weight loss, nutritional deficit, or athletic activity.	**(2) Addressed, Not Recommended** There is insufficient evidence to recommend for or against screening in asymptomatic persons, but recommendations against such screening may be made on the grounds of low prevalence, cost, and potential adverse effects of iron therapy ("C" recommendation).	12 - 21 years: A hemoglobin or hematocrit determination should be done for menstruating girls at least once.	**(3) No Independent Position** Though improved nutrition has eased the problem of childhood anemia in the U.S., ...adolescent girls remain at significant risk. AAP and Bright Futures recommendations are cited regarding screening in adolescent girls.
Asymmetric Breast Development	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**	12 - 17 years: Look for asymmetric breast development in girls.	**(1) Not Addressed**

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Body Image	All adolescents should be screened annually for eating disorders and obesity by determining weight and stature, and asking about body image and dieting patterns.	11 - 21 years: Ask adolescent how he/she feels about his/her weight, whether he/she is trying to change weight, and if so, how. Also ask how adolescent feels about the way he/she looks. Screen for tattoos, piercing.	A BMI exceeding the 85th percentile ... may be used as a basis for further assessment treatment or referral.	12 - 21 years: Ask adolescent if he/she wants to lose weight.	If a child's body measurements fall within the 10th-25th or 75th-90th percentile range, ...assess environmental factors to determine if follow-up is necessary. AMA is cited regarding asking about body image.
Breast Exam	**(1) Not Addressed**	11 - 21 years: Provide instruction in breast self-examination.	**(2) Addressed, Not Recommended** There is insufficient evidence to recommend for or against teaching BSE in the periodic health exam ("C" recommendation).	12 - 21 years: Instruct the adolescent in self-examination of the breasts.	**(3) No Independent Position** American College of Obstetricians and Gynecologists is cited as recommending periodic clinical breast exam for women >18.
Check for Kyphosis	**(1) Not Addressed**	11-14 Screening: Screen for kyphosis or scoliosis	**(1) Not Addressed**	14 - 17 years: Check for kyphosis.	**(1) Not Addressed**

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Dental Health	**(1) Not Addressed**	**(4) Alert to Evidence** 11 - 21 years: Note the presence of caries, developmental dental anomalies, malocclusion, gingivitis, pathological conditions, or dental injuries.	**(4) Alert to Evidence** When examining the oral cavity, be alert to signs of decay.	12, 13, 18, 19 years: Ask adolescent how often he/she sees a dentist.	**(3) No Independent Position** All major authorities recommend referral for dental visits.

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Depression	Adolescent All adolescents should be asked annually about behaviors that indicate recurrent or severe depression. Screening for depression should be performed on adolescents who exhibit cumulative risk. Parent Health guidance for parents should include information about signs and symptoms of emotional distress.	Adolescent 11 - 21 years: Ask the adolescent what makes him/her sad, whether he/she is ever depressed. Do these feelings last more than a week or two? Screen for Depression. Ask if have you ever run away from home. Parent 11 - 21 years: Ask the parent if he/she has any concerns (e.g. depression). Families should be prepared to provide information about depression or other mental health problems in the immediate or extended family.	**(4) Alert to Evidence** Clinicians should maintain an especially high index of suspicion for depressive symptoms in adolescents.	Adolescent 12, 13 years: Ask adolescent what makes him/her sad. 14 - 21 years: Ask adolescent how much of the time he/she is sad. Parent 12 - 13 years: Ask parent about adolescent's moods and mood management. 14 - 15: Ask parent if they have any concerns about depression in the adolescent.	Basics of screening for depression include becoming familiar with the risk factors for and symptoms of depression (listed in the volume).

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Dipstick Leukocyte Esterase (Gonorrhea/Chlamydia in Sexually Active Males)	STD screening for sexually active males includes urine leukocyte esterase analysis to screen for gonorrhea and chlamydia.	Urine dipstick for leukocytes may be sufficient in annual screening of sexually active males for chlamydia.	Can be used in screening men for gonorrhea/chlamydia. There is insufficient evidence to recommend for or against screening high risk men for gonorrhea or chlamydia, ("C" recommendation) but screening sexually active young men may be recommended on other grounds.	Should be performed at least once between 11 and 21 years of age.	**(3) No Independent Position** Cites AMA, AAP, and Bright Futures recommendations that sexually active adolescent males be screened annually for gonorrhea and chlamydia by dipstick leukocyte esterase test.
Discipline	**(1) Not Addressed**	Adolescent 11 - 14 years: Ask adolescent whether rules are clear and fair. Parent 11 - 14 years: Ask parent whether rules are clear and fair.	**(1) Not Addressed**	Adolescent 12, 13 years: Ask adolescent how rules are enforced. Parent 12, 13 years: Ask parent how rules are enforced.	**(1) Not Addressed**

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Eating Disorders / Obesity	All adolescents should be screened annually for eating disorders and obesity by determining weight and stature, and asking about body image and dieting patterns.	<u>Adolescent</u> 11 - 21 years: Ask the adolescent about his/her eating pattern, how he/she feels about the way he/she looks, and whether he/she is trying to change his/her weight. Ask question on fasting, vomiting, diet pills, laxatives. Screen for eating disorders. <u>Parent</u> 11 - 21 years: Ask the parent if he/she has any concerns (e.g. eating patterns, weight gain/loss, use of diet pills).	A BMI exceeding the 85th percentile ... may be used as a basis for further assessment treatment or referral.	<u>Adolescent</u> 12 - 21 years: Ask how adolescent feels about appearance, if he/she has ever attempted weight loss/gain, practiced binge eating, forced vomiting, or used laxatives. <u>Parent</u> 14 - 15 years: Ask the parent if he/she is concerned about bulimia or anorexia.	Body measurement can be used to identify those who are overweight and those with possible eating disorders.

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Emotional Well-Being	All adolescents should be asked annually about behaviors and emotions that indicate recurrent or severe depression or risk of suicide. All adolescents should be asked annually about a history of emotional, physical, or sexual abuse.	Adolescent 11 - 21 years: Health professionals should assess the achievements of the adolescent on anticipated tasks, including the development of self-esteem. Check for cruelty to persons or animals. Parents (15-17): How has teen changed most in past year? How is parent dealing with changes? Does parent sometimes talk things over with other parents of teens?	**(1) Not Addressed**	Adolescent 12 - 21 years: Ask about moods, ability to express feelings, self-image. Parent 12 - 13 years: Ask parent about adolescent's moods, and what makes the parent proud.	**(1) Not Addressed**
Evaluate the Musculoskeletal System as a Function of Sports Fitness	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**	14 - 21 years: Evaluate the musculoskeletal system as a function of sports fitness.	**(1) Not Addressed**
Evaluation of Males For Gynecomastia	**(1) Not Addressed**	11 - 21 years: Evaluate males for gynecomastia.	**(1) Not Addressed**	12 - 17 years: Evaluate males for gynecomastia.	**(1) Not Addressed**

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Evidence of Abuse	All adolescents should be asked annually about a history of emotional, physical and sexual abuse.	11 - 21 years: As part of physical exam, physician should note evidence of abuse. 11 - 21 years: Annual screening for history of emotional, physical, or sexual abuse.	**(4) Alert to Evidence** All clinicians examining children and adults should be alert to signs of abuse. In settings where the prevalence of violence is high, clinicians should ask adolescents about violent behavior and victimization.	**(1) Not Addressed** Encouraging adolescents to report sexual abuse is recommended, but screening is not directly addressed.	**(1) Not Addressed**
Examination for Hernias	**(1) Not Addressed**	11 - 21 years: Examine males for hernia.	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**
Examination for Testicular Cancer	**(1) Not Addressed**	11 - 21 years: Examine males for testicular cancer. Provide educational testicular examination.	**(2) Addressed, Not Recommended** There is insufficient evidence to recommend for or against routine screening of asymptomatic men ("C" recommendation).	12 - 21 years: Instruct the adolescent in self-examination of the testicles.	**(3) No Independent Position** Testicular cancer is the most common cancer in white men aged 20-34 years. Cites American Urological Association recommendation that yearly clinical exams should begin at age 15.

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Exercise	**(1) Not Addressed** Counseling about the benefits of exercise is recommended, but screening for exercise is not addressed.	Adolescent 11 - 21 years: Ask adolescent about his/her involvement in sports. Screen for athletic pressures (What would you do if you could not play a particular sport? Ever encouraged to "play hurt?"). Parent 11 - 14 years: Ask parent whether the adolescent exercises regularly.	Physicians should determine each patient's activity level.	12 - 19 years: Ask the adolescent whether he/she participates in sports.	Use every office visit as an opportunity to inquire about the physical activity habits of both children and parents.

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Family Functioning	**(1) Not Addressed**	Adolescent 11 - 21 years: Ask adolescent if live with parents, how they get along, and about rules within the family. Parent 11 - 17 years: Observe parent-adolescent interactions. Ask parent about family activities and stressors. Ask if teen understands family's values, respectful of needs of others, how react to others who are different from them.	**(1) Not Addressed**	Adolescent Ask parent and adolescent how they are getting along. Parent Ask about family stresses and changes in household. Ask parent and adolescent how they are getting along.	**(1) Not Addressed**

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Future Plans	**(1) Not Addressed**	Adolescent 15-17 years: What do you plan to do after high school? 18 - 21 years: Ask adolescent about plans for the future. What goals and activities are you pursuing to achieve success? Parent 15 - 21 years: Ask parent about adolescent's goals.	**(1) Not Addressed**	18 - 21 years: Ask adolescent about plans for the future.	**(1) Not Addressed**
GI / GU Function	**(1) Not Addressed**	11 - 14 years: Ask adolescent about wet dreams/menstruation.	**(1) Not Addressed**	12 - 21 years: Ask adolescent about problems with bowel movement, urination, and menstruation at every visit.	**(1) Not Addressed**
Goiter	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**	12 - 13 years: Check the child for goiter.	**(1) Not Addressed**

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Hearing Screen	**(1) Not Addressed**	11 - 21 years: Check hearing: with objective method at ages 12, 15, 18 (per AAP guidelines), assess risk annually	**(5) High Risk Only** There is insufficient evidence to recommend for or against screening asymptomatic adolescents ("C" recommendation). Recommendations against such screening, except for those exposed to excessive occupational noise levels, may be made on other grounds.	12, 13, 18, 19 years: Assess hearing.	**(3) No Independent Position** Cites AAP and Bright Futures endorsement of Joint Committee on Infant Hearing recommendation that pure tone audiometry be performed at 12, 15, and 18 years, plus subjective assessment at other ages.
Hepatitis B Screening for High Risk Individuals	**(1) Not Addressed** Vaccination of susceptible adolescents who engage in high-risk behaviors is recommended, but screening is not.	**(1) Not Addressed** Vaccination for HBV is recommended, but screening is not addressed.	Routine screening for HBV in the general population is not recommended ("D" recommendation). There is insufficient evidence for or against routinely screening high-risk individuals, but recommendations for screening may be made on other grounds.	18, 19: Sexually active adolescents should be tested for hepatitis B if they have not been fully immunized.	Table provided with description of high risk groups. High risk individuals should be vaccinated and educated.

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HPV Infection in Sexually Active Adolescents	Screening for STDs in sexually active teens should include evaluation for human papilloma virus by visual inspection (males and females) and by Pap test (females).	11 -21 years: Screen for HPV annually for sexually active adolescents.	**(2) Addressed, Not Recommended** There is insufficient evidence to support routine screening for HPV infection ("C" recommendation). Recommendations against such screening can be made on other grounds, including poor specificity and costs.	**(1) Not Addressed** Annual pap smear is recommended for sexually active females, but HPV infection is not directly addressed.	**(1) Not Addressed**
Hyperlipidemia Screening for High-Risk Adolescents	Selected adolescents should be screened to determine their risk of developing hyperlipidemia and adult coronary heart disease, following the protocol developed by the Expert Panel on Blood Cholesterol Levels in Children and Adolescents.	11 - 21 years: Hyperlipidemia screening according to risk factors (family history, smoking, hypertension, physical inactivity, obesity, diabetes mellitus.)	There is insufficient evidence to recommend routine screening in adolescents. ("C" Recommendation) For adolescents with a family history of very high cholesterol, screening may be recommended.	12 - 21: The physician is instructed to perform cholesterol screening if indicated or if family history is unavailable.	**(3) No Independent Position** Cites AMA, AAP and Bright Futures in recommending screening for adolescents with risk factors for coronary artery disease, or with a family history of high cholesterol or cardiovascular disease, or without a reliable history.

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Injury Prevention	**(1) Not Addressed** Counseling to promote the reduction of injuries is recommended, but screening is not addressed.	Adolescent 11 - 21 years: Ask adolescent about sunscreen, smoking, drinking, drugs, driving safety, drinking and driving, peer pressure, helmets, guns, violence, sexual exploitation, physical abuse. Gun safety, sports injuries Parent 11 - 14 years: Ask parent whether he/she reminds adolescent to wear seat belts/safety helmets. Driving safety, Drinking and driving, Gun safety, sports injuries	**(1) Not Addressed** Counseling to promote the reduction of injuries is recommended, but screening is not addressed.	12 - 21 years: Ask the adolescent about use of tobacco, drugs and alcohol, about trouble with the law, and whether the adolescent is involved in any sexual activity against his/her will.	**(1) Not Addressed** Counseling to promote the reduction of injuries is recommended, but screening is not addressed.

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Inspection of External Genitalia for Condyloma/Lesions	**(5) High Risk Only** Sexually active adolescents should be screened for STDs. Screening includes visual inspection (evaluation for human papilloma virus).	11 - 21 years: Inspect external genitalia for condyloma/lesions	**(4) Alert to Evidence** Clinicians should remain alert for findings suggestive of cervical/chlamydial infection during pelvic exam of asymptomatic women.	12 - 13 years: Examine external genitalia.	**(1) Not Addressed**
Interval History	**(1) Not Addressed**	11 - 21 years: Families should be prepared to give updates regarding a series of health issues at every visit.	**(1) Not Addressed**	12 - 21 years: Obtain an interval history regarding the adolescent's health and well-being and the family circumstances.	**(1) Not Addressed**

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Learning Problems/School Performance	All adolescents should be asked annually about learning or school problems. Those with a history of truancy, repeated absences, or poor or declining performance should be assessed for the presence of a condition that could interfere with school success.	Screen annually for behaviors or emotions that may indicate learning or school problems. Adolescent 11 - 21 years: Ask the adolescent how he/she is doing in school. How often are you late for school? Check on absenteeism. Parent 11 - 17 years: Ask parent how adolescent is doing in school and whether performance matches parent's goals.	**(1) Not Addressed**	Adolescent 12 - 21: Ask adolescent how school is going. Parent 12 - 15: Ask parent about adolescent's school performance	**(1) Not Addressed**
Measure Blood Pressure (Screen for Hypertension)	All adolescents should be screened annually for hypertension according to the protocol developed by the National Heart, Lung, and Blood Institute Second Task Force on Blood Pressure Control in Children.	11 - 21 years: Annual blood pressure screening.	Measurement of blood pressure during office visits is recommended for children and adolescents, based on the proven benefits of early detection. ("B" Recommendation)	12 - 21: The physician is instructed to measure blood pressure at every visit.	**(3) No Independent Position** All authorities cited recommend annual blood pressure measurement in adolescence.

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Measure Height & Weight	All adolescents should be screened annually for eating disorders and obesity by determining weight and stature, and asking about body image and dieting patterns.	11 - 21 years: Annual height and weight measurement. Determine body mass index and refer those with BMI > 95th or < 5th percentile for dietary assessment and counseling, and those with 85th < BMI < 95th percentile for initial evaluation and counseling for obesity. Ask about body changes in past 6 months.	Periodic height and weight measurements are recommended for all patients. ("B" Recommendation) In adolescents a BMI exceeding 85th percentile for age and gender may be used as a basis for further assessment, treatment, or referral.	12 - 21: The physician is instructed to measure height and weight at every visit.	Body measurement in adolescence is recommended as a means of helping clinicians to identify those who are overweight and those with possible eating disorders.
Nutrition	**(1) Not Addressed** Counseling about dietary habits is recommended, but screening is not addressed.	11 - 21 years: Health professionals should assess the achievements of the adolescent on anticipated tasks, including maintaining good eating habits. Ask what teen does to stay healthy? Do they and family usually eat dinner together?	**(1) Not Addressed** Counseling about dietary habits is recommended, but screening is not addressed.	<u>Adolescent</u> 12 - 21 years: Ask adolescent about his/her nutritional habits. <u>Parent</u> 12 - 13: Ask parent if he/she is satisfied with adolescent's eating habits.	**(1) Not Addressed** Counseling about dietary habits is recommended, but screening is not addressed.

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Observation of Behavior and Development	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**	12 - 13 years: The clinician is instructed to assess the adolescent's interaction skills. 12 - 19 years: The clinician is instructed to be concerned if the adolescent is tense or withdrawn.	**(1) Not Addressed**
Observation of Parent-Adolescent Interaction	**(1) Not Addressed**	11 - 17 years: Clinician is instructed to observe parent-adolescent interaction. How does the parent seem to respect the adolescent's growing need for confidentiality, and does parent allow adolescent to answer some of the questions?	**(1) Not Addressed**	**(1) Not Addressed** Clinician is instructed to acknowledge positive aspects of the parent-adolescent relationship, but observation of interaction is not specifically addressed.	**(1) Not Addressed**
Pelvic Exam Including Pap Smear for Sexually Active Females	Female adolescents who are sexually active or any female 18 or older should be screened annually for cervical cancer by use of a Pap test.	11 - 21 years: Annual pap smear is recommended for sexually active females.	Regular Pap tests are recommended for all women who are or have been sexually active and who have a cervix. ("A" Recommendation)	12 - 21 years: Perform pelvic exams including Pap smear on girls who are sexually active.	**(3) No Independent Position** Cites American College of Obstetricians and Gynecologists recommendation that women who are sexually active or 18 and older should have annual pelvic exams.

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Rubella Serology	**(1) Not Addressed**	**(1) Not Addressed**	Screening for rubella susceptibility is recommended for all women of childbearing age at their first clinical encounter. ("B" Recommendation)	**(1) Not Addressed**	All women of childbearing age should be screened for immunity to rubella.
Scoliosis	**(1) Not Addressed**	11 - 17 years: Scoliosis or kyphosis should be noted as part of the complete physical exam.	**(2) Addressed, Not Recommended** Insufficient evidence ("C" recommendation). It is prudent to include visual inspection of the back when it is examined for other reasons.	12 - 17 years: Screen the adolescent who has not completed growing for scoliosis with a forward bending test.	**(3) No Independent Position** Under "body measurement," cites Bright Futures recommendation regarding screening for scoliosis.

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Sexual Behavior	All adolescents should be asked annually about involvement in sexual behaviors that may results in unintended pregnancy and STDs.	<u>Adolescent</u> 11 - 21 years: Ask adolescent if sexually active, have questions or concerns about sex, sexual feelings for same sex, condom use and how often, STD history, sexual abuse, pregnancy, been responsible for someone becoming pregnant. Ask what kind of support do they get from their family, friends, and community to delay having sex? Have you thought about what you might do if you ever felt pressure to have sex? What do you think it means to have baby? <u>Parent</u> 11 - 21 years: Families should be prepared to give updates on several topics, including sexual activity.	Clinicians should assess risk factors for HIV infection in all patients by obtaining a careful sexual history and inquiring about drug use.	12,13 years: Ask the adolescent about sexual knowledge and whether his/her friends are having sex; ask parents about any concerns 14 - 21 years: Ask adolescent about sexual behavior, orientation, and contraceptive and STD prevention strategies.	Discuss sexual behavior with adolescents, including patient's own knowledge, attitudes, behavior, and beliefs.

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Sexual Development Exam (11-14): SMR - provide age norms for onset of puberty, refer users to new SMR appendix Exam (11-14): Added "examine genitals for normal development"; added varicocelers (males); deleted "provide instruction in breast self-exam, provide educational testicular exam: in early adolescents (now in middle adolescence - MB) Exam (15-17): SMR - provide age norms for onset of puberty, refer users to new SMR appendix Exam (15-17): Excessive body hair (hirsutism) Exam (15-17): Genital exam: Females: teach breast self-examination; added: "examine genitals for normal development"; added: if adolescent is sexually active or has primary amenorrhea or menstrual complaints, perform pelvic exam and evaluate. Exam (15-17): Genital exam: Males: Added: Teach testicular self-exam; added: "examine genitals for normal development"; added: varicoceles (males) Exam (18-21): Excessive body hair (hirsutism) Exam (18-21): Genital exam: added: "examine genitals for normal development"; added check for vulvovaginitis(females); added: if adolescent is sexually active or has primary amenorrhea or menstrual complaints, perform pelvic exam and evaluate. Exam (18-21): Added: (For all females ages 18-21, a pelvic exam should be offered as part of preventive health maintenance") [Per AAP revised preventative care recommendations] Exam (18-21): Added varicocelers (males)	**(1) Not Addressed** Health guidance to promote a better understanding of physical growth, psychosocial and psychosexual development is recommended, but screening is not addressed.	11 - 21 years: Evaluate for Tanner stage or Sexual Maturity Rating. Ask adolescent about his/her sexual development.	**(1) Not Addressed**	Adolescent 12 - 19 years: Physical exam should include Tanner staging. Parent 12 - 15 years: Ask parents if they have any questions about the adolescent's sexual development or behavior.	**(3) No Independent Position** Cites Bright Futures recommendation that sexual maturity rating be part of the physical exam.
Sexual Education	**(1) Not Addressed**	Adolescent (11 - 14): Ask what questions or concerns do you have about sex? Parent (11 - 17): What discussions have you had with your teen about sexuality and your values about sex	**(1) Not Addressed**	Adolescent 12 - 13 years: Ask adolescent where he/she learned what he/she knows about sex. Parent 12 - 13 years: Ask parents if they have discussed sexual development with adolescent.	Ask adolescent about his/her knowledge, attitudes, behavior, and beliefs about sexual behavior.

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Sleep Patterns	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**	Adolescent 12 - 21 years: Ask how much sleep the adolescent gets, and if he/she has any sleep problems. Parent 12 - 13 years: Ask parents if they have any concerns about the adolescent's sleep patterns.	**(1) Not Addressed**
Social Relationships/Peer Group Influences	**(1) Not Addressed**	Adolescent 11 - 21 years: Ask adolescent if they prefer having many friends or a few close friends? Ask adolescent how many friends he/she has. Ask do you date one person? More than one? Or do you usually go out in a group? What do you like to do on a date? Parent 11 - 14 years: Ask parent whether he/she is happy with adolescent's choice of friends.	**(1) Not Addressed**	Adolescent 12 - 21 years: Ask about friends, relationships, conflicts. Parent 12 - 21 years: Ask parents if they have concerns about the adolescent's friendships. Ask about the parent's own relationship with adolescent.	**(1) Not Addressed**

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STD Screening for Sexually Active Adolescents (Including HIV Screen)	Sexually active teens should be screened for STDs.	11 - 21 years: Ask if had sexual contact with someone who has an STD, Do you know that may people with STDs don't know that they have them?" Screen annually for Trichomonisasis, HSV, Bacterial vaginosis (females). Offer routine Pap smear as part of preventive health maintenance for all females ages 18-21 Annual screening for Gonorrhea and Chlamydia is recommended for sexually active adolescents. Syphilis and HIV screening is recommended if the adolescent requests it, or according to risk factors.	Routine screening recommended for gonorrhea (young women with two or more sex partners in the last year) ("B" Recommendation), chlamydia (sexually active female adolescents) (B"), syphilis (persons at increased risk for infection). ("A") Clinicians should assess risk factors for HIV infection in all patients. Counseling and testing for HIV should be offered to all persons at increased risk for infection. ("A")	12 - 21 years: Perform pelvic exams on girls who are sexually active. 12 - 21 years: Perform screening for chlamydia, gonococci, and syphilis in sexually active adolescents, a Pap smear (in girls) and HIV testing if requested or if the adolescent is at high risk. 18, 19 years: Sexually active adolescents should be tested for hepatitis B if not fully immunized.	**(3) No Independent Position** Cites AAP and AMA recommendation that all sexually active adolescents be screened for gonorrhea and chlamydia.

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Suicide Risk	All adolescents should be asked annually about behaviors or emotions that indicate risk of suicide. Screening for suicidal risk should be performed on adolescents who exhibit cumulative risk.	Annual screening for risk of suicide is recommended. 11 - 21 years: Ask the adolescent whether he/she knows anyone who has tried to hurt or kill themselves, and whether he/she has ever attempted or contemplated suicide.	Adolescent **(4) Alert to Evidence** Clinicians should be alert to evidence of suicidal ideation when the history reveals risk factors for suicide. Parent Family members of patients with evidence of suicidal ideation should be questioned regarding extent of preparatory actions.	Adolescent 12 - 21 years: Ask adolescent if he/she has ever considered suicide. Parent 14 - 15 years: Ask parent if they have any concerns about suicide risk in the adolescent.	Screening for suicide includes becoming familiar with the (listed) risk factors for suicide.
Tanner Stage or Sexual Maturity Rating (SMR)	**(1) Not Addressed**	11 - 21 years: Evaluate for Tanner stage or Sexual Maturity Rating. Provide age norms for onset of puberty; refer users to SMR appendix.	**(1) Not Addressed**	12 - 19 years: As part of the complete physical exam, include an evaluation of Tanner stage.	**(3) No Independent Position** Cites Bright Futures recommendation that sexual maturity rating be part of the physical exam.

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Television	**(1) Not Addressed**	11 - 21 years: Ask adolescent how much television, surfing the net, video games he/she does. Parent: Ask about amount of time spent on TV, video games, surfing net, type of content, and if they have violent themes? What does parent think of choices	**(1) Not Addressed**	14 - 17 years: Ask adolescent how much television he/she watches.	**(1) Not Addressed**
Tuberculosis Screening for High-Risk Adolescents	Adolescents should receive a tuberculin skin test if they have been exposed to active tuberculosis, have lived in a homeless shelter, have been incarcerated, have lived in or come from an area with a high prevalence of tuberculosis, or work in a health care setting.	Annual tuberculin test (PPD) is recommended only if teen is at risk. Risk factors are include: socioeconomic status, residence in areas where TB is prevalent, exposure to TB, immigrant status, homelessness, history of incarceration, employed in health care setting.	Screening for TB by tuberculin skin testing is recommended for persons at increased risk of developing TB. ("A" Recommendation)	12 - 21 years: The physician is instructed to perform a tuberculin skin test if indicated by risk factors.	**(3) No Independent Position** Cites all major authorities as recommending screening for all high-risk adolescents.
Urinalysis	**(1) Not Addressed**	11-21 years: Added urinalysis once during adolescence.	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**

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Use of Alcohol	All adolescents should be asked annually about their use of alcohol.	Adolescent 11 - 21 years: Ask about own/peer use of alcohol, whether he/she has been in a car with a drunk driver, and whether he/she worries about any friend' or relative's drinking. Parent 11 - 21 years: Families should be prepared to provide information about alcoholism in the immediate or extended family.	Screening for problem drinking and hazardous drinking is recommended for all adult and adolescent patients. ("B" Recommendation)	Adolescent 12, 13 years: Ask the adolescent whether friends are drinking, and whether he/she has ever tried alcohol. Parent 12 - 21 years: Ask parent if he/she has any concerns about adolescent's use of alcohol.	Adolescent Adolescents should be asked about their own/peer use of alcohol. Parent Parents should be asked about their own use of alcohol. Assess risk-factors.

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Use of Drugs	All adolescents should be asked annually about their use of abusable substances and over-the-counter or prescription drugs for nonmedical purposes, including anabolic steroids.	Adolescent 11 - 21: Ask about own/peer use of drugs, non-prescription drugs, and inhalants. Ask about substance abuse education, and whether he/she is worried about any friend or family member's drug use. Parent 11 - 21 years: Families should be prepared to provide information about substance abuse in the immediate or extended family. Should discuss risk of using drugs with teens. Regular supervision of teen's social and recreational activities? How check for the use of alcohol, tobacco, non-prescription, and other drugs?	Though there is insufficient evidence to recommend for or against routine screening for drug abuse ("C" Recommendation), questioning adolescents about drug use may be recommended on other grounds. Clinicians should be alert to signs of drug abuse and ask about the abuse of illicit and legal drugs.	Adolescent 14 - 21 years: Ask adolescent about use of substances by him/herself and among peers. Parent 12, 13 years: Ask parent if adolescent might be using substances 12 - 21 years: Ask parent if he/she has any concerns about adolescent's use of drugs.	Adolescent Adolescents should be asked about their own/peer use of drugs. Parent Parents should be asked about their own use of drugs. Assess risk-factors.

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Use of Tobacco	All adolescents should be asked annually about their use of tobacco products.	Adolescent 11 - 21: Ask the adolescent about his/her own use of tobacco, and that of peers. Parent 11 - 21 years: Families should be prepared to provide information about use of tobacco in the immediate or extended family. Does anyone in your home smoke?	A complete history of tobacco use should be obtained from all adolescents. ("A" Recommendation)	12, 13 years: Ask the adolescent whether friends are smoking, and whether he/she has ever tried smoking.	Obtain a history for all patients regarding smoke in household. Elicit information from adolescents during physical or by previsit questionnaire.

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Violent Behavior	**(1) Not Addressed** Counseling to resolve interpersonal conflicts without violence is recommended, but screening for violent behavior is not addressed.	Adolescent 11 - 21 years: Ask the adolescent what makes him/her angry and what he/she does about these things, whether there is a gun in the house, whether he/she owns a gun, whether he/she has ever been in trouble with the law, and whether he/she has ever witnessed or been a victim of violence. Also asks if ever been seriously injured in a fight? Ever tried to hurt someone?" Ever had a weapon for protection? How do you try to protect yourself?" Parent 11 - 21 years: Family should be prepared to provide information about adolescent's exposure to violence.	**(4) Alert to Evidence** Clinicians should be alert to signs of family violence. In settings where the prevalence of violence is high, clinicians should ask adolescents about previous violent behavior and the availability of handguns and other firearms.	12,13 years: Ask how the adolescent expresses feelings. 14, 15: Ask how the family handles conflict, and if the adolescent has ever thought of hurting someone. 16, 17 years: Ask whether the adolescent has ever been in legal trouble. 18, 19: Ask whether the adolescent is involved in any violent relationships.	Adolescent males should be asked to discuss previous violent behavior, current alcohol and drug use, and the availability of firearms. Adolescents and their parents should be questioned about impulsiveness, antisocial behavior, and methods of dealing with anger.

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Vision Screen	**(1) Not Addressed**	11 - 21 years: Screen with objective method at age 12, 15, 18 (per AAP guidelines), assess risk annually	**(1) Not Addressed for this age group**	12, 13, 18, 19 years: As part of the general physical exam, assess vision.	**(3) No Independent Position** Cites AAP and Bright Futures recommendations that all adolescents be screened at ages 12, 15, and 18.
Vocational Performance	**(1) Not Addressed**	18 - 21 years: Ask whether adolescent is satisfied with job. Are there job safety procedures in place at your worksite? Do you feel safe at work Parent: Does teen have an after-school or part-time job? How many hours? Is work environment safe?	**(1) Not Addressed**	18 - 21 years: Ask adolescent how work is going.	**(1) Not Addressed**

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COUNSELING	***GAPS & Recommendations and Rationale***	***Bright Futures***	***Guide to Clinical Preventive Services***	***Health Supervision Guidelines***	***Put Prevention Into Practice***
Avoid Excess/Midday Sun, Use Protective Clothing	**(1) Not Addressed**	11 - 21 years: Reduce your risk of developing skin cancer by using sunscreen (specified SPF 15 or higher). Limit time in the sun.	Clinicians may want to educate patients with established risk factors for skin cancer.	12, 13, 18, 19 years: Advise adolescents to avoid sunburn.	**(1) Not Addressed**
Constructive Family Relationships	Health guidance for parents includes providing information about the benefits of planning family activities.	Adolescent 11 - 21 years: Advise adolescent about importance of constructive family relationships. Parent 11 - 21 years: Advise parents about adolescent needs and about establishing clear rules.	**(1) Not Addressed**	Adolescent 18 - 19 years: Discuss changing communication patterns within the family. Parent 12 - 17 years: Advise parents about adolescent needs and about establishing clear rules.	**(1) Not Addressed**
Dental Care	**(1) Not Addressed**	11 - 21 years: Adolescents should be counseled on appropriate oral health habits. Fluoride guidance as recommended by your dentist. 18-21 years: Guidance on wisdom teeth issues.	Counseling patients to visit a dental care provider on a regular basis is recommended, as is counseling to brush (with a fluoride-containing toothpaste) and floss daily ("B" recommendations).	18 - 21 years: Remind the adolescent to continue brushing twice a day, flossing daily, and having regular dental check-ups.	Oral health education and care should begin in infancy and continue throughout childhood and adolescence.

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Diet	All adolescents should receive annual health guidance about dietary habits, including the benefits of a healthy diet and safe weight management.	11 - 21 years: Adolescents should be counseled on appropriate eating habits.	Nutritional guidelines are outlined for all age-groups, but there is insufficient evidence that such counseling should be done by physicians rather than dietitians.	12 - 21 years: Encourage sensible eating habits.	Adolescent Counsel healthy diet. Folic acid recommendation for adolescent girls. Parent Counsel parents regarding balanced diet.
Discussing Health-Related Behaviors with Parents Anticipatory Guidance-Parent (11-14): If you need financial assistance to help pay for health care expenses, ask about resources or referrals Anticipatory Guidance-Parent (11-14): Ask about resource or referrals for food and / or nutrition assistance, housing, or transportation if needed	Health guidance for parents should include information about the benefits of discussing health-related behaviors with their adolescents.	11 - 21 years: Health professionals should assess the achievements of the adolescent and provide guidance to the family on anticipated tasks.	**(1) Not Addressed**	12 - 17 years: Health maintenance counseling is directed to both the adolescent and parent.	**(1) Not Addressed**

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Drinking and Driving	Adolescent Health guidance for injury prevention includes counseling to avoid the use of alcohol or other substances while using motor vehicles. Parent Health guidance for parents should include information about methods for helping adolescents avoid potentially harmful behaviors, such as drinking and driving.	15 - 21 years: Adolescents should be counseled to avoid alcohol, especially when riding a bike, motorcycle, driving, or operating machinery; and to plan to have a designated driver when drinking. 15-17 year: Write and sign a 'no drinking and driving' contract with your parents Parents: Ask if parents have discussed the dangers of drinking and driving with adolescent. Write and sign a 'no drinking and driving' contract with your adolescent. Ask if advised adolescent to make arrangements for a designated driver if s/he plans to drink" or that parent would pick them up if drinking.	All patients should be counseled regarding the dangers of operating a motor vehicle while under the influence of alcohol or other drugs ("A" recommendation).	12 - 21 years: Adolescents should be counseled about the dangers of drinking and driving.	Adolescents should be counseled about the dangers of drinking and driving.

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Exercise	All adolescents should receive health guidance annually about the benefits of exercise and should be encouraged to engage in safe exercise on a regular basis.	11 - 21 years: Adolescents should be counseled to exercise vigorously at least three times a week, to encourage family members to exercise, and to discuss exercise routine with health professional or coach. Specify 30-60 minutes of moderately strenuous to vigorous physical activity 3 times a week. Check with health professional before increasing physical activity. Take time to enjoy activities (biking, hiking, skating)	Counseling to promote regular physical activity is recommended for all children and adults ("A" recommendation).	12 - 21 years: Encourage regular exercise.	Adolescents should be counseled to engage in regular physical activity.
Future Plans	**(1) Not Addressed**	11 - 21 years: Encourage adolescents to identify talents they might want to pursue, and to plan for the future.	**(1) Not Addressed**	18, 19 years: Discuss future plans with the adolescent (work, career, marriage.)	**(1) Not Addressed**

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Health Guidance to Promote Understanding of Adolescent's Own Growth and Development	All adolescents should receive annual health guidance to promote a better understanding of their physical growth, psychosocial and psychosexual development.	11 - 21 years: Adolescents should receive counseling to recognize that they are growing and changing and individual variations in the rate of growth, development, and body changes. Adolescents should receive counseling to educate themselves about sexuality.	**(1) Not Addressed**	Adolescent 12 - 21 years: Encourage adolescent to ask questions about his/her body. Parent 12, 13 years: Encourage parent to play continue role in adolescent's sex education.	**(1) Not Addressed**

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Injury Reduction/Prevention	All adolescents should receive health guidance annually to promote the reduction of injuries. Topics include the avoidance of drinking and driving, the use of safety devices such as set belts and helmets, non-violent conflict resolution, the avoidance of weapons and/or promotion of weapon safety, and physical conditioning before exercise.	11 - 21 years: Adolescents should receive counseling on a variety of safety issues including seat belt use, fire safety issues, learning to swim, driving responsibly avoiding alcohol, using protective gear in sports, not using or carrying weapons, developing conflict resolution and anger management skills, learning self-defense, learn first aid and CRP, and seeking help in an abusive situation. Parents: Parents should model safe driving practices (avoiding alcohol, using safety belts) and discuss family rules about driving.	Adolescents and young adults in particular should be encouraged to avoid using alcohol or other drugs when driving is anticipated and to discuss with their families transportation alternatives for social activities where alcohol and other drugs are used.	<u>Adolescent</u> Counsel about wearing helmets and seat-belts, using sunscreen, not riding with strangers, avoiding violent situations, not drinking and driving, not abusing substances, learning CPR, avoiding sunburn. <u>Parent</u> 12 - 21 years: Counsel parents who have guns to keep them locked away and without ammunition.	<u>Parent</u> Parents should teach their children self-esteem, how to handle peer pressure. They should role model safe behavior, and should be counseled about the importance of smoke alarms, CPR, and not keeping guns in the home, or keeping them unloaded with separately locked ammunition. AMA: Parents or other adult caregivers of adolescents with suicidal intent should be counseled to remove weapons and potentially lethal medications from the home

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Need for Privacy (Counseling Parents)	**(1) Not Addressed**	11 - 21 years: Parents are counseled to respect the adolescent's need for privacy.	**(1) Not Addressed**	14 - 17 years: Parents are counseled to respect the adolescent's need for privacy.	**(1) Not Addressed**
Normative Adolescent Development (Counseling Parents)	Parents and other adult caregivers should receive health guidance at least once during their child's early adolescence, one during middle adolescence, and preferably once during late adolescence. This includes providing information about normative adolescent development, including information about physical, sexual and emotional development	11 - 21 years: Parents should receive guidance regarding anticipated developmental tasks of adolescence	**(1) Not Addressed**	12 - 21 years: The physician should educate parents about stages of adolescent development and provide opportunities for parents to ask questions and clarify their concerns.	**(1) Not Addressed**

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Positive Role-Modeling (Counseling Parents)	Health guidance for parents should include information about why parents should act as role models for health related behaviors.	11 - 21 years: Health professionals should remind parents that they provide value systems and role models for adolescents. Continue to affirm and model family values such as respect for self and others. Model safe driving practices discuss family rules on safe driving.	**(1) Not Addressed**	14 - 15 years: Remind parents that they serve as role models for behavior and moral judgment.	**(1) Not Addressed**
Promotion of Community Interactions	**(1) Not Addressed**	11 - 21 years: Counsel adolescent to be involved in community activities. 15-17 years: Ask if adolescent knows about health programs and services in their school	**(1) Not Addressed**	16 - 17 years: Encourage community involvement.	**(1) Not Addressed**
Recognizing Signs of Disease (Counseling Parents)	Health guidance for parents should include information about signs and symptoms of disease.	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**

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Recognizing Signs of Emotional Distress (Counseling Parents)	Health guidance for parents should include information about signs and symptoms of emotional distress.	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**
Self-Esteem (Counseling Parents)	Health guidance for parents should include information about parenting behaviors that promote healthy adolescent adjustment.	11 - 21 years: Parents are counseled to enhance the adolescent's self-esteem by offering praise and minimizing criticism, and showing affection	**(1) Not Addressed**	12 - 13 years: Parents are counseled to enhance the adolescent's self-esteem by praising and encouraging the adolescent's activities.	**(1) Not Addressed**

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Sexual Behavior	Adolescent All adolescents should receive annual health guidance regarding responsible sexual behaviors. Parent Health guidance for parents should include information about methods for helping adolescents avoid potentially harmful behaviors, such as such as monitoring social activities for sexual behavior.	11 - 21 years: Advise the adolescent to find a health professional (or trusted adult) for information to talk to about sex, to ask questions about sex, sexuality, concerns about sexual feelings, birth control, contraceptive methods, and STDs. Advise the adolescent to learn to say no, to learn about and practice safer sex, and to limit the number of sex partners. 18-21 years. Advise if engaging in sexual activity, including intercourse, ask health professional for an examination and discuss methods of birth control." Information on pregnancy and health issues during pregnancy.	All adolescent and adult patients should be advised about risk factors for STDs and counseled appropriately about effective measures to reduce risk of infection. ("B" Recommendation) Periodic counseling about effective contraceptive methods is recommended for all women and men at risk for unintended pregnancy. Clear instructions should be provided for proper use of contraceptives.	12 - 17 years: Encourage abstinence. Offer support in dealing with pressure situations. Encourage sexual responsibility, and offer advice regarding contraception and STD-prevention. 18 - 21 years: Offer contraceptive advice. Caution against violent relationships. Discuss feelings about sexual activity.	Adolescent Counsel adolescent about pregnancy, STDs, abstinence, and condom use. Parent Parents should be counseled about the role of emerging sexuality in teenager's lives and the importance of methods to prevent STDs and HIV.

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Sleep Patterns	**(1) Not Addressed**	11 - 21 years: Counsel adolescent to get adequate sleep. Specify 8 hours sleep nightly.	**(1) Not Addressed**	16 - 21 years: Remind the adolescent to get 8 hours of sleep per night. Be alert to chronic sleep deprivation. Excessive sleeping or difficulty falling asleep may constitute vegetative signs of depression.	**(1) Not Addressed**
Social Competence	**(1) Not Addressed**	11 - 21 years: Counsel the adolescent in areas regarding social competence. Advise to take responsibility for own health and becoming fully informed about preventive health services. 18-21 years: Continue to maintain strong family relationships.	**(1) Not Addressed**	14 - 21 years: Counsel adolescent in areas regarding social competence.	**(1) Not Addressed**

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Suicide (Parent Counseling)	Health guidance for parents should include information about methods for helping adolescents avoid potentially harmful behaviors, such as removing weapons and potentially lethal medications from the homes of adolescents with suicidal intent.	**(1) Not Addressed**	Parents and homeowners should be counseled to restrict unauthorized access to potentially lethal prescription drugs and to firearms within the home.	**(1) Not Addressed**	**(3) No Independent Position** Cites AMA recommendation that parents or other adults caregivers of adolescents with suicidal intent should be counseled to remove weapons and potentially lethal medications from the home.
Television	**(1) Not Addressed**	11 - 21 years: Counsel adolescent to limit television viewing, computer, and video games.	**(1) Not Addressed**	**(1) Not Addressed**	**(1) Not Addressed**

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Use of Alcohol	Adolescent Adolescent should receive health guidance annually to promote avoidance of alcohol. Parent Parents should receive information about helping adolescent avoid use of alcohol.	Adolescent 11 - 21 years: Adolescents should be encouraged not to drink, to support friends who don't drink, and to become peer counselors. Adolescents who drink should be encouraged to seek counseling. Parent 11 - 21 years: Families should receive guidance to the effect that adolescents should avoid alcohol. Advocate for and participate in alcohol-free community events (e.g., proms, graduation parties)	Patients with evidence of alcohol abuse should be offered brief advice and counseling. The use of alcohol should be discouraged in persons younger than the legal age for drinking.	12 - 21 years: Encourage avoidance of alcohol. Discuss the risks of using alcohol seriously with the adolescent.	Adolescent Begin educational discussions regarding alcohol use with parents and children during preteen years. Parent Begin educational discussions regarding alcohol use with parents and children during preteen years.

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Use of Drugs	Adolescent Adolescent should receive health guidance annually to promote avoidance of abusable substances and anabolic steroids. Parent Parents should receive information about helping adolescent avoid use of drugs.	Adolescent 11 - 21 years: Adolescents should be encouraged not to use or sell drugs, diet pills, or steroids, to support friends who do not use substances, and to become peer counselors. Adolescents who use drugs should be seek counseling. Parent 11 - 21 years: Families should receive guidance to the effect that adolescents should avoid drugs.	All patients who report potentially harmful use of drugs should be informed of the risks and advised to cut down or stop.	12 - 21 years: Encourage avoidance of drugs. Discuss the risks of using drugs seriously with the adolescent.	Adolescent Begin educational discussions regarding drug use with parents and children during preteen years. Parent Begin educational discussions regarding drug use with parents and children during preteen years.

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Use of Tobacco	Adolescent Adolescent should receive health guidance annually to promote avoidance of tobacco. Parent Parents should receive information about helping adolescent avoid use of tobacco.	Adolescent 11 - 21 years: Adolescents should be encouraged not to smoke. Adolescents who smoke should be encouraged to talk with the health professional about how to stop smoking. Parent 11 - 21 years: Families should receive guidance to the effect that the adolescent should avoid tobacco.	Tobacco cessation counseling is recommended on a regular basis for all patients who use tobacco products. ("A" Recommendation)	12 - 21 years: Encourage avoidance of smoking.	Discuss negative effects of tobacco use from elementary school on.

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Violence Reduction/Prevention	Adolescent Health guidance should include counseling to resolve conflicts without violence, and counseling to avoid the use of weapons or to promote weapon safety. Parent Health guidance for parents should include information about methods of helping adolescent avoid potentially harmful behaviors, such as avoidance of weapons in the home, or weapon safety procedures.	11 - 21 years: Adolescents should receive counseling on a variety of safety issues including not using or carrying weapons, developing conflict resolution and anger management skills, learning self-defense, seeking help in an abusive situation, and avoiding alcohol and unsafe situations.	Clinicians should inform those identified as being at risk for violence about the risks of violent injury associated with easy access to firearms and with intoxication with alcohol or other drugs.	12 - 21 years: Counsel adolescents to resolve conflicts without violence. In communities where violence is prevalent, discuss the issue seriously with the adolescent.	Adolescent Clinicians should ask adolescent males to discuss previous violent behavior, current alcohol and drug use, and availability of firearms. Patients with evidence of violent behavior should be counseled regarding nonviolent conflict resolution. Parent Advise parents of the danger of keeping guns in the home.

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IMMUNIZATIONS: All Adolescents	***GAPS & Recommendations and Rationale***	***Bright Futures***	***Guide to Clinical Preventive Services***	***Health Supervision Guidelines***	***Put Prevention Into Practice***
MMR (Measles-Mumps-Rubella) Immunizations (15-17): Deleted MMR in Middle Adolescence, per new immunizations schedule (ACIP notes indicate that second dose should be completed by the 11-12 year old visit Immunizations (18-21): Deleted MMR in Middle Adolescence, per new immunizations schedule (ACIP notes indicate that second dose should be completed by the 11-12 year old visit	All adolescents should receive a second trivalent MMR unless there is documentation of two vaccinations earlier in childhood. Immunization records should be carefully reviewed. An MMR should not be given to adolescents who are pregnant. (Advisory Committee on Immunization Practices)	Administer in adolescence if not administered previously, or if immunization status is uncertain. Do not administer if adolescent is pregnant.	All children should have received two doses by 11-12 years of age.	Administer in adolescence if not administered previously. The vaccine should not be administered to pregnant females. Menstruating girls must be advised not to become pregnant for 3 months after rubella immunization.	**(3) No Independent Position** Cites the Advisory Committee on Immunization Practices: Primary immunization at 12-15 months, with a second dose at either 4-6 years or 11-12 years of age.
Td Boosters (Tetanus-Diphtheria) Immunizations (18-21): Changed wording slightly on Td ("Administer routine Td booster every 10 years if series has been completed"	Adolescents should receive a bivalent Td vaccine 10 years after their previous DPT vaccination. (Advisory Committee on Immunization Practices)	Administer 10 years after previous DTP or Td booster, usually at 14-16 years of age.	A combined Td booster should be administered at age 11-12 years (14-16 years is an acceptable alternative) and periodically in adulthood	A Td booster should be administered every 10 years.	**(3) No Independent Position** All US authorities recommend that a Td booster should be administered at 11-16 years of age.

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IMMUNIZATIONS: High Risk Populations	***GAPS & Recommendations and Rationale***	***Bright Futures***	***Guide to Clinical Preventive Services***	***Health Supervision Guidelines***	***Put Prevention Into Practice***
Hepatitis A Immunizations (11-14): Hep A if indicated Immunizations (15-17): Hep A if indicated Immunizations (18-21): Hep A if indicated	**(1) Not Addressed**	**(1) Not Addressed**	Hepatitis A vaccine is recommended for all high-risk adolescents (persons living in areas where the disease is endemic or where periodic outbreaks occur). ("A" Recommendation)	**(1) Not Addressed**	**(1) Not Addressed**

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Hepatitis B Immunizations (18-21): Changed wording slightly on Hep B ("If not given previously, administer per dosage schedule"	Susceptible adolescents who engage in high-risk behaviors should be vaccinated against hepatitis B virus. This includes those who have had more than one sexual partner in the last six months, who exchange sex for money or drugs, males engaged in sex with other males, and users of I.V. drugs. Universal vaccination should be implemented in communities where I.V. drug use, adolescent pregnancy, STD infections are common. (Advisory Committee on Immunization Practices)	Administer during adolescence if not administered previously. Use series of three doses: first dose at elected date; second dose one month later; third dose six months after first dose.	Adolescents should receive the vaccine if not previously immunized, particularly those in high risk populations (men who have sex with men, injection drug users and their sex partners, persons with multiple sex partners in the last 6 months, etc).	Adolescents should be immunized for Hepatitis B if the series has not previously been given, with the second and third doses given at 1 month and 6 months respectively.	**(3) No Independent Position** All major authorities recommend that all adolescents should be fully immunized.

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Influenza	Certain adolescents with chronic physical disorders and those who have had splenectomies may need influenza and pneumococcal vaccine.	**(1) Not Addressed**	Influenza vaccine should be administered to persons 6 months and older who are residents of chronic care facilities or suffer from certain chronic diseases.	**(1) Not Addressed**	Immunization should be provided to children of at least 6 months of age who are at increased risk for influenza-related complications due to certain medical conditions, or who may transmit influenza to individuals at increased risk.
Pneumococcal Vaccine	Certain adolescents with chronic physical disorders and those who have had splenectomies may need influenza and pneumococcal vaccine.	**(1) Not Addressed**	Pneumococcal vaccine is recommended for immunocompetent adolescents with certain conditions, and those living in special environments or social settings with an increased risk.	**(1) Not Addressed for this age group**	Patients with medical and living conditions putting them at high risk for pneumococcal disease should be immunized.

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Varicella Immunizations (11-14): Varicella if indicated Immunizations (15-17): Added: Varicella if indicated Immunizations (18-21): Added: Varicella if indicated	**(1) Not Addressed**	**(1) Not Addressed**	Children under age 13 with no reliable history of varicella should receive this vaccine.	Varicella vaccine may be given at 12-13 years if the adolescent has not had natural chickenpox or the vaccine.	**(3) No Independent Position** Cites the ACIP: Children should receive a single vaccination between 12-18 months, or up to twelve years. Children and healthy adults immunized after age 13 years should receive two doses 4-8 weeks apart.

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