

SCREENING:	<i>Bright Futures</i>	<i>Guide to Clinical Preventive Services</i>	<i>Health Supervision Guidelines</i>	<i>Put Prevention Into Practice</i>
Abuse	(4) Alert to Evidence 5, 6, 8, 10 years: As part of the complete physical examination, evidence of neglect or abuse should be noted.	(4) Alert to Evidence Clinicians should be alert to the various presentations of child abuse.	<u>Parent</u> 5, 6 years: Ask parent if anyone in the family has ever been intentionally hurt. 8 years: Ask parent if he/she has any concerns about family members regarding excessive use of punishment or violence.	Assess every child and family for the potential for injury from violence.
Activities	<u>Child</u> 6, 8, 10 years: Ask child about family and school activities. <u>Parent</u> 5, 6, 8, 10 years: Families should be asked to bring in a schedule of the child’s extracurricular activities.	(1) Not Addressed	<u>Child</u> 6, 8, 10, 11: Ask child about after school activities. <u>Parent</u> 6, 8, 10, 11: Ask parent about after school activities.	(1) Not Addressed
Anemia	5-12 years: Screen only high risk: low iron intake, special healthcare needs, history of iron-deficiency anemia	(1) Not Addressed	Not recommended between 15 months and 11 years	(3) No Independent Position Cites Bright Futures, USPTF, AAP

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Blood Lead Level (Risk-Assessment)	5, 6 years: Assessment of risk of high-dose lead exposure.	All children with identifiable risk factors should be screened for elevated lead levels. (“B” recommendation)	5 years: Obtain a blood lead level if indicated.	Continue risk assessment and counseling until the child is at least 6 years of age.
Cardiovascular Rsk (Coronary Artery Disease, Hyperlipidemia, ECG Screening)	5, 6, 8, 10 years: Risk assessment for hyperlipidemia is recommended at every visit.	(2) Addressed, Not Recommended Routine ECG screening as part of the periodic health visit or sports physical is not recommended for asymptomatic children. (“D” recommendation) Hyperlipidemia: There is insufficient evidence to recommend routine screening in children (“C” recommendation)	5, 6, 8, 10, 11 years: Perform a cholesterol test if indicated by family history.	(3) No Independent Position Cites recommendations of National Heart Lung, and Blood Institute, AAP, Bright Futures, and AMA to screen children who are at high due to family history.
Check the Child’s Gait	(1) Not Addressed	(1) Not Addressed	6 years: Check the child’s gait.	(1) Not Addressed
Childcare	<u>Parent</u> 5, 6, 8 years: Ask parent about afterschool childcare arrangements.	(1) Not Addressed	<u>Parent</u> 5, 6, 8, 10, 11 years: Ask parent about afterschool childcare arrangements.	(1) Not Addressed

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Dental Health	<p>(4) Alert to Evidence As part of the complete physical exam, the following should be noted: Caries, developmental dental anomalies, malocclusion, pathological conditions, or dental injuries.</p>	<p>(4) Alert to Evidence When examining children, clinicians should be alert to signs of early childhood caries, etc. Ask about tooth brushing. Parents: schedule next dental appointment (6 year visit), and how to handle dental emergency.</p>	<p><u>Parent</u> 10, 11 years: Ask parent whether child has regular dental checkups.</p>	<p>(4) Alert to Evidence When examining the oral cavity, clinicians should remain alert for signs of oral disease.</p>
Depression	<p><u>Child</u> 10 years: Ask the child what makes her sad and how she handles it. <u>Parent</u> 5, 6, 8, 10 years: Families should be prepared to provide information about depression in the immediate or extended family.</p>	<p>(4) Alert to Evidence Physicians should maintain a high index of suspicion for depressive symptoms in persons with a personal or family history of depression.</p>	<p><u>Child</u> 10, 11: Ask child what makes him/her worried, sad, or mad, how often he feels this way, who he talks to about these feelings, and what else he does. <u>Parent</u> 10, 11 years: Ask parent about concerns regarding child's depression or anxiety.</p>	<p>Basics of screening for depression include becoming familiar with the listed risk factors for and symptoms of depression, and identifying any risk factors or symptoms indicating the need for in-depth evaluation by a mental health professional.</p>

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Development and Behavior	<p><u>Child</u> 5, 6, 8, 10 years: Observe child’s behavior to confirm parental assessment.</p> <p><u>Parent</u> 5, 6, 8, 10 years: Ask parent trigger questions to determine child’s developmental progress.</p>	(1) Not Addressed	<p><u>Child</u> 5, 6, 8 years: Ask child questions to assess development. Ask child to describe and demonstrate skills.</p> <p><u>Parent</u> 5, 6, 8 years: Ask parent about child’s skills and abilities.</p>	(1) Not Addressed
Diet	<p><u>Child</u> 10 years: Ask child whether he/she gets any of his/her own meals, and what he/she likes to eat.</p> <p><u>Parent</u> 5, 6, 8, 10 years: Health professionals should provide guidance to the family on anticipated tasks, including good eating habits.</p>	(1) Not Addressed Counseling to promote a healthy diet is recommended, but screening is not addressed.	<p><u>Child</u> 5, 6, 8: Ask child what he/she likes to eat. 10, 11: Ask child to define “well-balanced diet,” and whether his/her diet is well-balanced.</p> <p><u>Parent</u> 5, 6, 8, 10, 11 years: Ask parent about child’s eating habits and appetite.</p>	(1) Not Addressed Counseling to promote a healthy diet is recommended, but screening is not addressed.
Discipline	<p><u>Parent</u> 5 years: Ask parent about discipline. 8, 10 years: Ask parent about household rules.</p>	(1) Not Addressed	<p><u>Parent</u> 5, 6 years: Ask parent and child about household rules and consequences.</p>	(1) Not Addressed

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Early Puberty	8 years: Check girls for early puberty	(1) Not Addressed	8 years: Note early signs of puberty	(1) Not Addressed
Eating Disorders	10 years: If a child has a BMI of greater than 95th or less than 5th percentile, refer for dietary assessment and counseling. <u>Child</u> 10 years: Ask child about weight concerns and whether he/she is trying to change his/her weight.	(1) Not Addressed	<u>Parent</u> 5 years: Ask parent about concerns regarding child's weight 8 years: Ask parent about concerns regarding child's eating, appetite, nutrition.	In older children, body measurement can identify those who are overweight and those with possible eating disorders.
Emotional Well-Being	<u>Child</u> 5, 6, 8, 10 years: Ask child what he/she is best at. 10 years: Ask child about moods and mood-management. <u>Parent</u> 5, 6, 8, 10 years: Ask parent what about child makes them proud, and how child expresses feelings.	(1) Not Addressed	<u>Child</u> 5, 6 years: Ask child about feelings. 8, 10, 11 years: Ask child to describe self and what he/she is proud of about self. <u>Parent</u> 6, 8, 10, 11 years: Ask parent about child's moods and mood-management.	(1) Not Addressed

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Exercise	5, 6, 8, 10 years: Health professionals should assess the achievements of child, including participation in athletic or exercise programs.	(1) Not Addressed	(1) Not Addressed Counseling to engage in regular physical activity is recommended, but screening is not addressed.	Use every office visit as an opportunity to inquire about the physical activity habits of both children and parents.
Family Functioning	<u>Child</u> 5, 6, 8, 10 years: Ask child about his/her role in the family. <u>Parent</u> 8, 10 years: Ask parent about family activities. 5, 6, 8, 10 years: Ask parent about communication with child and partner.	(1) Not Addressed	<u>Child</u> 5, 6, 8, 10, 11: Ask child about activities and her role in the family. <u>Parent</u> 5, 6, 8, 10, 11 years: Ask parent about family activities. 6, 8 years: Ask parent about family communication, and how it could be better.	(1) Not Addressed
Family Stresses	<u>Parent</u> 5, 6, 8, 10 years: Ask parent about changes in family since last visit.	(1) Not Addressed	<u>Parent</u> 5, 6, 8, 10, 11 years: Ask parent about family stresses, including substance abuse and physical abuse.	(1) Not Addressed

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Genitalia	10 years: The physical exam should include a Tanner stage or Sexual Maturity Rating.	(1) Not Addressed	10, 11 years: Examine genitalia as part of general physical exam.	(3) No Independent Position Cites Bright Futures recommendation to perform a sexual maturity rating beginning at age 10.
Hearing Screen	5, 6, 8, 10 years: Hearing screening recommended at each visit.	(2) Addressed, Not Recommended Routine hearing screening of asymptomatic children beyond age 3 years is not recommended. (“D” recommendation)	5 years: Evaluate the child’s hearing 6, 8 years: Test the child’s hearing if it has not been tested at school or if hearing or speech problems or language delay is suspected.	(3) No Independent Position Cites AAP and Bright Futures recommendation that pure-tone audiometry be performed at 5 and 10 years of age. Cites the American Speech-Language-Hearing Association recommendation that annual pure-tone audiometry be performed for children functioning at a developmental level of up to grade 3.

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Injury Prevention	<p><u>Child</u> 5,6 years: Ask child about use of bicycle helmet, safety belt (booster seat), to and from school safely. 8, 10: Ask child about neighborhood safety, violence, safety belt (booster seat), helmet use, protective sports gear, know how to swim, gangs, alcohol, drugs, and tobacco use.</p> <p><u>Parent</u> 5, 6 years: Ask parent whether he/she teaches pedestrian safety, bike helmet, safety belt (booster seat), lead hazards, gun safety. 8, 10 years: Ask parent about use of seat belts and bike helmets, protective sports gear, gun safety.</p>	<p>(1) Not Addressed Counseling to reduce injury prevention is recommended, but screening is not addressed.</p>	<p><u>Child</u> 5, 6 years: Ask child about seat belts, helmets, fire safety, swimming lessons, and stranger safety. 8: Ask child about helmets and protective sports gear. 10, 11: Ask child about peer behaviors, use of tobacco, alcohol, drugs.</p> <p><u>Parent</u> 5, 6, 8 years: Ask parents about seat belts, helmets, swimming, guns, poisons, power tools, chemicals, fire safety, strangers, smoke detectors, traffic safety, following rules.</p>	<p>(1) Not Addressed Counseling to reduce injury prevention is recommended, but screening is not addressed.</p>

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Interval History	<u>Parent</u> 5, 6, 8, 10 years: Families should be prepared to give updates on a wide range of issues at each visit.	(1) Not Addressed	<u>Parent</u> 5, 6, 8, 10, 11 years: Ask parent about illnesses, family crises, etc. since last visit.	(1) Not Addressed
Measure Blood Pressure (Screen for Hypertension)	5, 6, 8, 10 years: Blood pressure screening recommended at each visit.	Measurement of blood pressure during office visits is recommended for children. (“B” recommendation)	5, 6, 8, 10, 11 years: Measure blood pressure.	(3) No Independent Position Cites AAP and Bright Futures recommendation that blood pressure be measured at age 5, 6, 8 and annually beginning at 10 years. Cites National Heart, Lung, and Blood Institute recommendation that blood pressure be measured annually beginning at 3 years. Cites US Preventive Services Task Force recommendation that children’s blood pressure be measured during office visits.

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Measure Height	5, 6, 8, 10 years: Height measurement recommended at each visit.	Periodic height and weight measurements are recommended for all patients. ("B" recommendation)	5, 6, 8, 10, 11 years: Measure height.	(3) No Independent Position Cites AAP and Bright Futures recommendation that height be measured at age 5, 6, 8 and annually beginning at 10 years. Cites US Preventive Services Task Force recommendation that height should be measured periodically.
Measure Weight	5, 6, 8, 10 years: Weight measurement recommended at each visit.	Periodic height and weight measurements are recommended for all patients. ("B" recommendation)	5, 6, 8, 10, 11 years: Measure weight.	(3) No Independent Position Cites AAP and Bright Futures recommendation that weight be measured at age 5, 6, 8 and annually beginning at 10 years. Cites US Preventive Services Task Force recommendation that weight should be measured periodically.

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Note the Child’s Interaction with the Parent	5, 6, 8, 10 years: Note the child’s interaction with the parent at each visit.	(1) Not Addressed	5, 6, 8, 10, 11 years: Clinician is instructed to make behavioral observations. 5 years: Notice the child’s interaction with each parent.	(1) Not Addressed
Note the Child’s Interactions with the Clinician	5, 6, 8, 10 years: Note the child’s interaction with the clinician at each visit.	(1) Not Addressed	5, 6, 8, 10, 11 years: Clinician is instructed to make behavioral observations. 5 years: Notice the child’s interaction with the clinician.	(1) Not Addressed
Peer Group Influences	10 years: Ask child if friends pressure him/her to do things he/she doesn’t want to do. Ask child whether friends smoke, drink, take drugs, have sex.	(1) Not Addressed	10, 11 years: Ask child about peer involvement in risk-taking behaviors.	Ask child about tobacco, alcohol, and drug use in their environment.

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Physical Abuse	<p><u>Child</u> 8, 10 years: Ask child whether anyone has ever tried to harm him, knowledge of what to do if threatened.</p> <p><u>Parent</u> 5, 6, 8, 10 years: Ask parent whether anyone has ever hurt him/her, and whether anyone has or might hurt the child.</p>	<p>(4) Alert to Evidence Clinicians should be alert to the various presentations of child abuse.</p>	<p><u>Parent</u> 5, 6 years: Ask parents whether anyone in the family has ever been hurt intentionally. Ask child what he/she would like to be different about the family. 5, 6, 8 years: Ask parent whether they are concerned about any family members regarding excessive punishment or violence.</p>	<p>Every child and family should be assessed for the potential of injury from violence by assessing whether there is a history of violent injury, substance abuse, or weapon use in the family.</p>
School Performance	<p><u>Child</u> 5, 6, 8, 10 years: Ask child about school performance; when and how child does homework; child's feelings about going to middle school (10 year visit). <u>Parent</u> 5, 6, 8, 10 years: Ask parent about child's school performance, and about whether child enjoys school.</p>	<p>(1) Not Addressed</p>	<p><u>Child</u> 5, 6, 8, 10, 11: Ask child about school performance. <u>Parent</u> 11 years: Ask parent about child's school performance, about their expectations and communication with the school.</p>	<p>(1) Not Addressed</p>

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Scoliosis	10 years: As part of the complete physical exam, scoliosis should be noted for females.	(1) Not Addressed	6, 10, 11 years: As part of the complete physical exam, check the spine on forward bending/include an assessment for scoliosis.	(3) No Independent Position Cites Bright Futures recommendation to check for scoliosis beginning at age 10.
Screening Urinalysis	Screen for Urinalysis starting at 5 year visit	(2) Addressed, Not Recommended Routine screening for bacteriuria with leukocyte esterase or nitrate testing is not recommended for asymptomatic children. (“D” recommendation)	A screening urinalysis should be performed once between 4-12 years of age.	(3) No Independent Position Cites AAP recommendation that urinalysis be performed once at 5 years of age.
Sexual Abuse	<u>Child</u> 8, 10 years: Ask child whether anyone has ever touched her in a way she didn’t like. 10 years: Ask the child whether anyone has ever pressured him/her to have sex. <u>Parent</u> 5-10 years: Ask parent whether child has ever been abused.	(4) Alert to Evidence Clinicians should be alert to the various presentations of child abuse.	(1) Not Addressed	(1) Not Addressed for this age group

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Sexual Behavior	<u>Child</u> 10 years: Ask child whether he/she (and/or her peers) has had sex.	(1) Not Addressed	(1) Not Addressed	(1) Not Addressed for this age group
Sexual Knowledge	<u>Child</u> 10 years: Ask child what education child has had about sex. <u>Parent</u> 8, 10 years: Ask parent whether he/she discusses sex with the child, and what education the child has had about sex.	(1) Not Addressed	<u>Child</u> 10, 11 years: Ask children about changes in their bodies, and understanding of menstruation and wet dreams. Ask what they've learned at school <u>Parent</u> 10, 11 years: Ask parents what they have explained about menstruation/wet dreams.	(1) Not Addressed
Sleep Patterns	<u>Parent</u> 5, 6, 8 years: Ask parent how much sleep child gets, and whether child seems rested on waking.	(1) Not Addressed	<u>Parent</u> 5, 6, 8, 10, 11 years: Ask parent about child's sleep patterns, waking in the night, etc.	(1) Not Addressed

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Social Development	<p><u>Child</u> 5, 6, 8, 10 years: Ask child about friendships.</p> <p><u>Parent</u> 5, 6, 8, 10 years: Ask parent about child’s friendships.</p>	(1) Not Addressed	<p><u>Child</u> 5, 6, 8, 10, 11 years: Ask child about friendships.</p> <p><u>Parent</u> 5, 6, 8, 10, 11 years: Ask parent about child’s friendships.</p>	(1) Not Addressed
Suicide Risk	(1) Not Addressed Health professionals are instructed to address the issue of suicide threat if it arises, but are not specifically instructed to screen for suicide risk.	(4) Alert to Evidence Physicians should maintain a high index of suspicion for depressive symptoms in persons with a personal or family history of depression. Family members of patients with evidence of suicidal ideation should be questioned regarding the extent of preparatory actions.	(1) Not Addressed	Basics of screening for suicide include becoming familiar with the listed risk factors, inquiring about suicidal thoughts in a direct, straightforward manner, questioning those with suicidal thoughts about the extent and specificity of plan, and counseling parents about the importance of restricting the access of children to dangerous prescription drugs and firearms.

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Tanner Stage Or Sexual Maturity Rating (SMR)	10 years: The physical exam should include a Tanner stage or Sexual Maturity Rating.	(1) Not Addressed	10, 11 years: Tanner stage as part of complete physical exam.	(3) No Independent Position Cites Bright Futures recommendation to perform a sexual maturity rating beginning at age 10.
Television Use	10 years: Ask child how much television he/she watches.	(1) Not Addressed	5 years: Ask child what shows he/she watches. 8, 10, 11: Ask child how much TV he/she watches.	(1) Not Addressed
Toileting/Elimination	<u>Parent</u> 5 years: Ask parent about child’s bladder and bowel control.	(1) Not Addressed	<u>Child</u> 5, 6, 8, 10, 11 years: Ask child about toileting habits. <u>Parent</u> 5, 6, 8, 10, 11 years: Ask parent about toileting habits. 8, 10, 11 years: Ask parents whether they have any concerns about child’s toileting.	(1) Not Addressed

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Tuberculosis (High Risk Populations)	5, 6, 8, 10 years: Perform tuberculin test if risk-factors are present.	Screening for tuberculosis infection by tuberculin skin testing is recommended for all persons at increased risk of developing tuberculosis. (“A” recommendation)	5, 6, 8, 10, 11 years: Perform a tuberculin test if indicated.	(3) No Independent Position All major authorities recommend tuberculin testing on children at high risk for the disease.
Use of alcohol	5, 6, 8, 10 years: Health professionals should assess achievements of the child, including avoidance of alcohol. <u>Child</u> 10: Ask the child whether he and/or his peers drink. <u>Parent</u> 8, 10 years: Ask the parents whether they discuss drinking with the child.	(1) Not Addressed Screening is recommended for adolescents, but is not addressed for children.	<u>Child</u> 10, 11: Ask child about substance use among peers. <u>Parent</u> 5, 6, 8: Ask parents if any family member abuses alcohol. 10, 11: Ask parents if they are concerned that their child is using alcohol.	<u>Child</u> Ask children about own/peer drinking. <u>Parent</u> Ask parents about their own use of alcohol, and whether they discuss the issue with the child. Assess risk-factors.

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Use of drugs	5, 6, 8, 10 years: Health professionals should assess achievements of the child, including avoidance of drugs. <u>Child</u> 10: Ask the child whether he and/or his peers take drugs. <u>Parent</u> 8, 10: Ask the parents whether they discuss drugs with the child.	<p style="text-align: center;">(4) Alert to Evidence</p> Clinicians should be alert to signs of drug abuse, and ask about drug use; use of inhalants should be considered in older children.	<u>Child</u> 10, 11: Ask child about substance use among peers. <u>Parent</u> 5, 6, 8: Ask parents if any family member abuses drugs. Ask child about substance use among peers. 10, 11: Ask parents if they are concerned that their child is using drugs.	<u>Child</u> Ask children about own/peer use of drugs. <u>Parent</u> Ask parents about their own use of drugs, and whether they discuss the issue with the child. Assess risk-factors.

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Use of Tobacco	5, 6, 8, 10 years: Health professionals should assess achievements of the child, including avoidance of tobacco. <u>Child</u> 10: Ask the child whether he and/or his peers smoke.	(1) Not Addressed Anti-tobacco counseling, but not screening, is addressed for children.	<u>Child</u> 10, 11: Ask child about substance use among peers. <u>Parent</u> 10, 11: Ask parents if they are concerned that their child is using cigarettes.	<u>Child</u> Obtain a history of tobacco use in the child’s environment. All children should be asked about tobacco use. <u>Parent</u> Parents should be asked about their own use of drugs and alcohol, and about whether they discuss the issue with their children. Assess risk-factors such as family history and stress.
Violent Behavior	<u>Child</u> 10 years: Ask the child whether he/she belongs to or has considered joining a gang. <u>Parent</u> 8: Ask the parent what the child does when he/she is frustrated. 10: Ask the parent how the child expresses himself.	(1) Not Addressed	<u>Child</u> 5 years: Ask child what she would do if someone grabbed a toy she was playing with. <u>Parent</u> 5: Ask parents how child responds to frustration, disappointment, change.	<u>Child</u> Patients should be asked about how they deal with anger.

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Vision Screen	5, 6, 8, 10 years: Vision screening recommended at each visit.	(1) Not Addressed for this age group Vision screening is recommended for all children once before entering school, preferably at 3-4 years of age. ("B" recommendation)	5 years: Check for strabismus. 5, 6, 8 years: Evaluate the child's visual acuity	(3) No Independent Position Cites AAP and Bright Futures recommendation that testing should occur at 5 and 10 years.

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Active Parenting Practices	5, 6, 8, 10 years: Counsel parents regarding enhancement of parental effectiveness, and promotion of family strengths.	(1) Not Addressed	5, 6, 8, 10, 11 years: Counsel parents regarding active parenting techniques.	(1) Not Addressed
Avoid Excess/Midday Sun, Use Protective Clothing	<u>Parent</u> 5, 6, 8 10 years: Advise parents to teach the child to wear sunscreen when playing outside.	Avoidance of sun exposure and the use of protective clothing are recommended for adults and children at increased risk of skin cancer. (“B” recommendation)	6, 10, 11: Children should be protected from sunburn.	Risk factor table recommends avoiding sun exposure between 10am and 3pm, and using protective clothing and sunscreen.
Comment on the Strengths of the Family and Child	5, 6, 8 10 years: Health professionals should remind families of their strengths during the health supervision visit.	(1) Not Addressed	5, 6, 8, 10, 11 years: Comment on the strengths of the family and child at every visit.	(1) Not Addressed

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Dental Care	<p><u>Parent</u> 5, 6 years: Advise parents to ensure regular brushing, to provide fluoride supplements if necessary, to discourage thumb-sucking, and to schedule dental appointments every 6 months, ask oral health professional when / how to floss child's teeth 8,10 years: In addition to above, advise parents to teach the child not to smoke or chew tobacco.</p>	<p>Counseling patients to visit a dental care provider on a regular basis is recommended (“B” recommendation); the effectiveness of advising patients to visit a dental care provider has not been evaluated (“C” recommendation).</p>	<p><u>Child</u> 5, 6, 8, 10, 11 years: Children should brush their teeth twice daily, floss daily, and have regular dental visits. <u>Parent</u> 5, 6 years: Advise parents about tooth brushing, flossing, and regular dental visits.</p>	<p>Continue oral health counseling through childhood.</p>

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Diet	<p><u>Parent</u> 5, 6 years: Advise parents on what types and how much food to serve (5 servings of fruits and vegetables daily). Also advise parents to model good eating habits and to make mealtimes pleasant. 8, 10 years: In addition to the above, advise parents to teach the child how to eat a balanced diet, make sure get balanced breakfast.</p>	<p>The volume offers a nutritional plan for children.</p>	<p><u>Child</u> 5 years: Encourage children to eat a healthy diet and avoid junk food. Encourage pleasant family mealtime experiences. 6, 8, 10, 11: Advise the child directly to eat healthfully, to eat breakfast daily, and not to diet. <u>Parent</u> 6: Advise parents to eat a well-balanced diet and avoid junk food.</p>	<p><u>Child</u> Help children chose a diet that is low in fat, sugar, and salt. Counsel children about the importance of maintaining a healthy weight. <u>Parent</u> Counsel parents that children need a balanced diet. Help parents chose a diet that is low in fat, sugar, and salt. Counsel parents about the importance of maintaining a healthy weight.</p>
Exercise	<p><u>Parent</u> 5, 6, 8, 10 years: Parents should be counseled to encourage regular physical activity</p>	<p>Counseling to promote regular physical activity is recommended for all children. (“A” recommendation)</p>	<p><u>Child</u> 10, 11: Encourage year-round participation in multiple sports. Strength training is appropriate under proper supervision. <u>Parent</u> 5, 6 years: Parents should be counseled to encourage regular physical activity.</p>	<p>Encourage involvement in physical activities. Counseling should be directed to children and parents.</p>

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Hygiene	<u>Parent</u> 5, 6, 8, 10 years: Parents should supervise the child's personal care and hygiene, proper hand washing.	(1) Not Addressed		(1) Not Addressed

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Injury Prevention	<p><u>Parent</u> 5, 6, 8, 10 years: Counsel parents about seat belts, booster seats, use back if passenger air bag, swimming pools, sunscreen, smoke-free environments, smoke detectors, safety rules, gun safety, power tools, pedestrian and traffic safety, playground safety, sports safety, safety equipment, helmets, adult supervision, careful choice of caregivers, stranger safety, and avoiding high noise levels.</p> <p>10 years: Advise parents to anticipate providing less direct supervision, and to anticipate that children may make errors in judgment due to risk-taking behavior, learn first aid and CPR.</p>	<p><u>Parent</u> Parents should be counseled about seat belts, avoiding children sitting in cargo areas of trucks and vans, pedestrian safety, fire safety, hot tap water, drowning, poisoning, bicycling, firearms, falls, smoke detectors, flame resistant sleepwear, syrup of ipecac, child-resistant containers, helmet use, safety gates around swimming pools and atop stairways, learning CPR, and using poison warning stickers.</p>	<p><u>Child</u> 8 years: Advise children to learn rescue breathing.</p> <p><u>Parent</u> 5, 6, 8, 10, 11 years: Parents should be counseled regarding gun safety, poisons, power tools, seat belts, bike helmets, pedestrian and bike safety, water safety, fire safety, stranger safety, protective sports equipment, traffic safety, smoke detectors, CPR, child supervision, and sunscreen.</p>	<p><u>Parent</u> Parents should teach children self-esteem and how to handle peer pressure. They should be encouraged to be good role models for safe behavior, to avoid drinking and driving, to use smoke alarms, to learn CPR. They should be discouraged from keeping firearms, or at least encouraged to keep them unloaded, should teach children to dial 911, should have children sit in back seat, avoid having children sit in cargo areas, have children use seat belts, teach and role-model traffic safety, and enforce helmet use.</p>

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Promotion of Community Interactions	<u>Parent</u> 5, 6, 8, 10 years: Advise parents to be involved, and to involve children in activities that will broaden their experience and improve their communities.	(1) Not Addressed	<u>Parent</u> 6 years: Advise enrolling children in community youth sports. 8: Encourage activities outside the home including sports, clubs, and camps.	(1) Not Addressed
Promotion of Constructive Family Relationships	<u>Parent</u> 5, 6, 8, 10 years: Advise parents in the promotion of constructive family relationships.	(1) Not Addressed	<u>Parent</u> 5, 6, 8, 10, 11 years: Under “Good Parenting Practices”, parents should be offered means of promoting constructive family relationships.	(1) Not Addressed
Promotion of Social Competence	<u>Parent</u> 5, 6, 8, 10 years: Parents should be counseled about ways to promote social competence.	(1) Not Addressed	<u>Parent</u> 5 years: Parents should encourage children to interact with other children.	(1) Not Addressed

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Promotion of Successful School Entry	<u>Parent</u> 5 years: Advise parents to prepare the child for school, to meet the child’s teachers, and to be involved with the child’s school, Provide well-lit, quiet apace for homework, remove distractions (TV).	(1) Not Addressed	(1) Not Addressed	(1) Not Addressed
Responsibility	<u>Parent</u> 6, 8, 10 years: Advise parents to promote self-responsibility.	(1) Not Addressed	<u>Parent</u> 5, 6, 8, 10, 11 years: Parents should encourage independence and autonomy. Rules and expectations should be discussed, clarified, and enforced.	(1) Not Addressed
Role-Modeling	<u>Parent</u> 5, 6, 8, 10 years: Parents should be a role model for the child by having a healthy lifestyle.	(1) Not Addressed	<u>Parent</u> 6, 8 years: Remind parents that they are the child’s role-model in terms of activities, values, attitudes, and morality.	(1) Not Addressed

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School Achievement	<u>Parent</u> 8, 10 years: Advise parents to show interest in child’s school performance.	(1) Not Addressed	<u>Parent</u> 8 years: Parents should be advised that an interest in the child’s daily school activities promotes a sense of self-esteem.	(1) Not Addressed

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Sexual Education	<p><u>Parent</u> 5, 6, 8, 10: Parents should be counseled to recognize sexual curiosity as normal. Advise parents to educate their children about sexuality. This includes answering questions in an age-appropriate manner, having age-appropriate sexual education books available, preparing children, for menstruation and wet dreams, encouraging children to delay sexual behavior, and exploring the child’s understanding of STDs, including AIDS, and guidance on no touching without child’s permission.</p>	(1) Not Addressed	<p><u>Child</u> 10, 11: Encourage abstinence in children interested in sexual activity. Remind children to report sexual advances of any kind. <u>Parent</u> 5: Advise parents to discuss sexuality with child as appropriate to child’s age and interest. 10, 11 years: Advise parents to prepare children for onset of sexual, to answer children’s questions about sex comfortably, and in cases in which they don’t know the answer, to research the question with their child.</p>	(1) Not Addressed
Sleep Patterns	<p><u>Parent</u> 5, 6, 8, 10 years: Parents should ensure that the child gets adequate sleep.</p>	(1) Not Addressed	<p><u>Parent</u> 5, years: Parents should ensure that the child gets adequate sleep.</p>	(1) Not Addressed

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Television	<u>Parent</u> 5, 6, 8 years: Parents should limit child’s television viewing to one hour per day, and to appropriate programs (check ratings, watch programs together and discuss them).	(1) Not Addressed	<u>Parent</u> 5, 6, 8, 10, 11 years: Parents should limit child’s television viewing and supervise the types of programs that are viewed.	(1) Not Addressed
Use of Alcohol	<u>Parent</u> 8, 10 years: Parents should counsel children to avoid alcohol.	The use of alcohol should be discouraged in persons younger than the legal age for drinking (“B” recommendation), although the effectiveness of counseling in the primary care setting is uncertain.	<u>Child</u> 10, 11: Children should avoid drinking alcohol. <u>Parent</u> 10, 11 years: Parents should counsel children to avoid alcohol.	<u>Child</u> Educational discussions with parents and children should begin in the preteen years. <u>Parent</u> Parents of children should be counseled regarding alcohol use, including discussion of parent’s own use.

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Use of Drugs	<p><u>Parent</u> 8, 10 years: Parents should counsel children to avoid drugs, and should ensure that the child’s school curriculum includes information about substance abuse.</p>	<p>All patients who report potentially harmful use of drugs should be informed of risks and advised to cut down or stop.</p>	<p><u>Child</u> 10, 11: Children should avoid using illicit drugs. <u>Parent</u> 6, 8 years: Parents should be advised to maintain a drug-free environment. 10, 11 years: Parents should counsel children to avoid drugs.</p>	<p><u>Child</u> Educational discussions with parents and children should begin in the preteen years. <u>Parent</u> Parents of children should be counseled regarding drug use, including discussion of parent’s own use.</p>
Use of Tobacco	<p><u>Parent</u> 5, 6, 8, 10: Advise parents to be good role models by having a healthy lifestyle. 8, 10 years: Parents should counsel children to avoid tobacco.</p>	<p>Tobacco cessation counseling is recommended on a regular basis for all patients who use tobacco products. (“A” recommendation) Parents should be counseled about effects of smoking on child health. (“A” recommendation) Anti-tobacco messages should be part of health promotion counseling for children. (“A” recommendation)</p>	<p><u>Parent</u> 6, 8 years: Parents should be advised to maintain a tobacco-free environment. 10, 11 years: Parents should counsel children to avoid tobacco.</p>	<p><u>Parent</u> If parents smoke the importance of stopping should be stressed.</p>

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Violence Reduction/Prevention	<u>Parent</u> 5, 6, 8, 10 years: Advise parents to handle anger constructively in the family, to encourage self-discipline and impulse control, to teach the child to manage anger and resolve conflicts without violence, and not to allow violent behavior among siblings.	(1) Not Addressed	<u>Parent</u> 6, 8, 10, 11 years: Advise parents that guns in the home are a danger to the family. If a gun is kept in the home, advise parents to store the gun and ammunition locked up in separate locations.	<u>Parent</u> Parents should be counseled about gun safety. All patients should be asked about how they deal with anger.

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<p>DTP (Diphtheria, Tetanus, Pertussis)</p>	<p>Administer before school entry (4-6 years). Acellular DTaP vaccine may be substituted. This should be the fifth and final dose of the series.</p>	<p>All children without established contraindications should receive DTP or DTaP between ages 4 and 6 years. This should be the fifth and final dose of the series.</p>	<p>Before the child enters school (4-6 years of age), administer the fifth dose of DTP or DTaP.</p>	<p>(3) No Independent Position Cites the Advisory Committee on Immunization Practices recommendation that children should receive DTP immunizations by approximately 18 months of age, with a booster dose at 4-6 years of age and boosters against tetanus and diphtheria every 10 years thereafter.</p>
<p>Hepatitis B</p>	<p>(1) Not Addressed</p>	<p>All children without established contraindications should receive Hepatitis B vaccine.</p>	<p>Children who have not been vaccinated in infancy may begin the series at any visit.</p>	<p>(1) Not Addressed for this age group</p>

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<p>MMR (Measles, Mumps, Rubella)</p>	<p>Administer at 4-6 years. This should be the second and final dose of the series.</p>	<p>All children without established contraindications should receive a second dose of MMR vaccine at 4-6 years of age.</p>	<p>Before the child enters school (4-6 years of age) administer the second dose of MMR as indicated by local regulation.</p>	<p>3) No Independent Position Cites recommendations of all major authorities that normal-risk children should receive an MMR booster at 4-6 years of age.</p>
<p>Oral poliovirus</p> <p>(1) ACIP, composed of members from CDC, AAP, AAFP generally considered authoritative source for immunizations. Published each January. MMWR.</p> <p>(2) Since guidelines issued, ACIP has recommended universal IP</p>	<p>Administer at 4-6 years. This should be the fourth and final dose of the series.</p>	<p>All children without established contraindications should receive oral poliovirus vaccine at 4-6 years of age. This should be the fourth and final dose of the series.</p>	<p>Before the child enters school (4-6 years of age), administer the fourth dose of oral poliovirus (or inactivated poliovirus vaccine if indicated).</p>	<p>(3) No Independent Position Cites the Advisory Committee on Immunization Practices recommendation that a booster dose of OPV or IPV should be given before school entry (4-6 years of age).</p>

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Hepatitis A	5, 6,8,10: Immunize for Hepatitis A (if indicated)	Hepatitis A vaccine is recommended for all high-risk children aged ≥ 2 years (persons living in areas where the disease is endemic, or where periodic outbreaks occur). Where tracking is not practical, universal vaccination may be reasonable.	(1) Not Addressed	(1) Not Addressed
Influenza	(1) Not Addressed	Influenza vaccine should be administered to persons 6 months and older who are at high risk.	(1) Not Addressed	(3) No Independent Position Cites the Advisory Committee on Immunization Practices recommendation that 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.

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Pneumococcal vaccine	(1) Not Addressed	Pneumococcal vaccine is recommended for immunocompetent children, and those living in social settings with an increased risk of pneumococcal disease.	(1) Not Addressed	(3) No Independent Position Cites the Advisory Committee on Immunization Practices recommendation that patients with medical and living conditions putting them at high risk for pneumococcal disease should be immunized.
Tuberculosis	(1) Not Addressed	BCG vaccination against TB should be considered for tuberculin-negative children belonging to groups with a rate of new infection greater than 1% per year.	(1) Not Addressed	Vaccination should be considered for children with repeated household contact with an individual who has sputum-positive TB, and for children who live in a group with an excessive rate of new infection.

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Varicella	(1) Not Addressed	Children under age 13 with no reliable history of varicella should receive this vaccine.	Susceptible children may receive varicella vaccine at any visit past the first birthday.	(3) No Independent Position Cites the Advisory Committee on Immunization Practices recommendation that children 19 months to 12 years of age who lack a prior history of immunization or clinical disease should be immunized.

References

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