Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents

What’s New in the 4th Edition?
What is Bright Futures?

The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

- Bright Futures is the health promotion/disease prevention part of the medical home
- At the heart of the medical home is the relationship between the clinician and the family or youth
Who can Use Bright Futures?

- States and Communities
- Families
- Health Care Professionals
Bright Futures Guidelines: History and Timing of Release

• 1994: First edition, Morris Green, MD, Editor
• 2000: Second edition and Revised Edition in 2002, Morris Green, MD, and Judith S. Palfrey, MD, Editors
The Periodicity Schedule tells you what to do in well-child visits, while the *Bright Futures Guidelines* tell you how to do it—and how to do it well.
Part 1: Health Promotion Themes

- 12 chapters highlighting key health promotion themes
- 3 new themes

Part 2: Health Supervision Visits

- Evidence and Rationale for screening recommendations
- 32 age-specific visits (including prenatal visit)
- 5 health supervision priorities for each visit
  - Designed to focus visit on most important issues for child that age
  - Includes: social determinants of health (risks and strengths and protective factors)
What’s New in the 4th Edition?

• New **themes**, with **social determinants of health** embedded in many visits
  o Strengths and protective factors make a difference
  o Risk factors make a difference

• New **clinical content** with the latest recommendations and guidance on **implementation**

• Includes updates to several adolescent screenings including cervical dysplasia; depression; dyslipidemia; hearing; vision; tobacco, alcohol, or drug use

• Expanded **Evidence and Rationale** chapter
(New) Health Promotion Themes

- Child Healthy Development Family Support
- Mental Health and Emotional Well-Being
- Nutritional Health
- Physical Activity
- Healthy Weight
- Promoting Lifelong Health for Families and Communities
- Oral Health
- Healthy Adolescent Development
- Safety and Injury Prevention
- Community Relationships and Resources
- Promoting the Healthy and Safe Use of Social Media
- Children and Youth with Special Health Care Needs
Health Supervision (Well-Care) Visits

The Four Goals of a Well-Care Visit:

• Disease detection
• Disease prevention
• Health promotion
• Anticipatory guidance
Components of a Bright Futures Visit

- History
- Surveillance of Development
- Review of Systems
- Observation of Interaction
- Physical examination
- Screening
- Immunizations
- Anticipatory guidance
Screenings Updated From the 3rd Edition

- **Adolescent hearing screening:**
  - **3rd Edition:** Selective audiometry based on risk assessment at all Adolescent Visits;
  - **4th Edition:** Universal audiometry (once during the Early, the Middle, and Late Adolescence Visits).

- **Adolescent tobacco, alcohol, or drug use assessment:**
  - **3rd Edition:** Selective based on risk assessment for Alcohol and drugs.
  - **4th Edition:** Tobacco, alcohol, or drugs Universal administration of an assessment tool at all Adolescent Visits.

- **Cervical dysplasia:**
  - **3rd Edition:** Selective based on risk assessment at all Adolescent Visits.
New Screenings Since the 3rd Edition

• *Dyslipidemia screening*: universal once between the 9 & 11 year visits, in addition to the universal screen once between the 17 & 21 year visits carried over from the 3rd edition (align with guidelines of the National Heart, Lung, and Blood Institute).

• *Depression screening*: universal for adolescents, annually beginning at the 12 year visit (align with US Preventive Services Task Force, or USPSTF).

• *Human immunodeficiency virus (HIV) screening*: universal once between the 15 & 18 year visits (align with USPSTF)
  • A subheading has been added for the HIV universal recommendation to avoid confusion with STIs selective screening recommendation.
  • Footnote includes the following: “... making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.”
Priorities: 15 through 17 Year Visits

Priorities for the 15 Through 17 Year Visits

The first priority is to address the concerns of the adolescent and the parents. In addition, the Bright Futures Adolescence Expert Panel has given priority to the following additional topics for discussion in the 3 Middle Adolescence Visits.

The goal of these discussions is to determine the health care needs of the youth and family that should be addressed by the health care professional. The following priorities are consistent in all the Middle Adolescence Visits. However, the questions used to effectively obtain information and the anticipatory guidance provided to the adolescent and family can vary.

Although each of these issues is viewed as important, they may be prioritized by the individual needs of each patient and family. The goal should be to address issues important to this age group over the course of multiple visits. The issues are:

- Social determinants of health* (risks [interpersonal violence, food security and living situation, family substance use], strengths and protective factors [connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making])
- Physical growth and development (oral health, body image, healthy eating, physical activity and sleep)
- Emotional well-being (mood regulation and mental health, sexuality)
- Risk reduction (pregnancy and sexually transmitted infections; tobacco, e-cigarettes, alcohol, prescription or street drugs; acoustic trauma)
- Safety (seat belt and helmet use, driving, sun protection, firearm safety)

* Social determinants of health is a new priority in the fourth edition of the Bright Futures Guidelines. For more information, see the Promoting Lifelong Health for Families and Communities theme.
## Screening: 15 through 17 Year Visits

### Universal Screening

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>Depression: Adolescent</td>
<td>Depression screen&lt;br&gt;</td>
</tr>
<tr>
<td>Dyslipidemia (once between 17 Year and 21 Year Visits)</td>
<td>Lipid profile</td>
</tr>
<tr>
<td>Hearing (once between 15 Year and 17 Year Visits)</td>
<td>Audiometry, including 6,000 and 8,000 Hz high frequencies</td>
</tr>
<tr>
<td>HIV (once between 15 Year and 18 Year Visits)</td>
<td>HIV test&lt;br&gt;</td>
</tr>
<tr>
<td>Tobacco, Alcohol, or Drug Use</td>
<td>Tobacco, alcohol, or drug use screen</td>
</tr>
</tbody>
</table>

### Selective Screening

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>Hematocrit</td>
</tr>
<tr>
<td>Dyslipidemia (if not universally screened at this visit)</td>
<td>Lipid profile or normal results</td>
</tr>
<tr>
<td>HIV (if not universally screened at this visit)</td>
<td>HIV test&lt;br&gt;</td>
</tr>
<tr>
<td>Oral Health (through 16 Year Visit)</td>
<td>Oral flu</td>
</tr>
</tbody>
</table>

### STIs

- **Chlamydia**  
  - Sexually active girls  
  - Sexually active boys + on risk screening questions  
  - Chlamydia test
- **Gonorrhea**  
  - Sexually active girls  
  - Gonorrhea test
- **Syphilis**  
  - Sexually active and + on risk screening questions  
  - Syphilis test

### Selective Screening (continued)

<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Action if Risk Assessment Positive (+)</th>
</tr>
</thead>
</table>
| Vision (16 and 17 Year Visits) | + on risk screening questions  
  - Objective measure with age-appropriate visual-acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters |

**Abbreviations:** AAP, American Academy of Pediatrics; HIV, human immunodeficiency virus; STI, sexually transmitted infection; USPSTF, US Preventive Services Task Force.  
If depression screen is positive, further evaluation should be considered during the Bright Futures Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the Anticipatory Guidance section of this visit.

Adolescents should be screened for STIs per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the USPSTF recommendations (www.uspreventiveservicestaskforce.org/uspstf/uspshtv1.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and retested annually.

See Evidence and Rationale chapter for the criteria on which risk screening questions are based.
How the anticipatory guidance sections are formatted in each visit

**SDoH Priority:** Coping with Stress

### General information for the clinician

### Sample questions

- **Ask the Adolescent**
  - How do you cope with stress? Are you feeling really stressed out all the time? What causes you to feel stressed?

- **Ask the Parent**
  - How are you helping your adolescent become a good decision-maker? Cope with stress?

### Anticipatory Guidance

#### For the Adolescent
- Most people your age experience ups and downs as they transition from adolescence to adulthood. They have great days and not-so-great days, and successes and failures. Everyone has stress in their lives. It's important for you to figure out how to deal with stress in the ways that work best for you. If you would like some help with this, I would be happy to give you some ideas.

#### For the Parent
- Involve your adolescent in family decision-making, as appropriate, to give him experience with solving problems and making decisions.
- Encourage your adolescent to think through solutions rather than giving him all the answers.

### Social Determinants of Health

#### Risks:
- Interpersonal violence (fighting, bullying), food security and living situation, family substance use (tobacco, e-cigarettes, alcohol, drugs)

#### Strengths and protective factors:
- Connectedness with family and peers, connectedness with community, school performance, coping with stress and decision-making
Evidence and Rationale Chapter

**Dyslipidemia**

The Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents of the National Heart, Lung, and Blood Institute and the AAP found sufficient evidence to support universal prepubertal cholesterol screening. A fasting lipoprotein profile (total cholesterol, low-density lipoprotein cholesterol, high-density lipoprotein cholesterol, and triglyceride) should be obtained before pubertal onset and in late adolescence. Screening should be considered for younger children when a history of familial hypercholesterolemia has been identified.

The USPSTF has concluded that current evidence is insufficient to recommend for or against lipid screening from infancy to age 20 years (I Statement).^{12}
## Evidence and Rationale Chapter

- **Rigorous Guidelines Review**
  - Evidence and Rationale described
  - Evidence Consultant: Alex Kemper, MD, FAAP
- **Recommendations interpreted with caution**
  - Based in science
  - Consensus based
- **What Evidence grounds our recommendations?**

### Dyslipidemia: Universal

<table>
<thead>
<tr>
<th>Bright Futures Visits</th>
<th>Once Between 9 and 11 Year; Once Between 17 and 21 Year</th>
</tr>
</thead>
</table>

### Dyslipidemia: Selective

<table>
<thead>
<tr>
<th>Bright Futures Visits</th>
<th>2, 4, 6, 8 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk assessment</strong></td>
<td>Measure fasting lipid profile (FLP) twice. Average the results if</td>
</tr>
<tr>
<td></td>
<td>- Parent, grandparent, aunt or uncle, or sibling with myocardial infarction (MI); angina; stroke; or coronary artery bypass graft (CABG)/stent/angioplasty at &lt;55 years in males and &lt;65 years in females.</td>
</tr>
<tr>
<td></td>
<td>- Parent with total cholesterol ≥240 mg/dL or known dyslipidemia.</td>
</tr>
<tr>
<td></td>
<td>- Patient has diabetes, hypertension, or body mass index (BMI) ≥95th percentile or smokes cigarettes.</td>
</tr>
<tr>
<td></td>
<td>- Patient has a moderate- or high-risk medical condition.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bright Futures Visits</th>
<th>12 Through 16 Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk assessment</strong></td>
<td>Measure FLP twice. Average the results if new knowledge of</td>
</tr>
<tr>
<td></td>
<td>- Parent, grandparent, aunt or uncle, or sibling with MI, angina, stroke, CABG/stent/angioplasty, or sudden death at &lt;55 years in males and &lt;65 years in females.</td>
</tr>
<tr>
<td></td>
<td>- Parent with total cholesterol ≥240 mg/dL or known dyslipidemia.</td>
</tr>
<tr>
<td></td>
<td>- Patient has diabetes, hypertension, or BMI ≥85th percentile or smokes cigarettes.</td>
</tr>
<tr>
<td></td>
<td>- Patient has a moderate- or high-risk medical condition.</td>
</tr>
</tbody>
</table>

Using Bright Futures and its Resources

The Bright Futures standards, tools and resources have been developed to be used by a broad audience and can be adopted “as-is” and/or adapted to meet state-specific pediatric preventive care requirements. Important steps include:

• Incorporating the Bright Futures Guidelines and Core Tools into Patient Visits

• Using a Strength-based Approach to Partnering With Patients and Families

• Organizing Your Office Practice to Make Implementing Bright Futures Easy

• Sharing Bright Futures Material With Families

• Finding and Using Community Resources that Support the Bright Futures Approach
How Does Bright Futures Help You?

• *For health care professionals*: With Bright Futures, health care professionals can accomplish 4 tasks in 18 minutes. The tools and resources help clinicians to structure visits and create practice processes to better address patient needs.

• *For AAP Chapters*: Provides resources to assist members in following the Guidelines and sharing best implementation practices. Bright Futures serves as the basis for quality improvement projects.
How Does Bright Futures Help You?

• *For public health professionals:* Provides a roadmap for structuring visits and sharing health information with the community; helps identify priorities for funding and provides recommended standardized developmental assessments.

• *For families:* Provides resources and educational materials specific to each well-child visit. Bright Futures recognizes the strengths that families and parents bring to the health care partnership.
Bright Futures Tool and Resource Kit

- Previsit Questionnaires
- Visit Documentation Forms
- Patient/Parent Education Handouts

The revised Kit is anticipated in early 2018 and will include these core tools.
Bright Futures Tool and Resource Kit

Below are some tools and resources that are currently under development that will be available in the near future to assist with implementation of the 4th Edition:

• Screening and Priorities for each age/stage
  o available on: brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx

• Medical Screening Reference Tables
  o will include risk assessment questions

• Revised Infancy Parent Education Handouts w/ updated food allergy info
  o 4, 6, and 9 Month visits
How to Obtain Bright Futures Materials

Visit the Bright Futures Web site: brightfutures.aap.org

For a preview of the book go to shopAAP.org

Sign up for our eNews and other alerts at brightfutures.aap.org
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