Summary of Clinical Preventive Services Guidelines for Adolescents up to Age 18 (CPSG-ADOL Summary) UCSF Division of Adolescent and Young Adult Medicine

NAHIC

Guidelines as of Apr. 7th, 2020, subject to change.

Preventive Serv	vices	All (√)	At Risk (+)	Screening Test/Procedure and Other Notes
Nutrition/exer	cise/obesity	, ,		
☐ Hypertension/B		V		√ Bright Futures, USPSTF insufficient evidence
□ Obesity/BMI		V		Screen ≥ 6 years; offer/refer to appropriate intervention
☐ Cholesterol lev	el	'	+	√ Bright Futures, USPSTF insufficient evidence
☐ Healthy diet and	d physical activity		+	√ Bright Futures, NHLBI
□ Dyslipidemia		V		√ Bright Futures recommends one screening each between ages 11-14, 15-17, & 18-21, USPSTF insufficient evidence
Substance Use				
☐ Alcohol (screen	ning and counseling)	V		√ Bright Futures, <i>USPSTF insufficient evidence</i>
□ Tobacco (educa	tion and counseling)†	1		Provide education and brief counseling to prevent initiation
□ Illicit Drugs (so	creening and counseling)	1		√ Bright Futures* and ACOG**, USPSTF insufficient evidence
Mental Health	/Depression			
	reening and treatment)	V		Routinely screen for MDD ≥ age 12, w/ adequate systems in place
□ Suicide Screeni	ing	V		√ Bright Futures and ACOG, USPSTF insufficient evidence
Safety/Violenc	<u>e</u>	,		,
□ Family/partner		V		Screen women of childbearing age
☐ Fighting		J.		√ Bright Futures and ACOG
☐ Helmets		1		√ Bright Futures and ACOG
□ Seat belts		1		√ Bright Futures and ACOG
□ Guns		1		√ Bright Futures and ACOG
□ Bullying		1		√ Bright Futures only
Reproductive H	Iaalth	V		V Bright I dedies only
☐ HIV	icattii	V	+	Bright Futures and USPSTF recommend screening between ages 15-18, and screening for younger adolescents at increased risk
□ STI (screening	and counseling)†		+	High-Intensity Counseling Interventions
□ Syphilis	-		+	VDRL
□ Gonorrhea (fen	nales)†		+	NAATs; test if ≤ 24 and sexually active
□ Chlamydia (fen	nales)†		+	NAATs; test if ≤ 24 and sexually active
□ Chlamydia & C	Gonorrhea (male)†		+	√Bright Futures, <i>USPSTF insufficient evidence</i>
_	Methods (counseling)	1	+	√ACOG, + Bright Futures
□ Pregnancy (cou	inseling)		+	+ Bright Futures
Cancer Screeni				
□ Skin Cancer (d	-		+	Counsel those with fair skin ages 10-24 about reducing UV exposur
□ BRCA-Related 0		• ,•	+	Family Hx of breast, ovarian, tubal, or peritoneal cancer
	ases including CDC Immu	nization	Recommendat	
☐ Td/Tdap	•	√ .		1 dose Tdap, then Td booster every 10 years
Human papillo		1		HPV vaccine for males and females up to age 26; 2-3 lifetime doses
□ Varicella (LIVE V		√ ** *		2 lifetime doses at least 4 weeks apart ***See below
□ Measles, mum	ps, rubella	V		1 or 2 lifetime doses at least 4 weeks apart
□ Influenza		V		1 dose annually
□ Pneumococcal			+	PCV13: 1 lifetime dose PPSV23: 1-2 lifetime doses
☐ Hepatitis A		1		Havrix or Vaqta: 2 doses [18+ y.o.] Twinrix: 3-4 doses
□ Hepatitis B		1		[11-15 y.o.] Recombivax HB: 2 doses [18+] Heplisav-B/Twinrix: 2
□ Meningococcal		1		2 lifetime doses
□ Serogroup B M	leningococcal		+	Men B vaccine (2 or 3-dose series) to those 16-23 years old
□ Hepatitis C Scr	eening		+	Anti-HCV antibody testing, polymerase chain reaction testing

Bold = US Preventive Services Task Force (USPSTF) A or B Recommendation or CDC recommendations for immunizations.

Current evidence is insufficient to assess the $balance\ of\ benefits\ and\ harms\ of\ service.$ $\sqrt{\ }$ = All adolescents += Adolescents at risk For more information, please view the appendix, and visit the official website.

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^{*} Bright Futures: recommendations are for annual visits, up to age 21.

^{**} American Congress of Obstetricians and Gynecologists (ACOG) recommendations, up to age 26.

^{***} The varicella vaccine should NOT be given to patients with these contraindications.

[†] USPSTF update in progress.