

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

What's New in the 4th Edition?



**Bright
Futures.**

prevention and health promotion for infants,
children, adolescents, and their families™

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



What is Bright Futures?

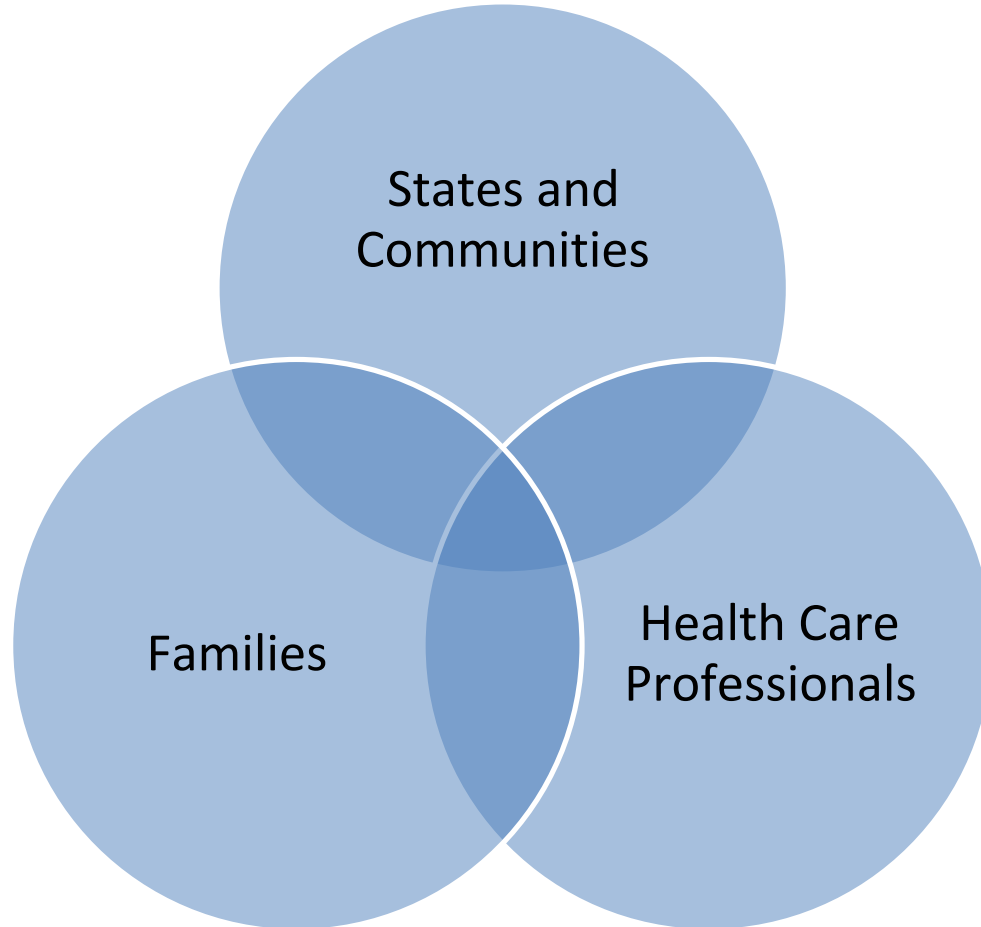


The mission of Bright Futures is to promote and improve the health, education, and well-being of infants, children, adolescents, families, and communities.

- 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?



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
- 2008: Third edition Joseph F. Hagan, Jr, MD, FAAP, Judith S. Shaw, EdD, MPH, RN, FAAP, Paula M. Duncan, MD, FAAP, Editors
- 2017: Fourth edition Joseph F. Hagan, Jr, MD, FAAP, Judith S. Shaw, EdD, MPH, RN, FAAP, Paula M. Duncan, MD, FAAP, Editors



Bright Futures Guidelines, 4th Edition

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
 - Strengths and protective factors make a difference
 - 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



Hearing loss is related to environmental or headphone acoustic trauma. Learn more about the new recommendation for universal hearing screening during the adolescent visits in the [Bright Futures Guidelines, 4th Edition](#).



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



(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.
 - **4th Edition:** Universal beginning at the 21 Year Visit in the 4th edition.

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 health³ (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)

³ 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

Screening		
Universal Screening	Action	
Depression: Adolescent	Depression screen ^a	
Dyslipidemia (once between 17 Year and 21 Year Visits)	Lipid profile	
Hearing (once between 15 Year and 17 Year Visits)	Audiometry, including 6,000 and 8,000 Hz high frequencies	
HIV (once between 15 Year and 18 Year Visits)	HIV test ^b	
Tobacco, Alcohol, or Drug Use	Tobacco, alcohol, or drug use screen	
Vision (15 Year Visit)	Objective measure with age-appropriate v HOTV or LEA symbols, Sloan letters, or Sne	
Selective Screening	Risk Assessment ^c	Action
Anemia	+ on risk screening questions	Hematc
Dyslipidemia (if not universally screened at this visit)	+ on risk screening questions and not previously screened with normal results	Lipid pr
HIV (if not universally screened at this visit)	+ on risk screening questions	HIV test
Oral Health (through 16 Year Visit)	Primary water source is deficient in fluoride.	Oral flu
STIs		
▶ Chlamydia	Sexually active girls Sexually active boys + on risk screening questions	Chlamy
▶ Gonorrhea	Sexually active girls Sexually active boys + on risk screening questions	Gonorrhea test
▶ Syphilis	Sexually active and + on risk screening questions	Syphilis test
Tuberculosis	+ on risk screening questions	Tuberculin skin test

Screening (continued)

Selective Screening	Risk Assessment ^c	Action if Risk Assessment Positive (+)
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.

^a 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.

^b 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/uspshivi.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 reassessed annually.

^c See *Evidence and Rationale* chapter for the criteria on which risk screening questions are based.

continued



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



How the anticipatory guidance sections are formatted in each visit

Priority

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

SDoH Priority:
Coping with Stress

General information
for the clinician

Sample questions

Anticipatory guidance
(in the words that the
clinician can use for
both adolescent and
parent)

Strengths and Protective Factors: Coping With Stress and Decision-making

Strategies for coping effectively with stress are an important aspect of emotional well-being and developing resiliency. Time-management skills, problem-solving skills, and refusal skills have all been identified as helpful. Some adolescents use their social support network, exercise, journaling, or meditation to help them manage.

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.

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

Dyslipidemia: Universal	
Bright Futures Visits	Once Between 9 and 11 Year; Once Between 17 and 21 Year
Citation	National Heart, Lung, and Blood Institute. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: summary report. <i>Pediatrics</i> . 2011;128(suppl 5):S213-S256

Dyslipidemia: Selective	
Bright Futures Visits	2, 4, 6, 8 Year
Risk assessment	Measure fasting lipid profile (FLP) twice. Average the results if <ul style="list-style-type: none"> • Parent, grandparent, aunt or uncle, or sibling with myocardial infarction (MI); angina; stroke; or coronary artery bypass graft (CABG)/stent/angioplasty at <55 years in males and <65 years in females. • Parent with total cholesterol ≥ 240 mg/dL or known dyslipidemia. • Patient has diabetes, hypertension, or body mass index (BMI) ≥ 95th percentile or smokes cigarettes. • Patient has a moderate- or high-risk medical condition.
Bright Futures Visits	12 Through 16 Year
Risk assessment	Measure FLP twice. Average the results if new knowledge of <ul style="list-style-type: none"> • Parent, grandparent, aunt or uncle, or sibling with MI, angina, stroke, CABG/stent/angioplasty, or sudden death at <55 years in males and <65 years in females. • Parent with total cholesterol ≥ 240 mg/dL or known dyslipidemia. • Patient has diabetes, hypertension, or BMI ≥ 85th percentile or smokes cigarettes. • Patient has a moderate- or high-risk medical condition.
Citation	National Heart, Lung, and Blood Institute. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: summary report. <i>Pediatrics</i> . 2011;128(suppl 5):S213-S256

- 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?

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?

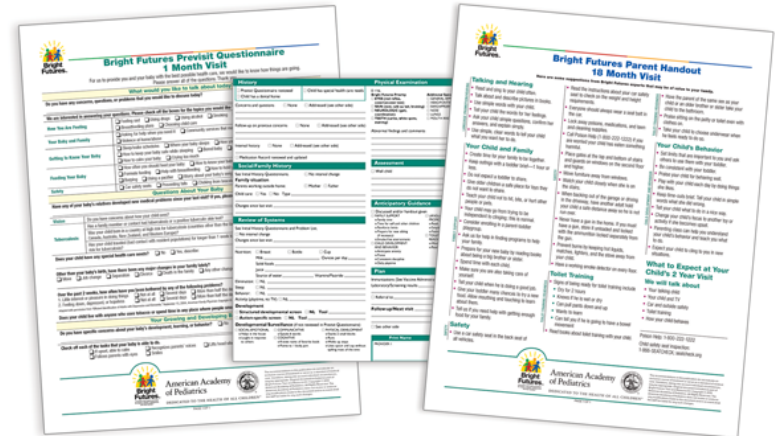
- *For health care professionals:* With Bright Futures, health care professionals can accomplish 4 tasks in 18 minutes. The tools and resources help clinicians to structure visits and create practice processes to better address patient needs.
- *For AAP Chapters:* Provides resources to assist members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



Core Bright Futures Tools: Previsit Questionnaires, Documentation Forms, Parent/Patient Education Handouts

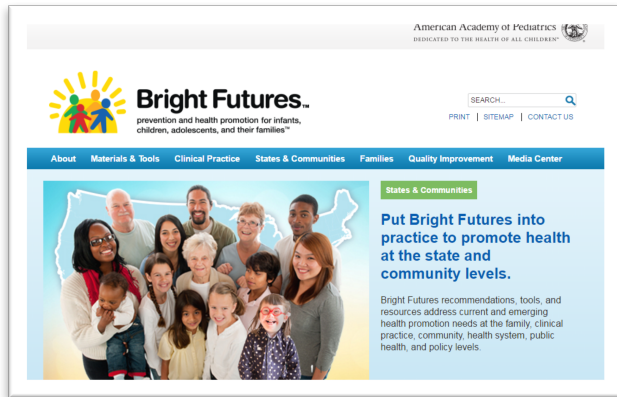
The revised Kit is anticipated in early 2018 and will include these core tools

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:

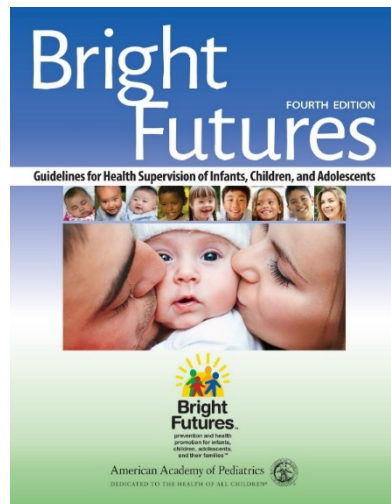
- Screening and Priorities for each age/stage
 - available on: brightfutures.aap.org/materials-and-tools/Pages/Presentations-and-Handouts.aspx
- Medical Screening Reference Tables
 - will include risk assessment questions
- Revised Infancy Parent Education Handouts w/ updated food allergy info
 - 4, 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

American Academy of Pediatrics Bright Future National Center

Jane Bassewitz, MA
Manager, Bright Futures National Center

Kathy Janies
Manager, Bright Futures Implementation

Phone

847-434-4223

E-mail

brightfutures@aap.org

Web site

brightfutures.aap.org



