

2011 PEDIATRIC HEALTHTRACK/EPST PERIODICITY SCHEDULE OF PREVENTIVE HEALTH SERVICES

Connecticut Department of Social Services
Revision June 2006

AGE	INFANCY								EARLY CHILDHOOD							
	Newborn	2-4 Days ¹	2 Wks	2 Mos	4 Mos	6 Mos	9 Mos	12 Mos	15 Mos	18 Mos	24 Mos	3 Yrs	4 Yrs	5 Yrs		
History: Initial/Interval	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Physical Examination ²	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Height/Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Head Circumference	X	X	X	X	X	X	X	X	X	X	X					
Blood Pressure												X	X	X		
Health Education Anticipatory Guidance ³	SEE SEPARATE RECOMMENDATIONS															
Developmental/Beh. Assessment ⁴	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
Immunization ⁵	SEE SEPARATE IMMUNIZATION SCHEDULE															
Hereditary Metabolic Screening ⁶	X	→														
Lead Screening ⁷							X	→				X				
Hematocrit/hemoglobin							X	→		W-HR	W-HR	X	W-HR	W-HR	W-HR	
Cholesterol Screening												HR	HR	HR	HR	
Tuberculin Test								HR	HR	HR	HR	HR	HR	HR	HR	
Hearing Screening	O	S	S	S	S	S	S	S	S	S	S	S	O*	O	O	
Vision Screening	S	S	S	S	S	S	S	S	S	S	S	O*	O	O	O	
Initial Dental Referral ⁹												X	→			
Evaluate Dental Fluoride Access						X	X	X	X	X	X	X	X	X	X	
Dental Exam ¹³												X	→		X	X
Bitewing Films												X	→		X	X

Key:

X = To be performed; HR = To be performed for patients at risk; S = Subjective, by history or parental concern; O = By Objective Standardized Test (SNELLEN; AUDIOMETRIC); ↔ = The range during which a service may be provided, * If child uncooperative, re- screen within 6 months. W- HR= Required by WIC. Covered for WIC clients or high risk clients.

Footnotes:

(1) For Newborns discharged less than 48 hours after delivery; (2) At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped; (3) Age appropriate/ patient specific health education and counseling should be part of every visit; (4) By history and appropriate physical examination; if suspicious, by specific objective developmental testing; Infants and children with risk factors for hearing loss or whose parents or others have concerns about the child's speech, language or hearing should be referred for audiological testing; (5) Childhood immunizations are based on age and health history, and should be screened each visit. (6) Metabolic Screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to State law. Sickle Cell Screening if appropriate; (7) Further venous blood level measurement is required for children showing elevated lead level (greater than or equal to 10 ug/ deciliter of whole blood); Children aged 2- 5 should be screened at annual exam if there is no record of a negative lead screen. (9) Referral should be made no later than the third birthday. Earlier referral should be made if problem indicated. (13) Dental exam twice yearly at 6 month intervals, including cleaning and fluoride treatment.

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AGE	MIDDLE CHILDHOOD				ADOLESCENCE									
	6 Yrs	7-8 Yrs	9-10 Yrs	11 Yrs	12 Yrs	13 Yrs	14 Yrs	15 Yrs	16 Yrs	17 Yrs	18 Yrs	19 Yrs	20 Yrs	21 Yrs*
SCREENING COMPONENTS														
History: Initial/Interval	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Physical Examination ²	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Height/Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blood Pressure	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Education Anticipatory Guidance ³	SEE SEPARATE RECOMMENDATIONS													
Developmental/Beh. Assessment ⁴	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunization ⁵	SEE SEPARATE IMMUNIZATION SCHEDULE													
Hematocrit/Hemoglobin					←————— (9) —————→									
Urinalysis					←————— (10) —————→									
Cholesterol Screening	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR
Tuberculin Test	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR	HR
Pelvic Exam/PAP Smear					←————— 11-HR —————→									
STD Screenings					←————— 12-HR —————→									
Hearing Screening	O (8)	O (8)	O	S	O	S	S	O	S	S	O	S	S	S
Vision Screening	O (8)	O (8)	O	S	O	S	S	O	S	S	O	S	S	S
Evaluate Dental Fluoride Access	X	X	X	X										
Dental Exam ¹³	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Bitewing Films	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Key:

X = To be performed; HR = To be performed for patients at risk; S = Subjective, by history or parental concern; O = By Objective Standardized Test; ↔ = The range during at which a service may be provided; * Appropriate provision of EPSTD services is required through age 20, up to, but not including, the 21st birthday. (b) Biannually, at 2 year intervals.

Footnotes:

(2) At each visit, a complete physical examination is essential with infant totally undressed and older child undressed and suitably draped; (3) Age appropriate and patient specific health education and counseling should be a part of every visit; (4) By history and appropriate physical examination, if suspicious, by specific objective developmental testing or parental concern; (5) Childhood Immunizations are based on age and health history and should be screened each visit. (8) State law requires screening at school. Screening should be done if there is evidence it was not done at school. (9) Hemoglobin or Hematocrit to be administered x1 during adolescence, annually for menstruating females that are at risk for anemia; (10) Urinalysis to be administered x1 during adolescence, annually for sexually active clients at risk for STD's (i. e. gonorrhea, syphilis/ serology, chlamydia, HIV, etc.); (11) All sexually active females should have a pelvic examination and a routine pap smear annually. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between 18- 21 years. (12) All sexually active patients should be screened for sexually transmitted diseases (STD's); (13) Dental exam twice yearly at 6 month intervals, including cleaning and fluoride treatments.