

## **GENERAL PEDIATRIC PREVENTIVE CARE CLINICAL PRACTICE GUIDELINES**

The following guidelines are applicable for patients age 5 through 15; therefore their medical record should contain documentation of the following:

1. Immunization Schedule: The second dose of MMR is recommended routinely at age 4-6 years but may be administered earlier if desired.
  - a. The second dose of varicella vaccine is recommended routinely when children are 4-6 years of age (i.e. before the child enters first grade or kindergarten) but can be administered at an earlier age. Adolescents  $\geq 13$  years of age without documented varicella immunity should receive two 0.5 doses of varicella vaccine separated by at least 28 days. For people who received only 1 dose of varicella vaccine, a second dose is necessary to provide evidence of immunity.
  - b. A routine health maintenance visit is recommended at 11-12 for all adolescents to evaluate immunization status and administer necessary vaccines.
  - c. Administer Meningococcal at age 11-12 years and at age 13-18 if not previously vaccinated. MPSv4 is an acceptable alternative.
  - d. Administer Tdap booster at age 11-12 years for those who have completed the recommended childhood DTP/DTap vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
  - e. Administer the first dose of the HPV vaccine series to females at age 11-12 years. Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose (at least 24 weeks after the first dose). Administer the HPV vaccine series to females at age 13-18 if not previously vaccinated.
2. Obesity preventive screening including:
  - a. Assessment for positive family history
  - b. Assessment of sex specific BMI-for-age growth chart
3. Screened for metabolic syndrome if BMI  $> 97^{\text{th}}$  percentile:
  - a. Blood pressure percentile for age, gender and height
  - b. Fasting lipid profile including total cholesterol, LDL, HDL, and triglycerides
  - c. Fasting plasma glucose ( $>100$  mg/dl), Oral glucose tolerance test ( $>140$ mg/dl)
  - d. Waist  $> 90\%$  percentile if male,  $\geq 90\%$  percentile if female

*(continued)*

## **GENERAL PEDIATRIC PREVENTIVE CARE CLINICAL PRACTICE GUIDELINES (continued)**

4. Nutritional counseling, including: Overweight as defined by having a body mass index (BMI) >85 percentile but < 95<sup>th</sup> percentile, and obesity as BMI > 95<sup>th</sup> percentile
  - a. Maintenance of healthy weight if BMI 85<sup>th</sup> to 94<sup>th</sup> percentile or if BMI  $\geq$  95<sup>th</sup> percentile with no co-morbidity
  - b. Gradual weight loss encouraged if BMI  $\geq$  95<sup>th</sup> percentile with co-morbidity
  - c. Instructions to follow a heart healthy diet
  - d. Referral to a nutritionist or dietitian as needed
  
5. Assessment of lifestyle habits including:
  - a. Physical activity and exercise minimum of 30 minutes daily
  - b. Limit sedentary behavior
  - b. Status of exposure to second hand smoke
  - c. Status of tobacco use
  - d. Substance–abuse guidance
  - e. Knowledge of Sexually Transmitted Disease
  - f. Safety belt use
  - g. Safety helmets
  
6. An annual dental exam from a dental professional

*Sources:*

*American Academy of Pediatrics: Recommended Childhold and Adolescent Immunization Schedule 2006, Prevention of Varicella, Prevention of Meningococca*

*National Guideline Clearinghouse: Identify and Preventing Overweight in Childhood Clinical Practice Guidelines, Screening for Lipid disorders in Children, Tobacco, Alcohol Drugs, The Role of Pediatrician*