



PARAMOUNT

PEDIATRIC PREVENTIVE HEALTH CARE GUIDELINES

INFANCY

AGE	SCREENINGS	ASSESSMENT/EDUCATION	IMMUNIZA-	RISK ASSESSMENT
NEWBORN	Length/Height and Weight Head Circumference Weight for Length Newborn Metabolic/Hemoglobin Hearing Screening	Physical Examination/Uncloded History-Initial/Interval Developmental Surveillance Psychosocial/Behaviorial Assessment Anticipatory Guidance	Hep B #1 (At Birth)	Blood Pressure Vision Screening
3-5 Days 48°-72° POST DISCHARGE	Length/Height and Weight Head Circumference Weight for Length Newborn Metabolic/Hemoglobin	Physical Examination/Uncloded History-Initial/Interval Feeding Jaundice Developmental Surveillance Psychosocial/Behaviorial Assessment Anticipatory Guidance	Hep B #1 IF NOT PREVIOUSLY GIVEN	Blood Pressure Hearing Screening Vision Screening
Consider Every Visit A Vaccine Visit				
By 1 MONTH	Length/Height and Weight Head Circumference Weight for Length Newborn Metabolic/Hemoglobin	Physical Examination/Uncloded History-Initial/Interval Developmental Surveillance Psychosocial/Behaviorial Assessment Anticipatory Guidance	Hep B #2	Blood Pressure Hearing Screening Vision Screening Tuberculin test
Consider Every Visit A Vaccine Visit				
2 MONTHS	Length/Height and Weight Head Circumference Weight for Length Newborn Metabolic/Hemoglobin	Physical Examination/Uncloded History-Initial/Interval Developmental Surveillance Psychosocial/Behaviorial Assessment Anticipatory Guidance	Rotavirus #1 DTaP #1 Hib #1 PCV #1 IPV #1 Hep B #2 IF NOT PREVIOUSLY GIVEN	Blood Pressure Hearing Screening Vision
Consider Every Visit A Vaccine Visit				
4 MONTHS	Length/Height and Weight Head Circumference Weight for Length	Physical Examination/Uncloded History-Initial/Interval Developmental Surveillance Psychosocial/Behaviorial Assessment Anticipatory Guidance	Rotavirus#2 DTaP #2 Hib #2 PCV #2 IPV #2	Blood Pressure Hearing Screening Vision Screening Hematocrit or
Consider Every Visit A Vaccine Visit				
6 MONTHS	Length/Height and Weight Head Circumference Weight for Length	Physical Examination/Uncloded History-Initial/Interval Developmental Surveillance Psychosocial/Behaviorial Assessment	Hep B #3 Rotavirus #3 DTaP #3 Hib #3 PCV #3 IPV #3 Influenza-yearly	Blood Pressure Hearing Screening Vision Screening Lead Screening Tuberculin test Oral Health
Consider Every Visit A Vaccine Visit				
9 MONTHS	Length/Height and Weight Head Circumference Weight for Length	Physical Examination/Uncloded History-Initial/Interval Developmental Screening Psychosocial/Behaviorial Assessment	Influenza- REVIEW & UPDATE REFER TO CDC CATCH-UP SCHED- ULE IF NEEDED	Blood Pressure Hearing Screening Vision Screening Lead Screening Oral Health
Consider Every Visit A Vaccine Visit				

Transition from PCV7 to PCV13 should be made as soon as the PCV 13 is available.

Delayed and missed vaccinations contribute to under immunization which in turn increases individual and community risks to vaccine-preventable disease
Consider Combination Vaccines when Possible.

Guidelines are based on American Academy of Pediatrics "Recommendations for Preventive Pediatric Health Care". These guidelines are for preventive care, other services may be required based on individual member's needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for persons aged 0-6 years-United States, 2010"



PARAMOUNT PEDIATRIC PREVENTIVE HEALTH CARE GUIDELINES

EARLY CHILDHOOD

AGE	SCREENINGS	ASSESSMENT/EDUCATION	IMMUNIZATIONS	RISK ASSESSMENT (If Indicated)
12 MONTHS	Length/Height and Weight Head Circumference Weight for Length Hematocrit or Hemoglobin Blood Lead Level* Lead Screening <i>*Required for Medicaid</i>	Physical Examination/Uncllothed History-Initial/Interval Developmental Surveillance Psychosocial/Behaviorial Assessment Anticipatory Guidance Oral Health	Hep B #3 DTaP #4 (6M after 3 Dose) Hib #4 PCV #4 IPV #3 MMR #1 Varicella #1 Hep A #1 (2 doses 6M apart) Influenza - yearly IF NOT PREVIOUSLY GIVEN	Blood Pressure Hearing Screening Vision Screening Tuberculin Test
Consider Every Visit A Vaccine Visit				
15 MONTHS	Length/Height and Weight Head Circumference Weight for Length	Physical Examination/Uncllothed History-Initial/Interval Developmental Surveillance Psychosocial/Behaviorial Assessment Anticipatory Guidance	Influenza-yearly SAME AS ABOVE IF NOT PREVIOUSLY GIVEN	Blood Pressure Hearing Screening Vision Screening
Consider Every Visit A Vaccine Visit				
18 MONTHS	Length/Height and Weight Head Circumference Weight for Length	Physical Examination/Uncllothed History-Initial/Interval Developmental Screening Autism Screening Psychosocial/Behaviorial Assessment Anticipatory Guidance Oral Health	Influenza-yearly Hep B#3 DTaP #4 (6M after 3 Dose) IPV #3 Hep A (2 doses 6M apart) *PCV13 IF NOT PREVIOUSLY GIVEN	Blood Pressure Hearing Screening Vision Screening Hematocrit or Hemoglobin Lead Screening Tuberculin test
Consider Every Visit A Vaccine Visit				
24 MONTHS	Length/Height and Weight Head Circumference Body Mass Index (BMI) (Percentile) Blood Lead Level* Lead Screening <i>*Required for Medicaid</i>	Physical Examination/Uncllothed History-Initial/Interval Developmental Surveillance Autism Screening Psychosocial/Behaviorial Assessment Anticipatory Guidance Oral Health	Influenza-yearly REVIEW & UPDATE Refer to CDC Catch-Up Schedule if needed	Blood Pressure Hearing Screening Vision Screening Hematocrit or Hemoglobin Tuberculin test Dyslipidemia Screening
Consider Every Visit A Vaccine Visit				
30 MONTHS	Length/Height and Weight Body Mass Index (BMI) (Percentile)	Physical Examination/Uncllothed History-Initial/Interval Developmental Screening Psychosocial/Behaviorial Assessment Anticipatory Guidance Oral Health	Influenza-yearly *PCV13 REVIEW & UPDATE Refer to CDC Catch-Up Sched- ule if needed	Blood Pressure Hearing Screening Vision Screening
Consider Every Visit A Vaccine Visit				
3 YEARS	Length/Height and Weight Body Mass Index (BMI) (Percentile) Blood Pressure Vision Screening	Physical Examination/Uncllothed History-Initial/Interval Developmental Surveillance Psychosocial/Behaviorial Assessment Anticipatory Guidance Oral Health	Influenza-yearly *PCV13 Hep A (2 doses 6M apart) Refer to CDC Catch-Up Schedule if needed	Hearing Screening Hematocrit or Hemoglobin Lead Screening Tuberculin Test
Consider Every Visit A Vaccine Visit				
4 YEARS	Length/Height and Weight Body Mass Index (BMI) (Percentile) Blood Pressure Vision Screening Hearing Screening	Physical Examination/Uncllothed History-Initial/Interval Developmental Surveillance Psychosocial/Behaviorial Assessment Anticipatory Guidance	DTaP #5 IPV #4 Influenza - yearly MMR #2 Varicella #2 *PCV13 Hep A (2 doses 6M apart)	Hematocrit or Hemoglobin Lead Screening Tuberculin Test Dyslipidemia Screening
Consider Every Visit A Vaccine Visit				
*All Children 14-59 Months of age who have had 4 doses of PCV7 needs one dose of PCV13 per CDC.				
Delayed and missed vaccinations contribute to under immunization which in turn increases individual and community risks to vaccine-preventable disease *Consider Combination Vaccines when Possible *				

Guidelines are based on the American Academy of Pediatrics "Recommendations for Preventive Pediatric Health Care". These guidelines are for preventive care, other services may be required based on individual member's needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for persons aged 0-6 years-United States, 2010"



PARAMOUNT

PEDIATRIC PREVENTIVE HEALTH CARE GUIDELINES

MIDDLE CHILDHOOD

	SCREENINGS	ASSESSMENT/EDUCATION	IMMUNIZATIONS	RISK ASSESSMENT <small>(If Indicated)</small>
5 Years	Height and Weight BMI (Percentile) Blood Pressure Vision Screening Hearing Screening Consider Every Visit A Vaccine Visit	Physical Examination-Un clothed History Initial/Interval Developmental Surveillance Psychosocial/Behavioral Anticipatory Guidance	DTaP #5 IPV #4 MMR #2 Influenza yearly Varicella #2 Hep A IF NOT PREVIOUSLY GIVEN	Hematocrit or Hemoglobin Lead screening Tuberculin Test Urinalysis
6 Years	Height and Weight BMI (Percentile) Blood Pressure Vision Screening Hearing Screening Consider Every Visit A Vaccine Visit	Physical Examination-Un clothed History Initial/Interval Development Surveillance Psychosocial/Behavioral Anticipatory Guidance Oral Health	Influenza-yearly DTaP #5 IPV #4 MMR #2 Varicella #2 Hep A IF NOT PREVIOUSLY GIVEN	Hematocrit or Hemoglobin Lead Screening Tuberculin Test Dyslipidemia Screening Urinalysis
7 Years	Height and Weight BMI (Percentile) Blood Pressure Consider Every Visit A Vaccine Visit	Physical Examination-Un clothed History Initial/Interval Development Surveillance Psychosocial/behavioral Anticipatory Guidance	Influenza-yearly REVIEW & UPDATE REFER TO CDC CATCH-UP SCHEDULE IF NEEDED	Vision Screening Hearing Screening Hematocrit or Hemoglobin Tuberculin Test Urinalysis
8 Years	Height and Weight BMI (Percentile) Blood Pressure Vision Screening Hearing Screening Consider Every Visit A Vaccine Visit	Physical Examination-Un clothed History Initial/Interval Development Surveillance Psychosocial/Behavioral Anticipatory Guidance	Influenza-yearly REVIEW & UPDATE REFER TO CDC CATCH-UP SCHEDULE IF NEEDED	Hematocrit or Hemoglobin Tuberculin Test Dyslipidemia Screening Urinalysis
9 Years	Height and Weight BMI (Percentile) Blood Pressure Consider Every Visit A Vaccine Visit	Physical Examination-Un clothed History Initial/Interval Development Surveillance Psychosocial/Behavioral Anticipatory Guidance	Influenza-yearly REVIEW & UPDATE REFER TO CDC CATCH-UP SCHEDULE IF NEEDED	Vision Screening Hearing Screening Hematocrit or Hemoglobin Tuberculin Test Urinalysis
10 Years	Height and Weight BMI Blood Pressure Vision Screening Hearing Screening Consider Every Visit A Vaccine Visit	Physical Examination Un clothed History Initial/Interval Development Surveillance Psychosocial/Behavioral Anticipatory Guidance	Influenza-yearly REVIEW & UPDATE REFER TO CDC CATCH-UP SCHEDULE IF NEEDED	Hematocrit or Hemoglobin Tuberculin Test Dyslipidemia Screening Urinalysis

ADOLESCENCE

AGE	SCREENINGS	ASSESSMENT/EDUCATION	IMMUNIZATIONS	RISK ASSESSMENT <small>(If Indicated)</small>
11-21 Years	Height and Weight BMI (Percentile) 11y-16y Blood Pressure Dyslipidemia Screening 18 - 21y Vision Test 12y,15y,18y Chlamydia (if sexually active) Pap testing begins age 21 or at risk Consider Every Visit A Vaccine Visit	Physical Examination-Un clothed Breast &/or Testicular Exam History Initial/Interval Development Surveillance Psychosocial/behavioral Anticipatory Guidance	<p style="text-align: center;">11-12 Year Olds</p> Tdap MCV Influenza-yearly HPV Series of 3 - female <p style="text-align: center;">13-18 Year Olds</p> Influenza-yearly Tdap IPV Series HPV Series MMR Series MCV Varicella Hep B Series Hep A Series IF NOT PREVIOUSLY GIVEN	Vision Test 11y, 13y 14y,16y, 17y, 19y-21y Hearing Test Alcohol & Drug Use Tuberculin Test Dyslipidemia Screening 11-17y Hematocrit or Hemoglobin STI Cervical Dysplasia Urinalysis

Delayed and missed vaccinations contribute to under immunization which in turn increases individual and community risks to vaccine-preventable disease

AAP recommends annual visits ages 11y-21y. Other services may be required based on individual member's needs or risk factors.

***Consider Combination Vaccines when Possible ***

Guidelines are based on the American Academy of Pediatrics "Recommendations for Preventive Pediatric Health Care". These guidelines are for preventive care, other services may be required based on individual member's needs or risk factors. The immunization schedule is based on the "Recommended Immunization Schedule for persons aged 7-18 years-United States, 2010"



PARAMOUNT SENIOR ADULT

PREVENTIVE CARE GUIDELINES

FEMALE

AGE	SCREENINGS	ASSESSMENT/EDUCATION	IMMUNIZATIONS
65 and over	Height Weight BMI Blood Pressure Clinical Breast Exam - Annually Colorectal Screening Fecal Occult Blood series of 3 - Annually Flexible Sigmoidoscopy every 5 years Colonoscopy every 10 years Osteoporosis Screening Hearing Screening Vision Screening	History Injury Prevention, <i>especially fall prevention</i> Drug/Alcohol use Tobacco Cessation Diet and Exercise Sexual Behavior Calcium Intake Dental Health Depression Abuse/Neglect Aspirin Therapy OTC Vitamins, Supplements & Medications Urinary Incontinence	Td - every 10 years Influenza - yearly Varicella x 2 doses Pneumococcal Zoster
	LAB STUDIES Pap Test - Women who are sexually active & who have a cervix \leq every 3 years Consider discontinuation of testing after age 65 if previous regular screening results were consistently normal. Mammogram (every 1-2 years) Fasting lipoprotein profile every 5 years		*Immunization at Risk Group MMR* Hepatitis A* Hepatitis B* PPD* Meningococcal* <i>Please refer to www.cdc.gov/nip</i>

MALE

AGE	SCREENINGS	ASSESSMENT/EDUCATION	IMMUNIZATIONS
65 and over	Height Weight BMI Blood Pressure Colorectal Screening Fecal Occult Blood series of 3 - Annually Flexible Sigmoidoscopy every 5 years Colonoscopy every 10 years Hearing Screening Vision Screening Prostate Screening (as recommended by physician with informed consent) Abdominal Aortic Aneurysm with history of smoking (one time screening)	History Injury Prevention, <i>especially fall prevention</i> Drug/Alcohol use Tobacco Cessation Diet and Exercise Sexual Behavior Dental Health Depression Abuse/Neglect Aspirin Therapy OTC Vitamins, Supplements & Medications Urinary Incontinence	Td - every 10 years Influenza - yearly Varicella x 2 doses Pneumococcal Zoster
	LAB STUDIES Fasting lipoprotein profile every 5 years (Total Cholesterol, LDL, HDL and Triglycerides)		*Immunization at Risk Group MMR* Hepatitis A* Hepatitis B* PPD* Meningococcal* <i>Please refer to www.cdc.gov/nip</i>

Guidelines are recommendations for periodic assessments from the United States Preventive Services Task Force from USPSTF @ AHRQ Home/Clinical Information/U.S. Preventive Services Task Force. NCEP (National Cholesterol Education Program) recommendations are the guidelines used for cholesterol screening. The Immunization Schedule is from the "Recommended Adult Immunization Schedule, United States, 2010". These guidelines are for preventive health care, other services may be required based on individual member's needs and risk factors.

PRENATAL - INITIAL EVALUATION

SCREENINGS	LAB STUDIES	ASSESSMENT/EDUCATION
Height Weight - Current and Pre-pregnancy Blood Pressure Physical Examination Ultrasound (if indicated)	Hematocrit or Hemoglobin levels Urine for culture & sensitivity Pap Smear ABO/Rh Typing with antibody screen Rubella Antibody Titer VDRL or RPR, FTA, if reactive Hepatitis B surface antigen HIV antibody testing One Hour Glucose Tolerance Test (at risk) Test for Gonorrhea and Chlamydia (if indicated) Cystic Fibrosis Screening - (optional) (Offered if not done prior to pregnancy) Sickle Cell Screen - offered to African Americans Genetic Risk Assessment and Counseling	Complete History Estimated Date of Delivery Current Medication (Prescription & OTC) Tobacco Use Substance Use Signs and Symptoms to report to provider Nutrition Environmental Exposure Hot Tub Warning Exercise Evaluate risk for domestic violence
		IMMUNIZATIONS
		Influenza vaccine (if 2nd & 3rd trimester of pregnancy during flu season)

During the initial evaluation, the physician or Certified Nurse Midwife needs to perform a risk assessment. At risk pregnancies need to be referred to Paramount's Case Management Program for follow-up. In addition the initial evaluation needs to include documentation of these guidelines.

FOLLOW-UP VISITS

SCREENINGS	LAB STUDIES	ASSESSMENT/EDUCATION
Weight Blood Pressure Fundal Height Fetal Heart Tones Fetal Movement (to be recorded each visit during the 2nd and 3rd trimester) Dipstick Urinalysis Presence of Contractions Presence of Edema Ultrasound (at risk) Sononuchal-lucency 11-13 weeks (at risk)	Quadruple Screen at 15-20 Weeks - offered (Alpha-fetoprotein, b-hcg, unconjugated Estriol, Inhipin-A) Antibody Screen at 28 weeks (if Rh Negative; prior to giving Rhogam) Hemoglobin or Hematocrit (to be recorded at 28-32 weeks gestation) -CBC with differential (if Hemoglobin<10 or Hematocrit< 32) -Iron studies if low MCV -Hemoglobin Electrophoresis-recommended if indicated (consult with laboratory for further recommendations) One Hour Glucose Tolerance Test at 28 weeks Group B Strep, Gonorrhea, Chlamydia 34-35 Weeks HIV antibody testing Genetic Studies (as indicated) VDRL or RPR, FTA, if reactive (at risk)	Prenatal Risk Factor Rhogam (if appropriate) Exercise Childbirth Process Infant Feeding Choosing Child's Physician WIC/Nutrition Birth Control Working Air travel during pregnancy Postpartum Tubal Ligation Circumcision Vaginal Birth After Cesarean (if indicated) Umbilical cord blood bank
IMMUNIZATIONS		
Influenza vaccine (if 2nd & 3rd trimester of pregnancy during flu season)		

Follow-Up visits are scheduled every 4 weeks for the first 28 weeks of gestation, every 2 weeks until 36 weeks of gestation and weekly thereafter. The frequency of follow-up visits is determined by the individual needs of the woman and assessment of her risks.

POSTPARTUM VISITS

SCREENINGS	ASSESSMENT/EDUCATION
Weight Blood Pressure Breasts Abdomen Pelvic Exam Episiotomy Repair Uterine involution Pap Test (if needed)	Interval History Assess adaptation to newborn Physical Exam to evaluate status Breastfeeding Evaluate for Postpartum depression Birth Control Return to Work

Postpartum visits should be scheduled approximately 4-6 weeks after delivery.
A visit within 7-14 days of delivery may be advisable after a cesarean delivery or a complicated gestation.

Guidelines are recommendations from "Guidelines for Perinatal Care" Sixth Edition. These are guidelines for members with an uncomplicated pregnancy. Other services may be required based on individual member's needs or risk factors. Services should be performed as needed and are at the discretion of the provider. These guidelines are not considered as standards of care but are developed to enhance the clinician's practice.

PARAMOUNT HEALTH CARE OFFERS 2 POSTPARTUM HOME VISITS FOR ALL ADVANTAGE MEMBERS; PLEASE ENCOURAGE OUR MEMBERS TO ACCEPT THESE VISITS AND USE THIS OPPORTUNITY TO HELP THEM ADJUST TO THEIR NEW RESPONSIBILITIES.