2009 Clinical Preventive Care Guidelines



Help Your Child Grow and Develop Normally and Stay Healthy

Research has shown there are plenty of things you can do to help your children grow, stay healthy and develop normally. Make sure your child gets plenty of rest, proper nutrition and adequate exercise. A balanced diet full of essential vitamins and minerals will help ensure that your child will reach his full growth potential. For your child's daily nutritional requirements check http://www.mypyramid.gov

What is your child's BMI?

Body Mass Index (BMI) is a number calculated from a person's height and weight. It provides a reliable indicator of body fatness. It is used to screen for health problems related to a person's weight. To calculate your child's BMI, and for tips to help your child maintain a healthy weight, go to: http://apps.nccd.cdc.gov/d npabmi

Children & Adolescents (Birth - 18 years of age) Preventive Schedule

See complete list of footnotes and details regarding child immunizations on the AHRQ Web site at www.ahrq.gov, and discuss with your physician. Advisory Committee for Immunization Practices (ACIP) recommended guideline:

General Health Exam															
Physical and Development Exam						Every Visit									
Height and Weight						Every Visit									
Blood Pressure and BMI						Annually, begin at age 2									
Vision and Hearing and Dental Screening						Annually, begin at age 3									
Screening At Risk Pa	tients														
Cholesterol Screening						Every two years beginning at age 2									
Lead test, TB, Sickle Cell & STD Screening						As indicated by history and/or symptoms									
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Injury / Violence Prevention						Annually, more often if indicated									
Nutrition Counseling						Every Visit									
Screen/Counseling for Tobacco, Alcohol and Substance Abuse						Each visit starting at age 14, earlier if indicated									
Immunizations *	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 vears	11-12 years	13-14 vears	15 years	16-18 years	
Hepatitis A		month	Inontins	montins			, 6 mont		months	years	years	years	years	years	
Hepatitis B	•		• —				• —								
Diphtheria, Tetanus, Pertussis (DTap)			•	•	•		_	• —		•					
Tetanus, Diptheria, Pertussis (Tdap)											•				
Haemophilis Influenza Type B			•	•			• —								
Inactivated Poliovirus							-								
Measles, Mumps, Rubella (MMR)							• —			•					
Varicella							• —			•					
Pneumococcal			•	•	•	·	• —				—	• —			
Influenza						(Annually)									
Roto Virus (RotoTeq)** 6 to 12 week intervals completed by 32 weeks			•	•	•										
Human Papillomavirus (HPV)												(Femal	• es only)		

— • — Represents a range of recommended ages

CARE FOR PATIENTS WITH RISK FACTORS: Appropriate testing should be done at the doctor's discretion, based on family history and personal risk factors.

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One of the most important steps you can take for your health is to schedule regular checkups. Use this schedule as a reference tool during discussions with your doctor to determine the best options specific to your needs.

Be sure to verify your benefits for preventive services so you'll know what's paid by your plan. This schedule of preventive services is based on recommendations of the **U.S. Preventive Services** Task force. This schedule is a partial list. For a complete list of recommended services, visit the Agency for Healthcare Research and Quality (AHRQ) web site at www.ahrq.gov.

Adult (age 19+) Preventive Schedule*

Each visit, minimum once every 2 years							
Annually							
Annually							
Annually							
One-time screening for men ages 65-75 who have ever smoked							
Women starting at age 65; if increased risk for fractures and osteoporosis start at age 60							
24 years or younger if sexually active, over 24 talk to your doctor							
Screening once every 5 years begin at age 20							
Ages 50-70							
Consult your doctor							
Every 1 - 2 years starting at age 40							
Every 1 - 3 years if sexually active or over age 21							
Discuss with your physician							
Every visit, as indicated							
Age 19+: Td Booster every 10 years							
Ages 19-49: 1 or 2 doses. By doctor recommendation ages 50+: 1 dose							
Ages 19-49: 2 doses. By doctor recommendation ages 50+: 2 doses (0, 4-8 weeks)							
Ages 50+: 1 dose annually. By doctor recommendation ages 19-49: 1 dose							
Ages 65+: 1-2 doses. By doctor recommendation ages 19-64: 1 or 2 doses							
Ages 19+: 2 doses							
Ages 19+: 3 doses							
Ages 19+: 1 or more doses (revaccination interval is 5 years)							
Females ages 19-26: 3 doses (may be administered to females as young as 9 years)							
Ages 60+: 1 dose g pregnancy and HIV infection. Consult AHRQ for a complete list, and discuss with your physician.							

* Some immunizations are contraindicated for certain conditions, including pregnancy and HIV infection. Consult AHRQ for a complete list, and discuss with your physician. ** For select populations. Details on recommendations may be found on the Center for Disease Control Web site at www.cdc.gov/nip/recs/adult-schedule.htm#print.

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These recommendations were developed as a guide for our members and are not intended to replace your doctor's judgment. We encourage you to discuss them with your physician.