The Ambulatory Best Practice Group is composed of experts in primary care from across our system. This multidisciplinary group of health professionals meets on a regular basis to evaluate the quality of care delivered across the system while staying abreast of trends in healthcare that will impact ambulatory practice and care outcomes.

During the preparation of these screening guidelines, the Ambulatory Quality Best Practices Group reviews multiple sources of information including current literature, community practice standards, expert opinion from subject matter experts from within our system, national recommendations from clinical specialty organizations and information available regarding recommendations for health and prevention screening guidelines.

This document is a summary of our recommendations for the appropriate screening of patients in MedStar Health. These recommendations are for adult, pediatric and special populations across our system. The document is divided into a section for Adults and Pediatrics. In each of the sections the recommendations are alphabetized. This reference is intended for all providers who serve as primary care practitioners for ambulatory patients in the MedStar Health system.

Successful implementation of the screening guidelines is at least in part related to a successful education process for providers, patients and families. To that end, we have included information that is available free of charge through specific Internet sites. At times the information on the Internet sites discusses some recommendations that have not been put forward in this document so elimination of that information is an important consideration prior to printing and distribution of the information.

These recommendations are provided to assist physicians and other clinicians making decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient’s primary care provider and in collaboration with the patient. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but should be used with the clear understanding that continued research may result in new knowledge and recommendations.

Federal and state law, particularly laws and regulations relative to provision of care under governmental programs such as Medicare/Medicaid, may mandate the provision of certain screening and preventive care. Any questions regarding these requirements should be reviewed with legal counsel or a member of our committee. Member names and phone numbers are listed on the next page of this document.

The Ambulatory Best Practice Group will review these guidelines on an annual basis for additions, deletions or clarifications and distribute as appropriate.
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Pediatric Populations

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<tr>
<th>Preventive Service</th>
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<tbody>
<tr>
<td></td>
<td>1-18 MONTHS</td>
</tr>
<tr>
<td>Well Child Care Visit Schedule</td>
<td>Prenatal, 2-4 days, 2 wks, 1 mo, 2 mo, 4 mo, 6 mo, 9 mo, 12 mo, 15 mo, 18 mo</td>
</tr>
<tr>
<td>Review of History: Past Medical and Family History</td>
<td>Every visit</td>
</tr>
<tr>
<td>Physical Exam</td>
<td>Every visit</td>
</tr>
<tr>
<td>Height/Weight with percentile</td>
<td>Every visit</td>
</tr>
<tr>
<td>Head Circumference with percentile</td>
<td>Every visit until 24 months</td>
</tr>
<tr>
<td>BMI with percentile</td>
<td>24 months, 30 months and then annually from age 3 years to 21 years</td>
</tr>
<tr>
<td>Blood Pressure Screening</td>
<td>Every visit beginning at 3 years to 21 years</td>
</tr>
<tr>
<td>Developmental Surveillance</td>
<td>Every visit: Assess Development</td>
</tr>
<tr>
<td>Developmental Screening by Standardized Tool</td>
<td>Developmental screening should be administered regularly at the 9, 18, and 24 or 30-month well visits utilizing a valid and standardized screening tool such as Ages and Stages Questionnaire (ASQ), Parent Evaluation of Developmental Status (PEDS) or Child Development Inventories (CDI).</td>
</tr>
<tr>
<td>Behavioral Screening</td>
<td>Behavioral screening ages from 3-21 years of age should be performed annually utilizing validated and standardized tools such as Strength and Difficulties Questionnaire (SDQ), Pediatric Symptom Checklist (PSC)</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>Depression screening ages from 11-21 years of age should be performed annually utilizing validated and standardized tools such as Strength and Difficulties Questionnaire (SDQ), Pediatric Symptom Checklist (PSC), Patient Health Questionnaire 2 (PHQ-2), Patient Health Questionnaire (PHQ-9, PHQ-9A), Teen Screen, or GAPS tool, and should be assessed for suicidal/homicidal ideation</td>
</tr>
<tr>
<td>Genital Exam</td>
<td>External genital exam: All ages and performed annually</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td>Cervical cancer screening should begin at age 21 years (regardless of sexual history). <strong>Screening before age 21 should be avoided because women less than 21 years old are at very low risk of cancer. Screening these women may lead to unnecessary and harmful evaluation and treatment</strong> (ACOG 2009, AAP 2014). For immunosuppressed patients screening may start earlier.</td>
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<tr>
<td>Nutritional Status/Physical Activity Status</td>
<td>Assess nutritional status and physical activity; counsel as appropriate.</td>
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| Vision & Hearing                                       | **Subjective screening (validated):** newborn - 24 mo, 11 yr, 13 yr, 14 yr, 16 yr, 17 yr, 19 yr, 20 yr & 21 yr.  
**Objective Screening (validated):** Newborn (confirmed that hearing tested at birth), 4 yr, 5 yr, 6 yr, 8, 10, 12 yr, 15 yr, 18 yr.  
*refer to hearing screening if not performed elsewhere |
| Dental Health                                           | Oral Health assessment should begin at birth and dental assessment begins at tooth eruption. Recommend dental provider assessment beginning at age 1 or earlier if dental concerns are present. Dentist evaluation should occur every 6 months. (AADP) |
| Counseling / Education / Screening for high-risk factors| One or more of age appropriate counseling should be discussed during periodic primary care physician visits. Additional screening and intervention may be necessary for individuals at high-risk. Anticipatory guidance, substance abuse, smoking, diet and exercise, injury prevention, domestic violence, dental health, sexual behavior, use of alternative and complementary medicines, depression, suicidal/homicidal ideation, high-risk of exposure to infectious diseases (HIV, Hep A, Hep B, Hep C).  
Parents and caregivers should be advised to place healthy infants alone, on their backs, in a crib when putting them to sleep. |
| Autism                                                 | Administer autism (ASD) specific screening tool on all children at the 9 month, 18 month, 24 month or 30 month preventive care visit (CDC, 2014)  
Administer autism specific screening tool. (MCHAT and STAT are examples of validated tools for screening for autism).  
Per CDC, additional screening might be needed if a child is at high risk for developmental problems due to preterm birth, low birth weight or other reasons such as having a sister, brother or other family member with an ASD or if behaviors sometimes associated with ASD are present |
| Sexually Transmitted Infection (STI) Risk Assessment    | Yearly starting at age 11  
Screening for all sexually active adolescents and other asymptomatic persons at high-risk for STDs (includes gonorrhea, Chlamydia, syphilis and HIV). The AAP (2014) recommends HIV testing for adolescents between the ages of 16-18 years. |
| Sexually Transmitted Infection (STI) Screening         | Infants born to mothers whose HIV status is unknown should be tested for HIV.  
24 months, 30 months and then annually from age 3 years thru 6 years as required by state |
| Blood Lead Risk Assessment                             | 6 mo, 9 mo, 12 mo, 15 mo, 18 mo as required by state  
Repeat Blood testing on or after 2 yrs (24 months) as required by state  
Screening is recommended for previously untested children aged <6 years to rule out subclinically elevated blood lead level. Any positive screen should have a follow up blood test. |
| Blood Lead Testing                                     | Blood lead test at 12 months as required by state or if at high risk.  
Sickle cell screen if not already completed, if status unknown or risk factors. |
| Hereditary/Metabolic Screening                         | Newborn Metabolic screen (PKU) by age one month: should be performed according to state  
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<td><strong>Cyanotic Congenital Heart Defect Screening</strong></td>
<td>All newborns are to be screened in the hospital. If screening is not able to be verified it should be performed in the outpatient setting.</td>
</tr>
<tr>
<td><strong>Tuberculosis Screening/Risk Assessment</strong></td>
<td>Perform TB screening /risk assessment to by age 1 month, at 6 mo and annually thereafter for all patients as required by state. High risk patients should be tested for TB. High risk patients can be defined as those that are immunocompromised, are or have been in close contact with active TB cases, have medical risk factors, are immigrants from high prevalence areas, or have recently traveled to high risk areas, and other disparate populations.</td>
</tr>
<tr>
<td><strong>Anemia Risk Assessment</strong></td>
<td>4 mo, 15 mo, 18 mo as required by state</td>
</tr>
<tr>
<td><strong>Hematocrit or Hemoglobin Screening</strong></td>
<td>Hematocrit or Hemoglobin testing at 12 months and at 24 months as required by state or if at high risk+</td>
</tr>
<tr>
<td><strong>Cholesterol Risk Assessment</strong></td>
<td>24 months, 30 months and then annually from age 3 years to 21 years as required by state</td>
</tr>
<tr>
<td><strong>Cholesterol Screening</strong></td>
<td>2 to 21 years: Perform cholesterol screening at 9 - 10 years and 18 - 20 years as required by state and for high-risk patients with blood fasting lipid profile. Risk factors for premature cardiovascular disease include obesity, high blood pressure, diabetes, family history of dyslipidemia and family history of premature cardiovascular disease (males &lt;55yrs and female &lt;65yrs).</td>
</tr>
<tr>
<td><strong>Diabetes Screening</strong></td>
<td>Screening with fasting glucose and/or HbA1c every two years is recommended for overweight individual (BMI&gt; 85th percentile) and should also be based on other risk factors such as lifestyle and/or family history</td>
</tr>
<tr>
<td><strong>Urinalysis Screening</strong></td>
<td>Routine urinalysis to screen for kidney disease is not required.</td>
</tr>
<tr>
<td><strong>Contraception Management</strong></td>
<td>Screening pelvic exams are not recommended. Age appropriate contraceptive management should be offered as part of preventive health maintenance.</td>
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**IMMUNIZATIONS**

For Complete CDC recommendations for Pediatric Immunizations go to: [http://www.cdc.gov/vaccines/recs/schedules/default.htm](http://www.cdc.gov/vaccines/recs/schedules/default.htm)
Notes & Resources


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