

SUNSHINE PEDIATRIC CLINIC – WELL CHILD CHECK GUIDELINES (Revised 01/15/19 by C. Isabel)

Well Child Check	Vitals	Vaccinations	Screening Forms	Labs/Other Info.
Newborn	Ht, wt (undressed), HC, T, P, SpO2 * Collect NB HT/WT.	Hep B (if not given at hospital)	Edinburgh Post-Partum Depression Screen, MA to log score.	Review/Request newborn admin & d/c summaries.
2 Week	Ht, Wt (undressed), HC, T, P, SpO2		Edinburgh Post-Partum Depression Screen, MA to log score.	
1 Month	Ht, Wt (undressed), HC, T, P, SpO2		Edinburgh Post-Partum Depression Screen, MA to log score.	
2 Month	Ht, Wt (undressed), HC, T, P, SpO2	Pediarix (Dtap, Hep B, IPV), Prevnar, Hib, Rotavirus	SWYC- MA to log EPDS score.	Review/Request newborn screen results.
4 Month	Ht, Wt (undressed), HC, T, P, SpO2	Pediarix (Dtap, Hep B, IPV), Prevnar, Hib, Rotavirus	SWYC- MA to log EPDS score.	
6 Month	Ht, Wt (undressed), HC, T, P, SpO2	Pediarix (Dtap, Hep B, IPV), Prevnar, Hib, Rotavirus	SWYC- MA to log EPDS score, Lead Risk Assessment	ROR Oral Health Risk Assessment
9 Month	Ht, Wt (undressed), HC, T, P, SpO2		ASQ3, SWYC, Lead Risk Assessment	ROR Oral Health Risk Assessment Lead/Anemia DENTAL FLUORIDE VARNISH
12 Month	Ht, Wt (undressed), HC, T, P, SpO2 <i>Vision Screener</i>	Hep A, MMR, Varicella	SWYC, Lead Risk Assessment	ROR
15 Month	Ht, Wt (undressed), HC, T, P, SpO2 <i>Vision Screener</i>	Dtap, Hib, Prevnar	SWYC, Lead Risk Assessment	ROR
18 Month	Ht, Wt (undressed), HC, T, P, SpO2 <i>Vision Screener</i>	Hep A	ASQ3, SWYC, MCHAT-R (MA to log score), Lead Risk Assessment	ROR
24 Month	Ht, Wt (undressed), HC, T, P, SpO2 <i>Vision Screener</i>		SWYC, MCHAT-R (MA to log score), Lead Risk Assessment	ROR Lead *All kids- Assess FH hypercholesterolemia/early atherosclerosis risk and check lipid panel is high risk.
30 Month	Ht, Wt, T, P, SpO2 <i>Vision Screener</i>		ASQ3, SWYC, Lead Risk Assessment	
3 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Vision Screener</i>		SWYC, Lead Risk Assessment, TB Risk Assessment, *CSHCN	ROR
4 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Vision Screener, Hearing</i>	Kinrix (Dtap, IPV), Proquad (MMRV)	SWYC, Lead Risk Assessment, TB Risk Assessment, *CSHCN	ROR
5 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Vision Screener, Hearing</i>		SWYC, Lead Risk Assessment, TB Risk Assessment, *CSHCN	ROR
6 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Vision Screener, Hearing</i>		Pediatric Symptom Checklist, Lead Risk Assessment, TB Risk Assessment, *CSHCN	
7 Year	Ht, Wt, T, P, SpO2, BP		Pediatric Symptom Checklist, TB Risk Assessment, *CSHCN	

8 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Hearing</i>		Pediatric Symptom Checklist (MA to log score), TB Risk Assessment, *CSHCN	
9 Year	Ht, Wt, T, P, SpO2, BP		Pediatric Symptom Checklist (MA to log score), TB Risk Assessment, *CSHCN	
10 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Hearing</i>		Pediatric Symptom Checklist (MA to log score), TB Risk Assessment, *CSHCN	Lipid Panel
11 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Hearing</i>	Tdap, MCV4, Begin HPV Series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment, *CSHCN	
12 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Hearing</i>	Complete HPV series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment, *CSHCN	Hgb/Hct
13 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Hearing</i>	Complete HPV series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment, *CSHCN	Hgb/Hct (if not yet completed 12-14y)
14 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Hearing</i>	Complete HPV series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment, *CSHCN	Hgb/Hct (if not yet completed 12-14y)
15 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Hearing</i>	Complete HPV series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment, *CSHCN	
16 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Hearing</i>	MCV4 Booster, Complete HPV series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment, *CSHCN	GC/Chlamydia Dirty Urine Test, HIV Screen <i>Transition to adult care policy reviewed</i>
17 Year	Ht, Wt, T, P, SpO2, BP <i>Snellen, Hearing</i>	Complete HPV series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment, *CSHCN	GC/Chlamydia Dirty Urine Test, HIV Screen <i>Transition to adult care policy reviewed</i>

*CSHCN- SHOULD BE DONE EVERY 3 YEARS FOR PATIENTS 3 YEARS OLD – 17 YEARS OLD.

Well Late Adolescent Check	Vitals	Vaccinations	Screening Forms	Labs/Other Info.
18 Year	Ht, Wt, T, P, SpO2, BP	Complete HPV series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment	GC/Chlamydia Dirty Urine Test, HIV Screen <i>Transition to adult care policy reviewed</i>
19 Year	Ht, Wt, T, P, SpO2, BP	Complete HPV series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment	GC/Chlamydia Dirty Urine Test, HIV Screen <i>Transition to adult care policy reviewed</i>
20 Year	Ht, Wt, T, P, SpO2, BP <i>Hearing</i>	Complete HPV series	Teen health screen (PHQ2A/9A) + CRAFT, TB Risk Assessment	GC/Chlamydia Dirty Urine Test, HIV Screen, Dyslipidemia Screen <i>Transition to adult care policy reviewed</i>