

Guidelines for Pediatric Health Maintenance†

Receiving regular health exams and health services, including immunizations, can improve your health and wellness. The following is a general guideline for healthy people. Your family doctor should decide if and when these or additional tests and/or visits may be required based on his or her judgment of your specific needs. Please check your benefit package for coverage.

Immunization Schedule‡

Vaccine	Recommended at
Hepatitis B (Hep B)¹	Birth-2 months, 1-4 months, and 6-18 months
Diphtheria, Tetanus, Pertussis (DTaP or DTP)	.2 months, 4 months, 6 months, 12-18 months, and 4-6 years
Polio Vaccine (IPV)	.2 months, 4 months, 6-18 months, and 4-6 years
Haemophilus Influenza type B (Hib)	.2 months, 4 months, 6 months, and 12-15 months
Measles, Mumps, Rubella (MMR)²	.12-15 months, 4-6 years
Chickenpox (VZV)³	.12-18 months or 11-12 years
Tetanus-Diphtheria booster(Td)⁴	.11-16 years
Pneumococcal Conjugate Vaccine	.2 months, 4 months, 6 months, and 12-15 months
Polysaccharide Meningococcal Vaccine⁵	See footnote

Your doctor's immunization schedule may vary from this one based on individual facts and circumstances.

¹ All children and adolescents (through 18 years of age) who have not been immunized should begin the series at any time.

² If second dose not previously received then administer by the 11-12 year old visit.

³ VZV vaccine recommended at 11-12 years of age for children not previously vaccinated, and who lack a reliable history of chickenpox.

⁴ At least 5 years should have elapsed since the last dose of DTaP or DTP.

⁵ College students living in dormitories should receive a single dose.

GUIDELINES FOR PEDIATRIC HEALTH MAINTENANCE

Guideline	Birth to 23 months	2-6 years	7-12 years	13-18 years
Health maintenance review	1 month 2 months 4 months 6 months 9 months 12 months 15 months 18 months	Annually	8 years 10 years 11 years 12 years	Annually
Height, weight	Each visit	Each visit	Each visit	Each visit
Head Circumference	Each visit			
Blood Pressure		Each visit beginning at age 3	Each visit	Each visit
Metabolic screening (Phenylalanine and thyroid)	Birth If done in hospital repeat at 7-14 days			
Hemoglobin or hematocrit (test for anemia)	Once by age 12 months			
Urinalysis		Once at 5 years		
Lead screening		Lead history age 9-15 months and level if appropriate		
Cholesterol screening		For those at high risk	For those at high risk	For those at high risk
Hearing assessment	At birth	Once by age 3		
Vision screening		Once between ages 3 and 4	Every 2 years	Every 2 years
Dental health assessment		Each visit	Each visit (referral to dentist as appropriate)	Each visit (referral to dentist as appropriate)
Nutrition assessment Nutrition counseling	Each visit Breast feeding Iron rich foods	Each visit	Each visit	Each visit
Counseling	Injury prevention	Injury prevention	Injury prevention Substance abuse prevention Sex education	Injury prevention Substance abuse prevention Sex education Sexually transmitted diseases

†These guidelines were developed from several sources including the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), Advisory Committee of Immunization Practices (ACIP) and the U.S. Preventive Services Task Force (USPSTF) and are reviewed annually and updated as appropriate.

Courtesy of Alliance PPO