

## HealthCheck Program Periodicity Schedule for Infants, Early and Middle Childhood



	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD					
	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr
<b>Well Child Check Up</b> <i>Well child check-ups incorporate all required components of the HealthCheck exam including: comprehensive history, history update, nutritional screening, applicable growth measurements plotted on a growth chart, blood pressure, vision screening, subjective hearing screening, oral health screening, head-to-toe physical exam, lead risk screening, Tuberculosis risk screening, health education, ordering appropriate laboratory tests, and an immunization screen. Additional screening visits may be necessary for high risk infants.</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
<b>Growth Measurements</b> Length/Height and Weight Head Circumference Body Mass Index	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
<b>Blood Pressure</b>													Begin @ 3 yr	√	√	√	√	√	√	√
<b>Tuberculosis Risk Screen</b>			√			√		√	√	√	√	√	√	√	√	√	√	√	√	√
<b>Lead Risk Screen</b>						Begin @ 6 mo	√	√	√	√	√	√	√	√	√	√				
<b>Vision Screen</b>	S	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	S	O	S	O
<b>Hearing Screen</b>	O	S	S	S	S	S	S	S	S	S	S	S	S	O	O	O	S	O	S	O
<b>Developmental/Behavioral</b> Developmental Surveillance Developmental Screen <i>Using a standardized screening tool (Ages &amp; Stages, for example).</i> Psychosocial/Behavioral Screen <i>Alcohol and drug use screening is included in the psychosocial/behavioral screen.</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
<b>Autism Screen</b> <i>Using an autism-specific screening tool (M-CHAT, for example)</i>									√	√										
<b>Physical Exam</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
<b>Newborn Metabolic Screen</b> <i>Newborn metabolic screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.</i>	√	√																		
<b>Immunizations</b> <i>Immunizations should be reviewed and updated until complete at each visit. Immunizations should be administered in accordance with ACIP, AAP, and AAFP recommendations.</i>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
<b>Hematocrit or Hemoglobin</b>								√												
<b>Blood Lead Screen</b> <i>1- As indicated by the lead risk screen.</i>								√	(1)	(1)	√	(1)	(1)	(1)	(1)	(1)				
<b>Oral Health Screen</b> <i>Referral to dentist required at age 1. Earlier initial dental evaluation may be appropriate for some children.</i>	√	√	√	√	√	√	√	(R)	√	√	√	√	√	√	√	√	√	√	√	√
<b>Health Education with Anticipatory Guidance</b>	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
<b>Tuberculin Test</b> <i>TB skin testing is only performed on children who are high risk.</i>																				
<b>Dyslipidemia Screen</b> <i>Recommended: risk assessment should be performed at 24 months, 4yrs, 6yrs, 8yrs, and 10yrs.</i>																				

S=Subjective Exam O=Objective Exam R=Required Referral

For more information:  
[www.dhhr.wv.gov/healthcheck](http://www.dhhr.wv.gov/healthcheck)

WVDHHR/BPH/OMCFH/ICAH/HealthCheck 11-2010

**Required Screen-**  
Required screens are screens that are to be performed for every child at a particular visit. Example: Blood lead testing is required at 12 & 24 months on all children regardless of risk assessment.

**Selective Screen-**  
Selective screening is performed if a risk assessment is positive. Example: TB skin testing is only performed on children who are high risk.

**Subjective-**  
Subjective data is information supplied to the clinician by the patient or caregiver. Something that is subjective cannot be proven or unproven.

**Objective-**  
Generally, objective data is measurable. Objective methods of observations are those in which anyone following the prescribed rules will assign the same value(s) as anyone else. Something that is objective can be proven or unproven.



**Kids First Screening Components on the HealthCheck Form**



**West Virginia Department of Health and Human Resources  
HealthCheck Program  
Preventive Health Screen**

**5 Year Form**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex M F WT \_\_\_\_\_ HT \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Screen Date \_\_\_\_\_

Allergies:  NKDA \_\_\_\_\_ Current Meds:  None \_\_\_\_\_

Health condition(s) that may require care at school: \_\_\_\_\_

**Vision Acuity Screen** (obj) R \_\_\_\_\_ L \_\_\_\_\_  
Wears glasses  Yes  No

**Hearing Screen** (obj)  
25 db@ \_\_\_\_\_ 20 db@ \_\_\_\_\_  
R ear: \_\_\_\_\_ 500HZ R ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
L ear: \_\_\_\_\_ 500HZ L ear: \_\_\_\_\_ 1000HZ \_\_\_\_\_ 2000HZ \_\_\_\_\_ 4000HZ  
Wears hearing aids  Yes  No

**Oral Health Screen**  
Date of last dental visit \_\_\_\_\_  
Water source \_\_\_\_\_ Fluoride  Yes  No  
 Current dental problems:

**Developmental:** / Check those that apply  
Gross Motor:  
 Walks, climbs, runs  May be able to skip  
 Up/down stairs alternating feet, without support

**Fine Motor:**  
 Copies ▲ or ■  Prints some letters  
 Draws figure w/head, arms and legs  Dresses self  
 Has manual dexterity  
**Communication:**  
 Able to recall parts of story  
 Fluent speech  Uses complete sentences  
 Speaks in short sentences  Uses future tense  
 Second language spoken at home  
**Cognitive:**  
 Knows address and phone #  
 Can count on fingers  Follows 2-3 step instructions  
 Recognizes many letters of the alphabet  
**Social:**  
 Listens to stories  Follows rules  
 Plays interactive games with peers  
 Elaborate fantasy play/make believe/dress up

**Immunizations: Attach current immunization record**  
 UTD  Given, see vaccine record  
**Referrals:**  Developmental  Dentist  Vision  
 Hearing  Blood lead 10<sub>≥</sub>ugdl  Other:

**Provider signature required for validation.**  
\_\_\_\_\_  
**Please Print Name of Facility or Clinician**  
\_\_\_\_\_  
**Signature of Clinician/Title**  
\_\_\_\_\_

The information above the line is intended to be released to meet school entry requirements.

**School Entry Requirements**

**Explanation of Terms**

**Bright Futures (Guidelines for Health Supervision of Infants, Children, and Adolescents):**

A set of principles, strategies, and tools that are theory based, evidence driven, and systems oriented that can be used to improve the health and well-being of all children through culturally appropriate interventions that address their current and emerging health promotion needs at the family, clinical practice, community, health system, and policy levels.

- Bright Futures is the American Academy of Pediatrics' standard reference on children's health information for pediatricians.

**Periodicity:**

Periodicity refers to the established schedule for periodic medical screening, vision, hearing, and dental services. The periodicity schedule gives general screening guidelines for preventive pediatric healthcare by age group. Federal regulations require periodicity schedules to meet reasonable standards of medical and dental practice after consultation with recognized medical and dental organizations involved in child health care. The HealthCheck periodicity schedule corresponds to the latest edition of Bright Futures.

**Medical Home:**

An approach to providing comprehensive primary care for children, youth and adults in a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family.

- HealthCheck supports the core values of a medical home, including:
  - Having a personal physician or primary care provider (PCP) who provides first contact care or a point of entry for new problems.
  - Ongoing care over time.
  - Comprehensiveness of care.
  - Coordination of care across a person's conditions, providers and settings.

**Surveillance:**

A flexible, continuous process whereby knowledgeable professionals perform skilled observations of children during the provision of health care.

- Surveillance includes:
  - Elicitation and attending to parental concerns.
  - Obtaining a relevant developmental history (including the child's medical history, family history, physical examination, and evaluation of psychosocial risks).
  - Making accurate and informative observations of children.
  - Identifying risk and protective factors.
  - Sharing opinions and concerns with other relevant professionals (e.g. parents, health care professionals, teachers, providers of early intervention or early childhood education services).
  - Maintaining an accurate record of documentation of the surveillance process and findings.

**Screening:**

In medicine, screening is a strategy used in a population to detect a disease in individuals without signs or symptoms of that disease. Unlike what generally happens in medicine, screening is performed before symptoms start. Screening is a brief assessment procedure designed to identify children who should receive more intensive diagnosis or assessment.

**Assessment:**

- Assessment, in clinical medicine, is the evaluation of a patient for the purposes of forming a diagnosis and plan of treatment.
- An examiner's evaluation of the disease or condition is based on the patient's subjective report of the symptoms and course of the illness or condition and the examiner's objective findings, including data obtained through laboratory tests, physical examination, medical history, and information reported by family members and other health care team members.

**Vision Acuity Screen:**  
Primary care providers are required to conduct vision screens of children aged birth up to 21 years at each initial and periodic visit. Dependent upon age, subjective or objective vision screens are completed.  
  
Objective screens are required at ages 3 through 6 years, 8 years, 10 years, 12 years, 15 years and 18 years of age.

**Hearing Screening:**  
Primary care providers are required to conduct hearing screens of children birth up to age 21 years of age at each initial and periodic visit. Dependent upon age, subjective or objective hearing screens are completed.  
  
Objective screens are required at birth, 4 through 8 years and 10 years.

An oral health screen is to be completed at each initial and periodic screen to determine:

- the presence of any current dental problems including - dental caries, stained or discolored teeth, red, bleeding gums, abnormal swelling, sores and redness in other areas of the mouth, crooked teeth, missing teeth or teeth growing in unusual places, swelling of the face and lips
- date of last visit to the dentist
- the availability of fluoride in the water and need for supplemental fluoride for infants and young children

Developmental surveillance is a continuous and cumulative process through which potential risk factors for developmental disorders can be identified. Developmental surveillance is required at every initial and periodic visit when a standard screening tool is not completed.

**Referrals:** When a Healthcheck screening indicates the need for further evaluation of an individual's health, the primary care provider shall, without delay, make a referral for evaluation, diagnosis, and/or treatment. Evaluation, diagnosis, and/or treatment may be provided at the time of the Healthcheck screening visit if the health care professional is qualified to provide the services.

**Risk Screens**

**Iron-Deficiency Anemia Screening**

**Risk Factors:**  
**Low** birth weight or preterm birth  
**Non-iron-fortified** formula  
**Cow's** milk before age 12 months  
**Diet** low in iron, inadequate nutrition  
**Meal** skipping, frequent dieting  
**Heavy/lengthy** menstrual periods or recent blood loss  
**Intensive** physical training or participation in endurance sports  
**Pregnancy** or recent pregnancy

For CDC screening recommendations for iron-deficiency anemia by age see Appendix F of the HealthCheck Provider Manual

**Tuberculosis (TB) Risk Screen:**

**Radiographic** findings suggesting TB

**Contacts** with persons with confirmed or suspected TB

**Immigrant** from high prevalence areas (e.g., Asia, Middle East, Africa, Latin America)

**Travel** to high prevalence areas

For other risk factors see Appendix D in the HealthCheck Provider Manual

Only children with increased risk of exposure to persons with tuberculosis should be considered for tuberculin skin testing.

Exception: W.Va. Code §16-3D-3 requires a TB test for all out-of-state student transfers for school entry.

**Dyslipidemia Risk Screen**

**Positive** family history is defined as a history of premature ( $\leq 55$  years of age) cardiovascular disease in a parent or grandparent

**Positive** family history, elevated blood cholesterol greater than 240 mg/dl

**Unknown** family history, adopted

**Cigarette** smoking

**Elevated** blood pressure

**Overweight/Obesity** (BMI  $\geq 85\%$ )\*

**Diabetes** mellitus

**Physical** inactivity

**Poor** dietary habits

When one or more risk factors indicate that the child is high risk an initial fasting lipid profile should be obtained.