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

**INFANCY**

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<tr>
<th>Well Child Check Up</th>
<th>Newborn 3-5 days</th>
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<td><strong>Growth Measurements</strong></td>
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<td>Head Circumference</td>
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<td>Alcohol and drug use screening is included in the psychosocial/behavioral screen.</td>
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<td>Using an autism specific screening tool (M-CHAT, for example)</td>
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<td>Newborn metabolic screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.</td>
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<td>Immunizations should be reviewed and updated at each visit. Immunizations should be administered in accordance with ACIP, AAP, and AAAFP recommendations.</td>
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<td><strong>Blood Lead Screen</strong></td>
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<td>1 As indicated by the lead risk screen.</td>
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<td><strong>Oral Health Screen</strong></td>
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<td>Referral to dentist required at age 1. Earlier initial dental evaluation may be appropriate for some children.</td>
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<td>TB skin testing is only performed on children who are high risk.</td>
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<td>Recommended: risk assessment should be performed at 24 months, 4yrs, 6yrs, 8yrs, and 10yrs.</td>
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**SELECTIVE SCREENING**

- Selective screening is performed if a risk assessment is positive.
- Selective screening is only performed on children who are high risk.

**O=Objective Exam**

**S=Subjective Exam**

**R=Required Referral**

For more information:
www.dhhr.wv.gov/healthcheck
WVDHR/SPH/OMFCF/CAEH/HealthCheck-11-2010
### Kids First Screening Components on the HealthCheckForm

<table>
<thead>
<tr>
<th>Name</th>
<th>DOB</th>
<th>Age</th>
<th>Sex</th>
<th>M</th>
<th>F</th>
<th>HT</th>
<th>WT</th>
<th>BMI</th>
<th>BP</th>
<th>Temp</th>
<th>Pulse</th>
<th>Parental Concerns</th>
</tr>
</thead>
</table>

#### Preventive Health Screen

**Allergies:** Yes/No

**Health conditions that may require care at school:**

- Vision Acuity Screen
- Hearing Screen
- Oral Health Screen
- Developmental Check
- Current dental problems

**Immunizations:**

- Attaching current immunization record
- UTD
- Given, see vaccine record
- 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.

### Vision Acuity Screen

Primary care providers are required to conduct vision screens of children aged birth to age 21 years at each initial and periodic visit. Depending 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 to age 21 years at each initial and periodic visit. Depending upon age, subjective or objective hearing screens are completed.

#### Objective screens are required at birth, 4 through 8 years and 10 years.

### 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 eating
  - 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 tuberculosis 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 (<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 ≥ 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.

### 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:
  - i. Having a personal physician or primary care provider (PCP) who provides first contact care or a point of entry for new problems.
  - ii. Ongoing care over time.
  - iii. Comprehensiveness of care.
  - iv. 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:**
  - i. Elicitation and attending to parental concerns.
  - ii. Obtaining a relevant developmental history (including the child’s medical history, family history, physical examination, and evaluation of psychosocial risks).
  - iii. Making accurate and informative observations of children.
  - iv. Identifying risk and protective factors.
  - v. Sharing opinions and concerns with other relevant professionals (e.g. parents, health care professionals, teachers, providers of early intervention or early childhood education services).
  - vi. 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:**

- i. Assessment, in clinical medicine, is the evaluation of a patient for the purposes of forming a diagnosis and plan of treatment.
  - ii. 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.