2020

Pediatric Preventive Care Guidelines

About the MHQP Pediatric Preventive Care Guidelines

MHQP's 2020 guidelines were developed by a collaborative group of Massachusetts healthcare organizations. These are recommendations for providing preventive care to pediatric patients from the general population. These guidelines should not supplant clinical judgment or the needs of individual patients. These guidelines are intended as quality-practice recommendations and are not intended as a description of benefits, conditions of payment, or any other legal requirements of any particular health plan or payor. Each health plan or payor makes its own determination of coverage and benefits. In the event that these practice recommendations are inconsistent with any applicable laws or regulations, such laws or regulations take precedence.

Periodic Health Evaluation – At Every Age

- Perform age appropriate physical examination at each visit, with infant totally unclothed and older children undressed and suitably draped.
- Please refer to the Bright Futures Guidelines for details on each well-child visit.

1. Initial/Interval History and Physical Exam
2. Age-Appropriate Developmental Assessment and Anticipatory Guidance
   - Physical: Gross/fine motor and sexual development.
   - Cognitive: Self-help and self-care skills; problem solving and reasoning abilities.
   - Language: Expression, comprehension, and articulation.
   - Social: Assessment of social integration and peer relations, including school performance and family issues.
   - Ask about educational day-care arrangements for infants, toddlers, and preschoolers, and school and activities for older children.
3. Assessment of Immunization Status and Administration of Needed Immunizations
   - Refer to CDC Immunization Schedule.
   - Notable updates to the 2019 CDC Immunization Guidelines are here:
     - Influenza vaccine
     - Hepatitis A vaccine
     - Hepatitis B vaccine
     - Meningococcal B vaccine
     - Polio vaccine
     - Tdap vaccine
     - Outbreaks of mumps and meningococcal infection

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DEFINITION OF PERIODIC HEALTH EVALUATION FOR MHQP'S GUIDELINES PROGRAM:

"The periodic health evaluation (PHE) consists of one or more visits with a health care provider to assess patients' overall health and risk factors for preventable disease, and it is distinguished from the annual physical exam by its incorporation of tailored clinical preventive services and laboratory testing as part of health risk assessment." Source: AHRQ

4. Assessment of Medications, Supplements, and Complementary Remedies
5. Behavioral Health
   - At age 0-6 months, screen about parental postpartum depression or history of prenatal depression.
   - Refer to primary care provider or mental health professional if screened positive.
   - Assess age-appropriate behavioral health, including aggression, depression, anxiety, and risk-taking behavior.
   - At provider discretion, use behavioral health screening tools. See the Massachusetts Department of Public Health's MassHealth-Approved Screening Tools for examples.
   - Free consultations on any behavioral health issue are available through the Massachusetts Child Psychiatry Access Project to all primary care providers who see children and adolescents. Visit www.MCPAP.org to enroll.
   - For more information or support for families with child and adolescent behavioral health issues, visit the Parent/Professional Advocacy League's website or call 866-815-8122.

Frequency

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood – Young Adult)
• Ages 1-2 weeks, and 1, 2, 4, 6, 9, and 12 months. • Assess breastfeeding infants between 2-5 days of age.	• Ages 15, 18, and 24 months, and 3 and 4 years.	• Annually

Recommended Screening and Routine Labs

Anemia: Hb/Hct

0–1 (Infancy)	1–10 (Early Childhood)	11–21 (Adolescence–Young Adult)
• Once between ages 9-12 months. • At clinician discretion, conduct detailed assessment of infants at high risk for iron deficiency. • Consider screening at 15 and 30 months, based on risk factors	• Conduct risk assessment or screening, including dietary iron sufficiency, at clinician discretion. • Screen those with known risk factors annually from ages 2 to 5.	• Starting at age 11, conduct risk assessment or screening. • Screen all non-pregnant female adolescents for anemia every 5-10 years during well visit starting at age 12. • Screen those with known risk factors annually.
RISK FACTORS Excessive menstrual blood loss, low iron intake, or previous diagnosis of iron deficiency anemia.		
Resource: Bright Futures – Iron-Deficiency Anemia		

Blood Pressure

1–4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
• At every well visit starting at age 3 years. • Blood pressure measurement in infants and children with certain chronic conditions, including children with obesity, sleep-disordered breathing, and those born preterm, should be performed at visits before age 3 years.	• At every well visit.
Resources: Risk Factors for Adolescent Hypertension Neonatal Hypertension: Incidence and Risk Factors	

Cholesterol

0–1 (Infancy)	1–4 (Early Childhood)	5–11 (Middle Childhood)	12–21 (Adolescence – Young Adult)
• N/A	• Screen if at risk.	• Ages 5-8, screen if at risk. • Screen once between age 9 and 11, screen child at least once if not previously screened.	• Screen once between 12 and 17 if not previously screened. • Screen once between 17 and 21.
RISK FACTORS Family history of premature cardiovascular disease (CVD), parent with known lipid disorder, overweight/obesity.			

Growth Assessment

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
• Assess growth parameters using length, weight, and head circumference	• Assess growth parameters using length/height and weight; include head circumference until 2 years of age. • Screen annually for obesity and overweight. Plot value on CDC's growth and body mass index (BMI) charts specifically for ages 2-20 years. Use the WHO chart for children ages 1-2 years. • Counsel on the benefits of physical activity and a healthy diet to maintain a desirable weight for height. • Provide more focused evaluation and counseling for children with BMI ≥85th percentile or with significant increase in BMI percentile.
Resource: Promoting Healthy Weight – Bright Futures	

Lead

0–10 (Infancy–Middle Childhood)	11–21 (Adolescence–Young Adult)
Massachusetts law requires lead screening according to the following schedule: • Initial screening between 9-12 months of age; • Annually at ages 2 and 3; • At age 4 if child lives in a city/town with high risk for childhood lead poisoning; • At entry to kindergarten if not screened before.	• N/A
Resources: Mass DPH Childhood Lead Poisoning Prevention Program High Risk Communities for Childhood Lead Poising Prevention of Childhood Lead Toxicity Screening for Elevated Blood Lead Levels in Childhood and Pregnancy	

Newborn Screening

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
• Verify that newborn has received all state-required newborn metabolic screenings, especially if newborn was not born in a hospital setting or born outside Massachusetts. • Verify that newborn has received critical congenital heart disease (CCHD) screening. • Verify that newborn has received hearing screening and, if not, perform screen by age one month. • Assess newborn vision before discharge or at least by age 2 weeks using red reflex • Evaluate fixation preference, alignment, and eye disease by age 6 months	• N/A

Sensory Screening

Hearing

0–1 (Infancy)	1–17 (Early Childhood–Adolescence)	18–21 (Young Adult)
• Assess newborn before discharge or at least by age 1 month. • Conduct subjective assessment at all other routine checkups.	• Conduct objective hearing screening at ages 4, 5, 6, 8, and 10 years. Conduct at older ages at clinician discretion. If test is performed in another setting, such as a school, it does not need to be repeated by the provider, but findings should be documented in child's medical record. • If a language delay or a risk of hearing loss exists, conduct audiologic monitoring every 6 months until age 3 years. • Make subjective assessment at all other routine checkups.	• N/A

Vision/Eye Care

0–1 (Infancy)	1–17 (Early Childhood–Adolescence)
• Assess newborn before discharge or at least by age 2 weeks using red reflex. • Evaluate fixation preference, alignment, and eye disease by age 6 months	• Visual acuity test at ages 3, 4, 5, 6, 8, 10, 12, 15, and 18 years. Document in medical record if test is performed in another setting such as a school. • Screen for strabismus between ages 3 and 5 years. • Child must be screened at entry to kindergarten if not screened during the prior year per the Massachusetts Preschool Vision Screening Protocol.
Resource: Massachusetts School Health Screenings	

Infectious Disease Screening

Sexually Transmitted Infections (Chlamydia, Gonorrhea, HPV, Syphilis)

11–21 (Adolescence–Young Adult)
• Inform patients of the risk of sexually transmitted infections. • Counsel to prevent sexually transmitted infections for all sexually active adolescents and young adults, including condom use.
Chlamydia and Gonorrhea: • Screen all sexually active female patients annually. Consider urine-based screening for female patients when a pelvic examination is not performed. • Consider screening males who exchange sex for drugs or money, have multiple or anonymous partners, or have sex with males.
HPV: • Strongly recommend vaccination and counsel all patients regarding schedule of HPV vaccine. ♦ Recommend HPV vaccination for females age 26 and under and males age 21 and under, if not previously vaccinated. ♦ Recommend vaccination for men engaging in sex with other men through age 26, if not previously vaccinated. ♦ Recommend vaccination for immuno-compromised patients, including patients with HIV through age 26, if not previously vaccinated.
Syphilis: • Screen if at risk, considering STI risk factors, including living in an area with increased syphilis prevalence.
STIs RISK FACTORS History of and/or current sexually transmitted infection; having more than one sexual partner within the past 6 months; exchanging sex for money or drugs; and males who have sex with males.
Resources: HPV Vaccine Resources for Clinicians Sexually Transmitted Infections (STI) Fact Sheets NCHHSTP AtlasPlus: HIV, Viral Hepatitis, STD, and TB Syphilis Strikes Back

HIV

0–10 (Infancy–Middle Childhood)	11–21 (Adolescence–Young Adult)
• N/A	• Counsel about risk factors for HIV infection. • Start risk assessment at age 11. • Confidentially screen all patients for HIV once between ages 15-21 • Routine screening of all patients at increased risk. • Note that the CDC recommends annual testing for those at increased risk and routine HIV screening for all individuals 13 years of age and older. • Advise pre-exposure HIV prophylaxis for patients at high risk.
RISK FACTORS Injection drug users and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, and persons (men who have sex with men or heterosexual) who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.	
Resources: HIV Screening Recommendations for Adults and Adolescents Pre-Exposure Prophylaxis	

Hepatitis C

0–1 (Infancy)	1–10 (Early Childhood–Middle Childhood)	11–21 (Adolescence–Young Adult)
• N/A	• Perform anti-hepatitis C virus test after age 12 months in children with hepatitis C virus-infected mothers.	• Periodic testing of all patients at high risk.

RISK FACTORS Illicit injection drug use; long-term kidney dialysis; HIV, and born to mother with Hepatitis C. The USPSTF also recommends testing the following: tattoo or body piercing by nonsterile needle, intranasal drug use, and incarceration.

Mosquito- and Tick-Borne Illnesses

0-21 (Infancy – Young Adult)

Zika

- Screen for Zika virus in women of child-bearing age based on risk factors. Please see Preconception Counseling section below for more details.
- Advise men who have been exposed to or have had Zika to avoid procreation for at least 3 months.

RISK FACTORS Symptoms of Zika virus (fever, rash, joint pain, red eyes), unprotected intercourse, and geographic locations (Africa, Southeast Asia, the Americas, the Caribbean, the Pacific).

0-21 (Infancy – Young Adult)

Other Mosquito and Tick-Borne Illnesses

- Counsel on prevention of other mosquito-borne illnesses, including Eastern Equine Encephalitis (EEE) and West Nile Virus.
- Recommend that patients who are at risk of exposure to tick-borne diseases use insect repellents that provide protection for the amount of time they will be outdoors and to check skin and clothes for ticks every day.

Resources:
CDC
Eastern Equine Encephalitis
West Nile Virus
Protecting Yourself from Ticks and Mosquitoes

Tuberculosis (TB)

0–21 (Infancy–Young Adult)

- Screen all patients at high risk.
- Determine the need for repeat testing by the likelihood of continued exposure to infectious TB.
  - ♦ Administer tuberculin skin test (TST) for individuals with no past BCG vaccination for whom follow-up is certain.
  - ♦ Consider IGRA for individuals who have received BCG vaccination for whom follow-up is uncertain.

RISK FACTORS Having spent time with someone with known or suspected TB; coming from a country where TB is very common; having HIV infection; having injected illicit drugs; living in U.S. communities where TB is more common (e.g., shelters, migrant farm camps, prisons); or spending time with others with these risk factors.

Other Screening

Cervical Cytology

0–17 (Infancy–Middle Adolescence)	18–21 (Adolescence–Young Adult)
• N/A	• Initiate cervical cytology testing at age 21 or at the onset of sexual activity if patient is immune suppressed or HIV infected.

Scoliosis

0-9 (Infancy-Middle Childhood)	10-18 (Middle Childhood-Young Adult)
• N/A	• The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for adolescent idiopathic scoliosis in children and adolescents aged 10 to 18 years.

General Counseling and Guidance – Physical Well-Being

- Parents should not be present during counseling for adolescents and young adults ages 11-21.
- Consider discussing transitioning to an adult physician between the ages of 18 and 21 years old.

Diet/Nutrition

0–1 (Infancy)	1–10 (Early–Middle Childhood)	11–21 (Adolescence–Young Adult)
• Ask about dietary habits, including food insecurity. • Promote breastfeeding as best form of infant nutrition. • Recommend breastfeeding for at least 1 year, if possible. Infants weaned before 12 months should receive ironfortified infant formula. Whole milk can be given to children at age 1 year. • Counsel for breastfed infants to receive 400 IU of oral vitamin D drops daily beginning soon after birth and continuing until the daily consumption of fortified formula or milk is 500 mL. (16 ounces/2 cups). • Counsel not to restrict fat or cholesterol. • Refer eligible families to WIC for help with supplemental nutritional or other needs	• Ask about dietary habits, including food insecurity. • Counsel about the benefits of a healthy diet, ways to achieve a healthy diet, and safe weight management. A healthy diet: ♦ Emphasizes fruits and vegetables; whole grains; low-fat dairy; lean proteins, nuts and legumes. ♦ Limits red meat, saturated and trans fat, and food and beverages with added sugar. ♦ Follows appropriate portion size. • Advise whole milk until age 2 and then switch to low-fat milk beginning at age 2. • Refer eligible families to WIC for help with supplemental nutritional or other needs	• Ask annually about dietary habits, including food insecurity. • Counsel about the benefits of a healthy diet, ways to achieve a healthy diet, and safe weight management. A healthy diet: ♦ Emphasizes fruits and vegetables; whole grains; low-fat dairy; lean proteins, nuts and legumes. ♦ Limits red meat, saturated and trans fat, and food and beverages with added sugar. ♦ Follows appropriate portion size. • Screen for eating disorders by asking about body image and dieting patterns. • Counsel to maintain adequate calcium and vitamin D intake. • Counsel against sugar-sweetened and caffeinated drinks. • Advise patients at risk of becoming pregnant to take a daily multivitamin containing .4 mg foliate. • Refer eligible families to WIC for help with supplemental nutritional or other needs
Resource: CDC MyPlate		

Sun Safety

0–10 (Infancy–Middle Childhood)	11–21 (Adolescence–Young Adult)
• Advise that infants under 6 months of age should be kept out of direct sunlight. • Encourage limits on time in the sun during peak hours and encourage use of sunscreen, clothing, and hats to minimize exposure to ultraviolet (UV) radiation, especially for those with fair skin types.	• Encourage limits on time in the sun during peak hours and encourage use of sunscreen, clothing, and hats to minimize exposure to ultraviolet (UV) radiation, especially for those with fair skin types. • Educate about skin cancer prevention. • Discourage use of indoor tanning. • Starting at age 20, perform skin exams every three years, or more frequently at clinician discretion.
RISK FACTORS Repeated sunburns early in life; family history; certain types and a large number of moles; light skin, light hair, and light eye color; sun-sensitive skin; and chronic exposure to the sun, especially those with fair skin types.	

Physical Activity

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
• Encourage opportunities for play time and other physical activity.	• Ask about play time and other physical activities. • Encourage opportunities for physical activity each day. • Encourage parents to be role models for physical activity.	• Ask about frequency, type, and duration of play time and other physical activities. • Encourage daily physical activity (at least one hour a day). • Counsel on the importance of regular moderate-to-vigorous physical activity as a way to prevent illness in adult life. • Encourage parents to be role models for physical activity.
Resource: Physical Activity for Children		

Oral Care

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
• Counsel against bottle-propping when feeding infants and babies. • Counsel against bottles to bed. • Assess oral health at each visit and need for fluoride supplementation at 6 months based upon availability in water supply and dietary source of fluoride. • Encourage brushing with a soft toothbrush/cloth and water at age 6 months. • Encourage weaning from bottle and drinking from a cup by the first birthday. • Apply fluoride varnish to primary teeth of all infants and children every 6 months if not applied at dental home and every 3 months if at high risk for caries	• Apply fluoride varnish to primary teeth for all children aged 1-5 every 6 months if not applied at dental home and every 3 months if at high risk for caries. • Assess oral health at each visit and need for fluoride supplementation up to age 14 based on availability in water supply and dietary source of fluoride. • Counsel on good dental hygiene habits, including brushing twice daily. • Counsel on the establishment of a dental home beginning at 12 months or after eruption of first tooth. • Counsel on use of mouth guards when playing sports. .
TOOTH DECAY RISK FACTORS Frequent sugar exposure, inappropriate bottle feeding, developmental defects of the tooth enamel, dry mouth, and history of previous caries.	
Resource: Oral Health Risk Assessment Tool	

Sexual Health

11-21 (Adolescence – Young Adult)
General counseling regarding safe and healthy sexual behaviors: • Obtain sexual history and ask annually about involvement in sexual behaviors with sensitivity to sexual orientation and gender identification. • Encourage patients to bring up any questions about their sexual development. • Counsel to prevent sexually transmitted infections for all sexually active adolescents and young adults, emphasizing condom use. • Counsel about responsible sexual behaviors, including definition of consent • Inform patients of the risk of unintended pregnancy and sexually transmitted infections. • Discuss contraception with female patients. • Ask about use/motivation to use contraceptive methods to prevent STIs and pregnancy. • Consider preconception counseling, if appropriate
Resources: Medical Eligibility Criteria for Contraceptive Use

Sleep Habits

0–1 (Infancy)	1–21 (Early Childhood–Young Adult)
• Counsel parents on safe sleeping practices, including ABC guidelines (Alone, on Back, in a Crib). • Encourage parents to discuss safe sleep practices with daycare providers. • Encourage proper sleep amounts (14-15 hours) for ages 3-11 months	• Ask about sleep habits including chronic snoring. • Encourage proper sleep amounts by age group: ♦ 4-12 months: 12-16 hours ♦ 1-2 years: 11-14 hours ♦ 3-5 years: 10-13 hours ♦ 6-12 years: 9-12 hours ♦ 13-18 years: 8-10 hours • Discourage placement of computers, tablets, phones, and TVs in bedrooms. • Discourage use of electronic screens before or during bedtime hours. • Encourage parents to talk with daycare providers about safe sleep practices for their children.
Resources: Blue Light Has a Dark Side Safe Sleep for Babies	

Safety/Injury and Violence Prevention

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
• Provide annual age-specific safety and injury prevention counseling. For example: ♦ Shaken-baby syndrome; ♦ Bath and water temperature safety; ♦ Smoke and carbon monoxide detectors in the home; ♦ Childproofing the home (including use of window guards); ♦ Falls; ♦ First-aid and CPR knowledge; and ♦ Poison Control Hotline: 1-800-222-1222	• Provide annual age-specific safety and injury prevention counseling. For example: ♦ Water, bike, and sports safety (including use of helmets); ♦ Signs and symptoms of concussions; ♦ Neighborhood safety (pedestrian, playground, strangers); ♦ Lock-up of matches, guns, and poisons (Poison Control Hotline: 1-800-222-1222); • Emphasis on gun safety in the home and/or when visiting friends' homes. Counsel about the dangers of having a gun, especially a handgun, in the home.	• Provide annual age-specific injury prevention and safety counseling. For example: ♦ Water, bike, and sports safety (including use of helmets; mouth guards, and protective sports gear); ♦ Signs and symptoms of concussions; ♦ Neighborhood and after-school safety (strangers, home alone, job); ♦ Relationships with peers and bullying, especially among LGBT adolescents and young adults; and ♦ Potential risks of tattooing or body piercing. • Assess need for violence-prevention counseling. • Ask adolescents about partner violence. • Emphasize gun safety in the home and/or when visiting friends' homes. Counsel about the dangers of having a gun, especially a handgun, in the home.
Resource: LGBT Youth: Experiences with Violence		

Tobacco, Smoking, and Vaping

0–4 (Infancy–Early Childhood)	5–10 (Middle Childhood)	11–21 (Adolescence–Young Adult)
• Counsel parents who smoke on the potentially harmful effects of smoking on fetal and child health and on maintaining a smoke-free home. Refer parents to Quitworks or to their own PCP for help in quitting.	• Counsel parents who smoke on the potentially harmful effects of smoking on fetal and child health and on the benefits of maintaining a smoke-free home. Refer parents to Quitworks or to their own PCP for help in quitting. • Counsel patients not to begin using tobacco products, e-cigarettes, and vapes. Provide interventions, such as education and brief counseling to prevent initiation of smoking.	• Counsel parents who smoke on the potentially harmful effects of smoking and the use of tobacco products on fetal and child health and on the benefits of maintaining a smoke free home. Refer parents to Quitworks or to their own PCP for help in quitting. • Counsel patients not to begin using tobacco, vapes, e-cigarettes, smokeless tobacco, cigars, or smoked herbal substances. • Advise tobacco and nicotine users to quit, especially patients who are pregnant. • Assess readiness to quit. • Assist tobacco users in quitting, especially patients who are pregnant. Provide brief counseling and refer to Quitworks. Note: patients under 18 will need consent from guardian to enroll. • Arrange follow-up. • Discuss lung illnesses associated with use of vaping products and urge vapors to stop. • Note that LGBT people are more likely to begin smoking.

Motor Vehicle Injury Prevention

0–1 (Infancy)	1–10 (Early–Middle Childhood)	11–21 (Adolescence–Young Adult)
• Ask about use of safety belts and child safety seats. • Counsel that children should remain in rear-facing safety seats until they are at least 2 years old or until they reach either the height or weight limit of their rear-facing child safety seat. • Inform about danger of frontseat airbags for children aged 12 and under. • Counsel parents against driving under the influence of alcohol/ drugs.	• Ask about use of safety belts and child safety seats. • Counsel that children should remain in rear-facing child safety seats until they are at least 2 years old or until they reach either the height or weight limit of their rear-facing child safety seat. Children must be in an appropriate child passenger safety restraint: forward-facing safety seat until they weigh 40 lbs; booster seat until they are 4'9" tall or at least 8 years of age. • Inform about danger of front-seat airbags for children aged 12 and under. • Counsel parents against driving under the influence of alcohol/ drugs.	• Counsel parents that children under age 12 and under who have outgrown their booster seats should always use a seat belt and ride in the back seat. • Ask about the use of safety belts and motorcycle helmets. • Inform about danger of front-seat airbags for children aged and 12 under. • Counsel against driving under the influence of alcohol/drugs or getting in a car with someone under the influence of alcohol/drugs. • Counsel against excessive speed and other risk-taking behaviors while driving, such as cell phone use. • Inform that cell phone use (including texting) while driving is prohibited for teens aged 17 and younger, and texting while driving is prohibited at all ages.

Resources:

Massachusetts Executive Office of Public Safety and Security Child Passenger Safety Seat Check

Parent-Teen Driving Contract

Family Violence/Abuse

0–21 (Infancy–Young Adult)
• Screen for signs of family violence, including: facial/body bruising; depression; anxiety; failure to keep medical appointments; reluctance to answer questions about discipline in the home; or frequent office visits for complaints not supported by medical evaluation of the child. • Screen for signs of child physical/sexual abuse. • For adolescents, counsel on safe and appropriate dating and relationships as well as strategies for avoiding or resolving conflicts with friends and peers. • Ask about relationships with peers and bullying.

Resources:

Identifying and Responding to Domestic Violence: Consensus for Recommendations for Child and Adolescent Health

Understanding Intimate Partner Violence

National Domestic Violence Hotline — 1-800-799-SAFE

National Child Abuse Hotline — 1-800-4-A-CHILD

General Counseling and Guidance — Social and Emotional Well-Being

Depression

0–5 (Infancy–Early Childhood)	12–21 (Adolescence–Young Adult)
• Screen mother for postpartum depression using the SWYC-MA or EPDS at 6 months. • Consider screening mother and/or other caregiver for depression using the SWYC-MA until 5 years of age.	• Screen for depression using the PHQ-A (12-17 years old), PHQ-9 (18-21 years old) or other age appropriate validated screening tool. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. • Note LGBT teens and young adults have increased risk of depression and twice the risk of suicide attempt • Gays, bisexuals and males who have sex with males are at increased risk of bipolar disorder
Resource: SWYC-MA, PHQ-A, PHQ-2, MCPAP, NAMI, EDPS	

Anxiety

12–21 (Adolescence–Young Adult)
• Screen for anxiety based on risk factors and individual patient presentation of disorder. Consider using the SCARED (8-18 years old), GAD-7 (18-21 years old) or other age-appropriate validated screening tool. • Ask about familial/environmental stress. • Gay, bisexual and males who have sex with males are at increased risk for generalized anxiety disorder.
RISK FACTORS Family or personal history of anxiety or depression, history of trauma, history of major life stresses, female gender, and temperament.
Resource: SCARED, GAD-7, NAMI

ADHD

0–21 (Infancy–Young Adult)
• Ask parents about any academic or behavioral problems, including symptoms of inattention, hyperactivity, or impulsivity. • Screen for ADHD based on individual patient presentation of disorder using the Vanderbilt Assessment Scale or other age-appropriate validated screening tool. Diagnoses should be based on DSM-5 criteria across more than one setting by gathering rating scales from parents, guardians, teachers, other school personnel, and mental health clinicians.
Resource: Vanderbilt Assessment Scale NAMI New ADHD Clinical Practice Guidelines

Alcohol/Substance Abuse

1-11 (Infancy – Adolescence)	11-21 (Adolescence – Young Adult)
• Ask parents about alcohol use, family history of alcoholism and substance abuse, and attitudes about alcohol and substance use. • Counsel parents about the harmful effects of alcohol misuse and substance abuse, including opiate-based prescription medications, and how to recognize abuse. • Advise pregnant women against any intake of alcohol during pregnancy and of the potential harmful effects of drug use on fetal development.	• Ask about use of alcohol, drugs, and other substances (e.g., inhalants). • Ask about use of over-the-counter or prescription drugs for non-medical purposes. Consider using a screening tool, such as the CRAFFT. • Counsel young adults that opiate-based prescription medications are highly addictive, and not safer to use than other substances. • Counsel not to drive under the influence of drugs or alcohol or ride with someone who is under the influence of alcohol or other substance. • Screen for alcohol misuse using a validated assessment tool such as CRAFFT, DAST, or AuditC. Provide brief behavioral counseling to people engaged in risky or hazardous drinking behavior. • Gay, bisexual males and males who have sex with males are at increased risk of substance abuse.
Resources: Massachusetts Substance Abuse Information and Education Helpline MA Prescription Dropbox Locations	

Electronic Media Exposure

0–1 (Infancy)	1–4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
• Discourage screen time except supervised video chats	• Discourage screen time for children less than 2 years, and limit screen time to one hour per day for 2-4 year olds. • Ask about frequency of age-appropriate screen time, including TV, computer, and mobile electronic devices (e.g. handheld video games, cell phones) being viewed. • Discourage placement of computer and TV in bedroom. • Counsel on impact of screen time as a risk factor for becoming overweight, low school performance, and violent behavior.	• Ask about frequency of age-appropriate screen time, including TV, computer, and mobile electronic devices (e.g. handheld video games, cell phones) being viewed. • Counsel on impact of screen time as a risk factor for low school performance, overweight, and violent behavior. • Place consistent limits on time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity, and other behaviors essential to health. • Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms. • Discourage placement of computer and TV in bedroom. • Discuss limits on text messaging and cell phone use (e.g. no phone in bedroom near bedtime). • Encourage shutting down electronic devices before bedtime. • Discourage listening to loud-frequency sound on earphones.
Resource: Family Media Plan		

Cognitive, Language, and Social Development

0–1 (Infancy)	1–4 (Early Childhood)	5–10 (Middle Childhood)	11–21 (Adolescence)
• Review opportunities for cognitive growth and language development through talking, singing, and reading aloud, and developing baby's fine (e.g. play with toys or food) and gross (e.g. tummy time, practice walking) motor skills. • Counsel on avoiding background TV or related media	• Counsel that unstructured play is essential to the cognitive, physical, social, and emotional wellbeing development of children and adolescents. • Review the importance cognitive development by exposing children to language through talking, singing, and reading aloud.	• Counsel that unstructured play is essential to the cognitive, physical, social, and emotional well being development of children and adolescents. • Review that a child's participation in sports or other physical activities can reinforce positive interaction skills and help ensure a positive self image.	• Encourage adolescents to maintain a balance of participation in extracurricular activities with demands of academics and/or work. • Screen adolescents for declining grades/ attendance issues, signs of learning disorders, and social-adjustment concerns.
Resource: SWYC-MA			

Autism Spectrum Disorder

0–1 (Infancy)	1-4 (Early Childhood)	5–21 (Middle Childhood–Young Adult)
• N/A	• Screen at 18 and 24 months using validated tool such as M-CHAT-R or SWYC.	• Assess child for signs of autism and screen at clinician discretion.
Resources: M-CHAT-R SWYC-MA Autism Speaks		