



Bright Futures and Building Bright Futures

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American Academy of Pediatrics
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Learning Objectives

- Become familiar with the US approach to Health Supervision and Well Child Care
- Identify some strategies and tools to improve preventive services delivered to children and youth
- Develop an understanding of the approach of the US in developing the Bright Futures Guidelines



Clinical Preventive Services

- Preventive interventions that are delivered to individual patients by or under the direction of the primary care provider: “Well Child Care”
- Differentiated from community preventive services that occur outside of the context of individual patient care



Well Child Care

- Unique to US pediatrics
 - resulted from interaction between medicine and social feminism in the early 1900s
- In the US model, WCC is provided by pediatricians, family physicians, and nurse practitioners
- WCC constitutes up to half of the volume of the average pediatric practice
- Required part of pediatric residency training



What Is Bright Futures?



Bright Futures is 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.



What is recommended?

- 13-29 well-child visits by the age of 18-21 years
- Bright Futures: 80-100 individual suggestions for interventions at each visit
- AAP policy statements: 50+ interventions that “should be routinely included” in preventive health care



Preventive interventions should be based on strong evidence of effectiveness.

- “Premature promotion of services that may be ineffective not only wastes time and money, but could also harm healthy patients, divert attention from more important issues, and undermine efforts to determine what really works”*
- “All screening programs do harm; some can do good as well”**

*Woolf and Atkins 2001

**Muir Gray 2001

Is there strong evidence for Well Child Care?

- The AAP tabulated recommendations of selected major national groups
- Identified the most commonly recommended interventions
- Searched for systematic reviews and clinical trials
- Observational studies and consensus reports not considered



Types of Clinical Preventive Services

- Counseling
 - eg., injury prevention, nutrition counseling
- Screening
 - eg., PKU, vision screening
- Prophylaxis
 - eg., fluoride supplementation
- Immunizations
 - not considered for this project



Summary of Evidence for Behavioral Counseling

- Very limited direct evidence
- Indirect evidence (that counseling changes behavior and behavior changes outcome)
- Brief counseling by primary care provider has little effect on behavior
- Intensive, multi-factorial programs including reinforcement over time more often result in behavior change



Opportunity Costs of Behavioral Counseling

- 80-100 discrete counseling suggestions for each of the 29 well child visits recommended in Bright Futures
 - information about effectiveness or impact not provided
- 8 or more recommended counseling strategies for each adolescent visit recommended by GAPS
 - additional counseling based on individual patient needs
- Ineffective counseling strategies should not supplant effective preventive measures
- Using strategies of unknown effectiveness may cause loss of benefit



Screening

- Exposures to potential harms
- Physical examination
- Behavioral evaluation
- Measurements: growth, blood pressure
- Testing of functions (eg., vision, hearing)
- Laboratory testing



Criteria for effectiveness

- 1968 WHO criteria by Wilson and Jungner, summarized:
 - Disease presents substantial health burden
 - Earlier treatment leads to better outcomes
 - Test is accurate and acceptable
 - Health system can handle follow-up and treatment
- Current criteria:
 - WHO criteria
 - Large clinical trials, either randomized or with concurrent controls



Strong Evidence

- Data from studies least subject to bias
- For counseling and prophylaxis:
 - Observational evidence that change in a behavior leads to change in a health outcome
 - data from clinical trials (randomized or quasi-randomized) demonstrating that counseling can change the behavior
- For screening
 - WHO criteria for a screening program AND
 - data from clinical trials or concurrent cohort studies demonstrating that screening changes health outcomes



Issues in Evaluating Screening

- Effectiveness of screening depends on
 - attributes of the test
 - effectiveness of early intervention
 - capacity of health care system
- By definition, screening is applied to persons with no signs or symptoms
 - Positive screen immediately worsens health status
- Hence, burden of proof for benefit is substantial



Saga of Newborn Hearing Screening

1980's

1990's

2000's



State of the evidence

- For a few preventive services, evidence of effectiveness
 - Indirect evidence (that counseling changes behavior and behavior changes outcome) – car seat and seat belt use, safe tap water temperature
 - Intensive, multi-factorial programs including reinforcement over time more often result in behavior change – ex: physical activity
 - Intensive preschool vision screening by orthoptists resulted in less amblyopia and better vision (NNT=100)
 - Chlamydia screening reduced incidence of PID at 1 year
 - Folate supplementation prevents NTDs

State of the evidence

For a few preventive services, evidence of *lack* of effectiveness

- “Mr. Yuk” stickers increase attractiveness of poisons
- Nutrition education during routine health visits (27% vs. 28% anemic at follow up)
- Counseling of mothers not to use pacifiers*
- Paradoxical increases in harmful behavior
 - Increased drinking in counseled youth
 - Reduced desire to quit in parents counseled to quit smoking
- One RCT of 1 vs. 2 newborn exams (n=9,712) found no difference between the two groups
- Neuroblastoma screening (possible harm)



State of the evidence

- For most recommended preventive services, lack of strong evidence of effectiveness
 - Screening for gonorrhea in adolescent females
 - PAP smear in teens
 - Screening for Chlamydia or gonorrhea in adolescent males
 - HIV screening
 - Developmental screening
 - Speech and Language screening
 - Tuberculosis screening
 - Cholesterol/Lipid screening
 - Lead Screening
 - Growth monitoring
 - Blood pressure monitoring
 - Scoliosis screening
 - Screening for physical and sexual abuse
 - Behavioral Risk assessment: alcohol and drug use, depression, suicide



Mistakes in Screening: Neuroblastoma

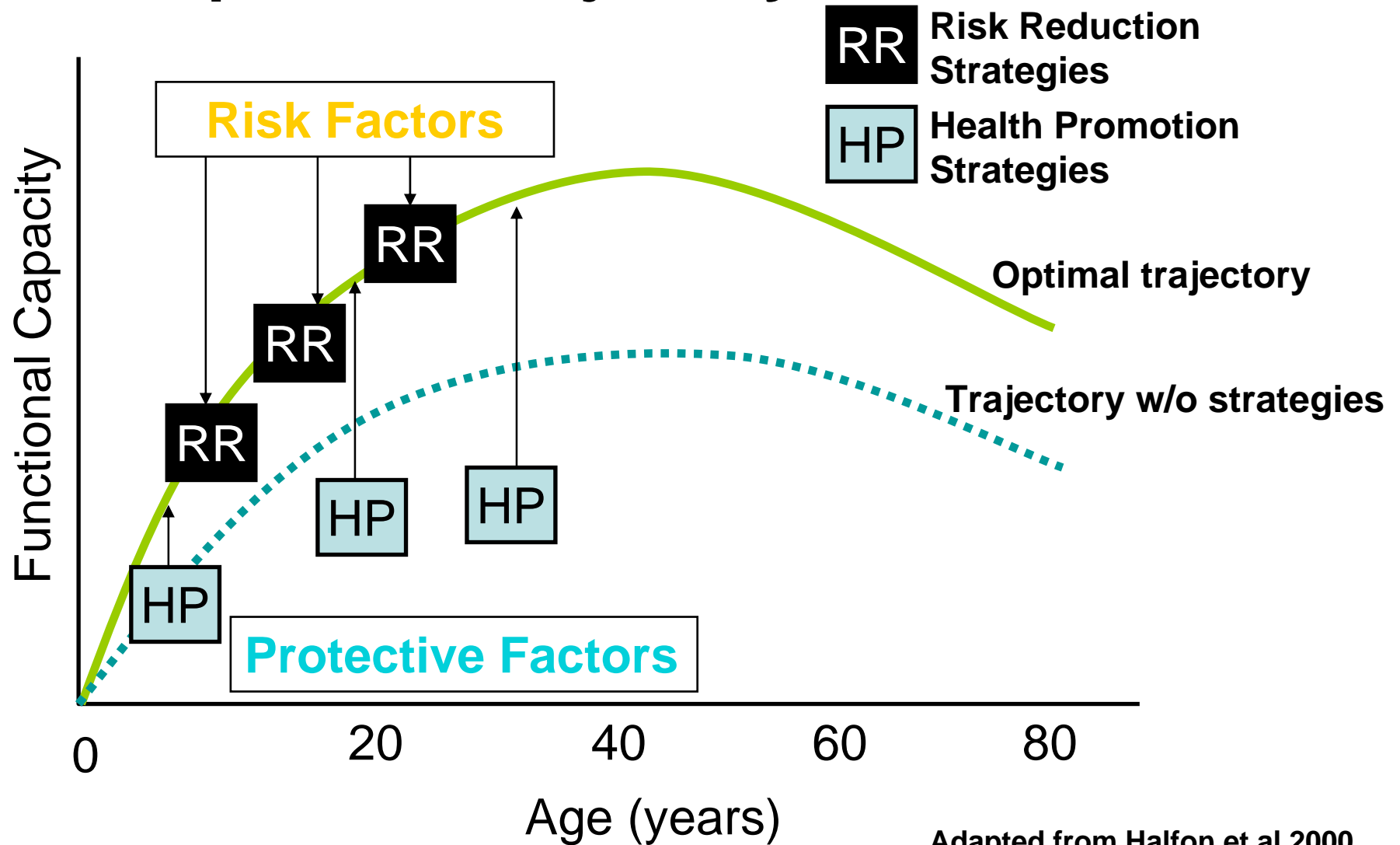
- Meets the Wilson and Jungner criteria
 - Important disease
 - Simple, inexpensive, sensitive test
 - Earlier treatment of clinical disease results in better survival
- Large scale trials do not support screening:
 - Expected increase in incidence of early disease
 - No decrease in incidence of late disease
 - No change in mortality
 - Possible increase in morbidity due to unnecessary treatment

Availability and quality of research in child health

- Small sample size in many studies
 - Half of RCTs in one journal had $n < 20$
- Few available studies
 - Studies not done if intervention already tested in adults
 - Lack of funding for child health research
- Uneven study quality
- Mixed populations
 - Wheezing (mixed bronchiolitis and asthma)
 - mixed adults and adolescents



Developmental Trajectory





Recommendations matter!

- Broadening of primary physicians' perceived obligations
- Used as basis for evaluation
 - Quality Assurance
- Used as basis for legislative mandates
 - Texas Health Steps requires the use of the Denver II
 - Hot water heaters vs. biotinidase screening



Lack of evidence of effectiveness is not evidence of lack of effectiveness

- Some interventions supported by very strong observational evidence
- “Face validity” of some interventions
- Potential for “collateral” benefits (and harms) is unknown

Moving beyond insufficient evidence

- Who should be providing individual preventive services?
 - health visitors vs. pediatricians
- How often are preventive visits needed?
 - 29 WCC visits (NB-21 yrs) recommended by AAP
 - Is primary care the right setting for all of these interventions?
 - Schools, communities
 - Prenatal and early child home visits result in prevention of unwanted pregnancy and early childhood home visitation to reduce child abuse
- Can health systems provide proven services more efficiently?
- How will we know if these changes are effective?



What is a pediatrician to do?

- Prioritize interventions:
 - Use an informed approach to choice of interventions in individual practice
 - Insist on knowing the evidence before following recommendations
- Participate in research
 - PROS and other practice-based networks
- Pay attention to the needs and wants of patients and families
 - address patient concerns first



Bright Futures Guidelines—3rd Edition

The Centerpiece of the Initiative

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition



Approaches to the Evidence

- Multidisciplinary Expert Panels
- Bright Futures Evidence Panel search of relevant clinical trials, meta-analyses, RCTS, Cochrane Collaborative Reviews, and USPSTF evidence reviews
- Policies and guidelines from pediatric professional organizations
- Use of the Guide to Community Preventive Services for preventive services delivered in the community, www.thecommunityguide.org
- Two public reviews with over 1,000 reviewers representing national organizations concerned with pediatric health care

Families and the Bright Futures Guidelines

- Child health care requires collaboration of health care professionals and families
- Guidelines recognize the strengths that families bring to practice of health care for children
- Identify resources and educational materials to further strengthen role of families
- Cultural values within a family or community are an important element in system of child health care

Bright Futures Core Concepts

Six core concepts are woven throughout the 3rd edition Guidelines:

1. Partnership
2. Communication
3. Health promotion and illness prevention
4. Time management
5. Education
6. Advocacy



Features of 3rd Edition: Ten Themes

- Child development
- Family support
- Mental health and emotional well-being
- Nutritional health
- Physical activity
- Healthy weight
- Oral health
- Safety and injury prevention
- Healthy sexuality
- Community resources and relationships

Who can use Bright Futures Guidelines?

In addition to child health care professionals and practice staff, health promotion and disease prevention requires coordinated effort of both medical and non-medical professionals and agencies, including

- Public health
- Social services
- Mental health
- Educational services
- Home health
- Parents
- Caregivers
- Families





Health Outcomes for All Children

- Attaining a healthy weight and BMI, normal blood pressure, vision, and hearing
- Pursuing healthy behaviors: nutrition, physical activity, safety, sexuality, and substance use
- Accomplishing developmental tasks: social connections, competence, autonomy, empathy, and coping skills
- Having a loving, responsible family supported by a safe community
- For children with special needs or chronic health problems: achieving self-management skills and freedom from barriers to reaching their potential



Bright Futures in Action

Well Child Visit Examples





Bright Futures Tools: 18 month Visit





Core Tools

- **Pre-visit Questionnaires**
- **Documentation Forms**
- **Parent/Patient Handouts**

Bright Futures: Implementing the New Guidelines



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Bright Futures Previsit Questionnaire 18 Month Visit

For us to provide you and your baby with the best possible health care, we would like to know how things are going. Please answer all of the questions. Thank you.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Child and Family

- Taking time for yourself Being a role model Your child getting along with brothers and sisters
 Family time together Having another child Getting your child to try new foods

Your Child's Behavior

- How your child acts How to tell your child she did a good job Fun activities for your child
 Your child being scared in new places Setting limits and discipline

Talking and Hearing

- How your child talks Helping your child to learn

Toilet Training

- Knowing when your child is ready How to toilet train

Safety

- Car safety seats Preventing falls, fires, and poisoning Gun safety Keeping your child safe outside

*Draft as part of the Bright Futures Tool and Resource Kit

Questions About Your Child

Have any of your child's relatives developed new medical problems since your last visit? If yes, please describe: Yes No Unsure

Hearing	Do you have concerns about how your child hears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have concerns about how your child speaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Vision	Do you have concerns about how your child sees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child hold objects close when trying to focus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyes appear unusual or seem to cross, drift, or be lazy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do your child's eyes droop or does one eyelid tend to close?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Lead	Have your child's eyes ever been injured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child have a sibling or playmate who has or had lead poisoning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the past 6 months) renovated or remodeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Tuberculosis	Does your child live in or regularly visit a house or child care facility built before 1950?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Anemia	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Is your child infected with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you ever struggle to put food on the table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Oral Health	Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	Does your child have a dentist?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	Does your child's primary water source contain fluoride?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure

Have there been any major changes in your family lately? Move Job change Separation Divorce Death in the family Any other changes?

Your Growing and Developing Child

Do you have concerns about your child's development, learning, or behavior? No Yes, describe:

Check off each of the tasks that your child is able to do.

- | | | |
|---|---|---|
| <input type="checkbox"/> Helps around the house | <input type="checkbox"/> Walks up steps | <input type="checkbox"/> Knows name of favorite book |
| <input type="checkbox"/> Stacks 2 small blocks | <input type="checkbox"/> Speaks 6 words | <input type="checkbox"/> Uses spoon and cup without spilling most of the time |
| <input type="checkbox"/> Runs | <input type="checkbox"/> Laughs in response to others | <input type="checkbox"/> Points to 1 body part |



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18 Month Visit

PRIORITIES FOR THE VISIT

The first priority is to attend to the concerns of the parents. In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Family support (parental well-being, adjustment to toddler's growing independence and occasional negativity, queries about a new sibling planned or on the way)
- Child development and behavior (adaptation to nonparental care and anticipation of return to clinging, other changes connected with new cognitive gains)
- Language promotion/hearing (encouragement of language, use of simple words and phrases, engagement in reading/singing/talking)
- Toilet training readiness (recognizing signs of readiness, parental expectations)
- Safety (car safety seats; parental use of safety belts; falls, fires, and burns; poisoning; guns)



18 Month Visit: Physical Examination

Physical Examination

A complete physical examination is included as part of every health supervision visit.

When performing a physical examination, the health care professional's attention is directed to the following components of the examination that are important for a child this age:

- **Measure and plot:**
 - Recumbent length
 - Weight
 - Head circumference
- **Plot:**
 - Weight-for-length
- **Neurologic**
 - Observe gait (walking and running), hand control, and arm and spine movement
- **Eyes**
 - Examine pupils for red reflexes
 - Perform cover/uncover test for conjugate ocular mobility
- **Skin**
 - Observe for Nevi, café au lait spots, birthmarks, or bruising
- **Mouth**
 - Observe for caries, plaque, demineralization (white spots), staining, and injury



18 Month Visit: Screening

Screening

UNIVERSAL SCREENING		ACTION
Development		Structured developmental screen
Autism		Autism Specific Screen
SELECTIVE SCREENING		RISK ASSESSMENT*
Oral health	Does not have a dental home	Referral to dental home or, if not available, oral health risk assessment
	Primary water source is deficient in fluoride	Oral fluoride supplementation
Blood pressure	Children with specific risk conditions or change in risk	Blood pressure
Vision	Parental concern or abnormal fundoscopic examination or cover/uncover test	Ophthalmology referral
Hearing	+ on risk screening questions	Referral for diagnostic audiologic assessment
Anemia	+ on risk screening questions	Hematocrit or hemoglobin
Lead	If no previous screen or change in risk	Lead screen
Tuberculosis	+ on risk screening questions	Tuberculin skin test
*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.		



18 Month Visit: Anticipatory Guidance Example

CHILD DEVELOPMENT AND BEHAVIOR

Adaptation to nonparental care and anticipation of return to clinging, other changes connected with new cognitive gains

Adaptation to nonparental care may bring a return of clinging.

Assertiveness in exploring the environment and persistence in pursuit of desires are normal developmental features of this age.

Taking the time to explain that these changes originate in new cognitive gains often helps parents remain patient with their young toddler.

SAMPLE QUESTIONS:

What are some of the new things that your child is doing? Who helps you raise your child?

ANTICIPATORY GUIDANCE:

- Your child may be anxious in new situations. Clinging to you is one way for him to express his desire to be with you.
- Spend some time playing with your toddler each day. Focus on activities that he expresses interest in and enjoys.
- Praise your toddler for good behavior and accomplishments.
- Decide what limits are important to you and your toddler. Be specific when setting limits and, whenever possible, make agreements with other adult caregivers about limits for your child.
- Keep time-outs and other disciplinary measures brief. In simple language, tell your toddler what he did wrong. When possible, use positive directives as well. Be as consistent as possible when enforcing limits. Remember that the goal is teaching, not punishing.

Bright Futures: Implementing the New Guidelines



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Bright Futures Medical Screening Reference Table 18 Month Visit

Universal Screening	Action		
Development	Structured developmental screen		
Autism	Autism-specific screen		
Selective Screening	Medical History Risk Factors	Risk Assessment*	Action if Risk Assessment Is Positive
Oral Health		<ul style="list-style-type: none"> Does your child have a dentist? Does your child's primary water source contain fluoride? 	Referral to dental home or, if not available, oral health risk assessment Oral fluoride supplementation
Blood Pressure	<ul style="list-style-type: none"> A history of prematurity (<37 completed weeks), very low birth weight (<1,500 g), or other neonatal complication requiring intensive care; congenital heart disease (repaired or not repaired) A recurrent urinary tract infection, hematuria, or proteinuria Known renal disease or urologic malformations A family history of congenital renal disease, solid-organ transplant, or malignancy or bone marrow transplant Treatment with drugs known to raise blood pressure Other systemic illnesses associated with hypertension (eg, neurofibromatosis, tuberculous sclerosis) Evidence of increased intracranial pressure 	Children with specific risk conditions or change in risk	Blood pressure
Vision	<ul style="list-style-type: none"> Very premature (<32 completed weeks) Family history of congenital cataracts, retinoblastoma, and metabolic or genetic diseases Significant developmental delay or neurologic difficulties Systematic diseases associated with eye abnormalities 	Parental concern, abnormal fundoscopic examination, or abnormal cover/uncover test results <ul style="list-style-type: none"> Do you have concerns about how your child sees? Does your child hold objects close when trying to focus? Do your child's eyes appear unusual or seem to cross, drift, or be lazy? Do your child's eyelids droop or does one eyelid tend to close? Have your child's eyes ever been injured? 	Ophthalmology referral
Hearing	Risk indicators that are marked with an asterisk are of greater concern for delayed-onset hearing loss. <ul style="list-style-type: none"> Caregiver concern about hearing, speech, language, or developmental delay* Family history of permanent childhood hearing loss* Neonatal intensive care of more than 5 days In utero infections Craniofacial anomalies Physical findings such as white forelock Syndromes associated with hearing loss or progressive or late-onset hearing loss* Neurodegenerative disorders* Culture-positive postnatal infections associated with sensorineural hearing loss* Head trauma, especially basal skull or temporal bone fracture* Chemotherapy* 	<ul style="list-style-type: none"> Do you have concerns about how your child hears? Do you have concerns about how your child speaks? 	Referral for diagnostic audiologic assessment



Bright Futures Parent Handout 18 Month Visit

Here are some suggestions from Bright Futures experts that may be of value to your family.

LANGUAGE PROMOTION/HEARING

Talking and Hearing

- Read and sing to your child often.
- Talk about and describe pictures in books.
- Use simple words with your child.
- Tell your child the words for her feelings.
- Ask your child simple questions, confirm her answers, and explain simply.
- Use simple, clear words to tell your child what you want her to do.

FAMILY SUPPORT

Your Child and Family

- Create time for your family to be together.
- Keep outings with a toddler brief—1 hour or less.
- Do not expect a toddler to share.
- Give older children a safe place for toys they do not want to share.
- Teach your child not to hit, bite, or hurt other people or pets.
- Your child may go from trying to be independent to clinging; this is normal.
- Consider enrolling in a parent-toddler playgroup.
- Ask us for help in finding programs to help your family.
- Prepare for your new baby by reading books about being a big brother or sister.
- Spend time with each child.
- Make sure you are also taking care of yourself.
- Tell your child when he is doing a good job.
- Give your toddler many chances to try a new food. Allow mouthing and touching to learn about them.
- Tell us if you need help with getting enough food for your family.

Safety

- Use a convertible car safety seat rear-facing in the back seat of all vehicles.
- Read the instructions about your car safety seat to check on the weight and height requirements.
- Everyone should always wear a seat belt in the car.
- Lock away poisons, medications, and lawn and cleaning supplies.
- Call poison control (1-800-222-1222) if you are worried your child has eaten something harmful.
- Place gates at the top and bottom of stairs and guards on windows.
- Watch your child closely when she is on the stairs.
- Have someone hold your child's hand when the car is moving to avoid being run over.
- Never have a gun in the home. If necessary, store it unloaded and locked with the ammunition locked separately from the gun.
- Prevent burns by keeping hot liquids, matches, lighters, and the stove away from your child.
- Have a working smoke detector on every floor.

Toilet Training

- Signs of being ready for toilet training include
 - Dry for 2 hours
 - Knows if he is wet or dry
 - Can pull pants down and up
 - Wants to learn
 - Can tell you if he is going to have a bowel movement
- Read books about toilet training with your child.

TOILET-TRAINING READINESS

- Have the parent of the same sex as your child or an older brother or sister take your child to the bathroom.
- Praise sitting on the potty or toilet even with clothes on.
- Take your child to choose underwear when he feels ready to do so.

CHILD DEVELOPMENT AND BEHAVIOR

Your Child's Behavior

- Set limits that are important to you and ask others to use them with your toddler.
- Be consistent with your toddler.
- Praise your child for behaving well.
- Play with your child each day by doing things she likes.
- Keep time-outs brief. Tell your child in simple words what she did wrong.
- Tell your child what to do in a nice way.
- Change your child's focus to another toy or activity if she becomes upset.
- Parenting class can help you understand your child's behavior and teach you what to do.
- Expect your child to cling to you in new situations.

What to Expect at Your Child's 2 Year Visit

We will talk about

- Your talking child
- Your child and TV
- Car and outside safety
- Toilet training
- How your child behaves

*Draft as part of the Bright Futures Tool and Resource Kit

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Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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AGE*	INFANCY							EARLY CHILDHOOD					MIDDLE CHILDHOOD					ADOLESCENCE														
	PRENATAL	NEWBORN	1-4 m	5-11 m	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	36 mo	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY																																
Initial/Interval	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MEASUREMENTS																																
Length/Height and Weight	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Head Circumference	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Weight for Length	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Body Mass Index																																
Blood Pressure†		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
SENSORY SCREENING																																
Vision		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Hearing		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																
Developmental Screening‡																																
Autism Screening‡																																
Developmental Surveillance†	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Psychosocial Behavioral Assessment	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Alcohol and Drug Use Assessment	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
PHYSICAL EXAMINATION††	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
PROCEDURES††																																
Newborn Metabolic/Hemoglobin Screening‡		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Immunization‡		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Hematoctrit or Hemoglobin‡		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Lead Screening‡						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
Dyslipidemia Screening‡						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
STI Screening‡																																
Cervical Dysplasia Screening‡																																
ORAL HEALTH††							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		
ANTICIPATORY GUIDANCE††	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*		

1. * is a risk unless noted otherwise for the first time at age point on the schedule, or if any time are not accomplished at the suggested age, the schedule visit should be brought up to date at the earliest possible time.
 2. A general visit is recommended for parents who are at high risk, for first-time parents, and for those who request a consultation. The parent visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and general method of feeding per AAP statement "The Breast Milk" (2002) [URL: <http://www.aap.org/pubs/newspubs/vol27/issue02/020201.htm>].
 3. Newborns should have a routine examination after discharge, including anticipatory and transition and support advice. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and parenting, breastfeeding initiation, anticipatory guidance, and transition as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2002) [URL: <http://www.aap.org/pubs/newspubs/vol27/issue02/020201.htm>]. For newborns discharged less than 48 hours after delivery, the visit must be completed within 48 hours of discharge per AAP statement "Hospital Stay for the Newborn" (2004) [URL: <http://www.aap.org/pubs/newspubs/vol29/issue02/020201.htm>].
 4. Head circumference measurements in infants and of those with specific risk conditions should be performed at visits before age 3.
 5. If the patient is unresponsive, screen within 4 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults" by Pediatrician (2002) [URL: <http://www.aap.org/pubs/newspubs/vol27/issue02/020201.htm>].
 6. All newborns should be screened per AAP statement "Newborn Hearing Statement: History and Guidelines for Ear, Hearing Evaluation and Intervention Programs" (2002) [URL: <http://www.aap.org/pubs/newspubs/vol27/issue02/020201.htm>].

7. Pediatrician (2004) [URL: <http://www.aap.org/pubs/newspubs/vol29/issue02/020201.htm>].
 8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Ethics Committee for Children With Disabilities, Project Advisory Committee (Including Infants and young children with developmental disorders in the medical home, an algorithm for developmental surveillance and screening, Pediatrics, Dec 11, 2004; 114(12):2822-2828) [URL: <http://www.aap.org/pubs/newspubs/vol114/issue12/12114145.htm>].
 9. Gupta RK, Hansen RL, Johnson CR, et al. Identifying children with autism. Pediatrics, 2002; 110(1):103-107. [URL: <http://www.aap.org/pubs/newspubs/vol110/issue01/01103107.htm>].
 10. In each visit, appropriate physical examination is associated with infant tone, color, odor, or if undressed and able to sit upright.
 11. These may be modified, depending on entry point into schedule and individual needs.
 12. Broken redness and hemoglobinopathy screening should be done according to state law. Results should be reviewed at state and appropriate reporting of abnormal results as needed.
 13. Anticipatory guidance per the Committee on Pediatric Diseases, published annually in the January issue of Pediatrics. Every visit should be an opportunity to update and complete a child's immunizations.
 14. See AAP Pediatric Nutrition Handbook, 9th Edition (2004) for a discussion of nutrient and nutrient screening options. See the Recommendations to prevent and control iron deficiency in the United States, Pediatrics, 113(5):1020-1026.
 15. For a list of state lead agencies, consult the AAP statement "Lead Exposure in Infants, Children, Adolescents, and Young Adults" (2004) [URL: <http://www.aap.org/pubs/newspubs/vol29/issue02/020201.htm>].
 16. See AAP statement "Anticipatory Guidance for Children, Adolescents, and Young Adults" (2004) [URL: <http://www.aap.org/pubs/newspubs/vol29/issue02/020201.htm>].

17. Pediatrician (2004) [URL: <http://www.aap.org/pubs/newspubs/vol29/issue02/020201.htm>].
 18. Pediatrics (2004) [URL: <http://www.aap.org/pubs/newspubs/vol29/issue02/020201.htm>].
 19. "The Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) (2001) [URL: <http://www.nhlbi.nih.gov/health/public/stat/stat3/index.html>].
 20. All sexually active patients should be screened for sexually transmitted infections (STI).
 21. All sexually active patients should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21, whichever comes first.
 22. Patients to be screened include, if sexually active, adolescent and adult patients who do not start in birth control and provide appropriate counseling.
 23. At the visit for 9 years and 5 years of age, if it should be determined whether the patient has a dental home, the patient also will have a dental home, a referral should be made to one. If the primary dental source is deficient in quality, content and timely implementation.
 24. Refer to the specific guidance by age as found in Bright Futures Subdivisions, Program 21, Steve JL, Duncan PH, eds, Bright Futures, Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd ed, © 2004, Lippincott Williams & Wilkins, American Academy of Pediatrics, 2004.

KEY

* = to be performed	★ = risk assessment to be performed, with appropriate action to follow, if positive	→ = range during which a service may be provided, with the symbol indicating the preferred age
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Bright Futures Previsit Questionnaire 15 to 17 Year Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private; we hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.



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What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since last year?

Do you have any special health care needs? No Yes Unsure, describe:

Do you live with anyone who uses tobacco or spend time in any place where people smoke? No Yes, describe:

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)? _____

Setting the agenda

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body	<input type="checkbox"/> How your body is changing	<input type="checkbox"/> Teeth	<input type="checkbox"/> Appearance or body image	<input type="checkbox"/> How you feel about yourself
	<input type="checkbox"/> Healthy eating	<input type="checkbox"/> Good ways to keep active	<input type="checkbox"/> Protecting your ears from loud noise	
School and Friends	<input type="checkbox"/> Your relationship with your family	<input type="checkbox"/> Your friends	<input type="checkbox"/> Girlfriend or boyfriend	<input type="checkbox"/> How you are doing in school
	<input type="checkbox"/> Organizing your time to get things done	<input type="checkbox"/> Plans after high school		
How You Are Feeling	<input type="checkbox"/> Dealing with stress	<input type="checkbox"/> Keeping under control	<input type="checkbox"/> Sexuality	<input type="checkbox"/> Feeling sad
	<input type="checkbox"/> Feeling irritable	<input type="checkbox"/> Keeping a positive attitude		
Healthy Behavior Choices	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Sexually transmitted infections (STIs)	<input type="checkbox"/> Smoking cigarettes	<input type="checkbox"/> Drinking alcohol
	<input type="checkbox"/> How to avoid risky situations	<input type="checkbox"/> Decisions about sex, alcohol, and drugs		<input type="checkbox"/> Using drugs
	<input type="checkbox"/> How to support friends who don't use alcohol and drugs			
	<input type="checkbox"/> How to follow through with decisions you have made about sex, alcohol, and drugs			
Violence and Injuries	<input type="checkbox"/> Gun safety	<input type="checkbox"/> Using a helmet	<input type="checkbox"/> Driving rules for new teen drivers	<input type="checkbox"/> Gun safety
	<input type="checkbox"/> Bullying or trouble with other kids	<input type="checkbox"/> Keeping yourself and your friends safe in risky situations		<input type="checkbox"/> Dealing with violence or abuse

Medical Screening

Questions				
	Do you complain that the blackboard has become difficult to see?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Vision	Have you ever failed a school vision screening test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you hold books close to your eyes to read?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have trouble recognizing faces at a distance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you tend to squint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Hearing	Do you have a problem hearing over the telephone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have trouble following the conversation when 2 or more people are talking at the same time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have trouble hearing with a noisy background?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you find yourself asking people to repeat themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Tuberculosis	Do you misunderstand what others are saying and respond inappropriately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Have you ever been incarcerated (in jail)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Dyslipidemia	Are you infected with HIV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have parents or grandparents who have had a stroke or heart problem before age 55?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Anemia	Do you smoke cigarettes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unsure
	Have you ever been diagnosed with iron deficiency anemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure



Screening

Alcohol or Drug Use

STIs

Anemia

STIs

Cervical Dysplasia

Pregnancy

STIs

Check off all the

UNIVERSAL SCREENING	ACTION	
Vision (once in middle adolescence)	Snellen test	
SELECTIVE SCREENING	RISK ASSESSMENT*	ACTION IF RA +
Vision at other ages	+ on risk screening questions	Snellen test
Hearing	+ on risk screening questions	Audiometry
Anemia	+ on risk screening questions	Hemoglobin or hematocrit
Tuberculosis	+ on risk screening questions	Tuberculin skin test
Dyslipidemia	+ on risk screening questions and if not previously screened with normal results	Lipid screen
STIs	Sexually active	Screen for chlamydia and gonorrhea; use tests appropriate to the patient population and clinical setting
	Sexually active and + on risk questions	Syphilis blood test HIV ^{†12}
Pregnancy	Sexually active without contraception, late menses, or amenorrhea	Urine hCG
Cervical dysplasia	Sexually active, within 3 years of onset of sexual activity	Pap smear, conventional slide or liquid-based
	Alcohol or drug use	+ on risk screening questions
*See Rationale and Evidence chapter for the criteria on which risk screening questions are based.		
†The CDC has recently recommended universal voluntary HIV screening for all sexually active people, beginning at age 13. At the time of publication, the AAP and other groups had not yet commented on the CDC recommendation, nor recommended screening criteria or techniques. The health care professional's attention is drawn to the voluntary nature of screening and that the CDC allows an opt out in communities where the HIV rate is <0.1%. The management of positives and false positives must be considered before testing.		

- I am able to bounce back from life's disappointments.
- I have a sense of hopefulness and self-confidence.
- I have become more independent and made more of my own decisions as I have become older.
- I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe:



Bright Futures Patient Handout

15 to 17 Year Visits

Bright Futures[™]

Education and health promotion for infants, children, adolescents, and their families[™]

Your Daily Life

PHYSICAL GROWTH AND DEVELOPMENT

- Visit the dentist at least twice a year.
- Brush your teeth at least twice a day and floss once a day.
- Wear your mouth guard when playing sports.
- Protect your hearing at work, home, and concerts.
- Try to eat healthy foods.
 - 5 fruits and vegetables a day
 - 3 cups of low-fat milk, yogurt, or cheese
- Eating breakfast is very important.
- Drink plenty of water. Choose water instead of soda.
- Eat with your family often.
- Aim for 1 hour of vigorous physical activity every day.
- Try to limit watching TV, playing video games, or playing on the computer to 2 hours a day (outside of homework time).
- Be proud of yourself when you do something good.

Healthy Behavior Choices

RISK REDUCTION

- Talk with your parents about your values and expectations for drinking, drug use, tobacco use, driving, and sex.
- Talk with your parents when you need support or help in making healthy decisions about sex.
- Find safe activities at school and in the community.
- Make healthy decisions about sex, tobacco, alcohol, and other drugs.
- Follow your family's rules.

Violence and Injuries

VIOLENCE AND INJURY PREVENTION

- Do not drink and drive or ride in a vehicle with someone who has been using drugs or alcohol.
 - If you feel unsafe driving or riding with someone, call someone you trust to drive you.
- Support friends who choose not to use tobacco, alcohol, drugs, steroids, or diet pills.
- Insist that seat belts be used by everyone.
- Always be a safe and cautious driver.
 - Limit the number of friends in the car, nighttime driving, and distractions.
- Never allow physical harm of yourself or others at home or school.
- Learn how to deal with conflict without using violence.
- Understand that healthy dating relationships are built on respect and that saying "no" is OK.
- Fighting and carrying weapons can be dangerous.

Your Feelings

EMOTIONAL WELL-BEING

- Talk with your parents about your hopes and concerns.
- Figure out healthy ways to deal with stress.
- Look for ways you can help out at home.
- Develop ways to solve problems and make good decisions.
- It's important for you to have accurate information about sexuality, your physical development, and your sexual feelings. Please ask me if you have any questions.

SOCIAL AND ACADEMIC COMPETENCE

School and Friends

- Set high goals for yourself in school, your future, and other activities.
- Read often.
- Ask for help when you need it.
- Find new activities you enjoy.
- Consider volunteering and helping others in the community with an issue that interests or concerns you.
- Be a part of positive after-school activities and sports.
- Form healthy friendships and find fun, safe things to do with friends.
- Spend time with your family and help at home.
- Take responsibility for getting your homework done and getting to school or work on time.

Pre-visit
Questionnaire
Reviewed

Documenting
Parental Concern

Bright Futures
Priorities

Psychosocial Risk
Assessment

Screening

ACCOMPANIED BY/INFORMANT	PREFERRED LANGUAGE	DATE/TIME	Name	
DRUG ALLERGIES	CURRENT MEDICATIONS		ID NUMBER	
WEIGHT (%)	HEIGHT (%)	BMI (%)	BLOOD PRESSURE	BIRTH DATE
Visit with: <input type="checkbox"/> Teen alone <input type="checkbox"/> Parent(s) alone <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Teen with parents <input type="checkbox"/> Other			AGE	SEX (M F)
History		Physical Examination		
<input type="checkbox"/> Previsit Questionnaire reviewed <input type="checkbox"/> Teen has a dental home		Bright Futures Priority <input type="checkbox"/> SKIN <input type="checkbox"/> BACK/SPINE <input type="checkbox"/> BREASTS <input type="checkbox"/> GENITALIA		
Concerns and questions <input type="checkbox"/> None <input type="checkbox"/> Addressed (see other side)		Additional Systems <input type="checkbox"/> GENERAL APPEARANCE <input type="checkbox"/> TEETH <input type="checkbox"/> HEAD <input type="checkbox"/> LUNGS <input type="checkbox"/> EYES <input type="checkbox"/> HEART <input type="checkbox"/> EARS <input type="checkbox"/> CHARDONNE <input type="checkbox"/> NOSE <input type="checkbox"/> EXTREMITIES <input type="checkbox"/> MOUTH AND THROAT <input type="checkbox"/> NEUROLOGIC <input type="checkbox"/> NECK <input type="checkbox"/> MUSCULO-SKELETAL		
Follow-up on previous concerns <input type="checkbox"/> None <input type="checkbox"/> Addressed (see other side)		Abnormal findings and comments		
Interval history <input type="checkbox"/> None <input type="checkbox"/> Addressed (see other side)		Assessment		
Menarche: Age _____ Regularity _____		<input type="checkbox"/> Well teen		
Menstrual problems _____				
<input type="checkbox"/> Medication Record reviewed and updated				
Social/Family History		Anticipatory Guidance		
See Initial History Questionnaire. <input type="checkbox"/> No interval change		<input type="checkbox"/> Discussed and/or handout given		
Changes since last visit _____		<input type="checkbox"/> PHYSICAL GROWTH AND DEVELOPMENT • Balanced diet • Physical activity • Limit TV • Protect hearing • Brush/Floss teeth • Regular dentist visits		
Teen lives with _____		• Friends/relationships • Family time • Community involvement • Encourage reading/school • Rules/Expectations • Planning for after high school • Dealing with stress • Decision-making • Mood/Anxiety • Self-assertiveness		
Relationship with parents/siblings _____		<input type="checkbox"/> RISK REDUCTION • Tobacco, alcohol, drugs • Prescription drugs • Sex • VIOLENCE AND INJURY PREVENTION • Seat belts • Guns • Violence resolution • Driving restriction • Sports/Recreation safety		
Risk Assessment (If not reviewed in Supplemental Questionnaire, Use other side if risks identified.)		Plan		
HOME Eats meals with family <input type="checkbox"/> Yes <input type="checkbox"/> No Has family member/adult to turn to for help <input type="checkbox"/> Yes <input type="checkbox"/> No Is permitted and is able to make independent decisions <input type="checkbox"/> Yes <input type="checkbox"/> No		Immunizations (See Vaccine Administration Record.) Laboratory/Screening results: <input type="checkbox"/> Vision <input type="checkbox"/> Cholesterol (18-21 years)		
EDUCATION Grade _____ Performance <input type="checkbox"/> NL Behavior/Attention <input type="checkbox"/> NL Homework <input type="checkbox"/> NL		<input type="checkbox"/> Referral to _____		
EATING Eats regular meals including adequate fruits and vegetables <input type="checkbox"/> Yes <input type="checkbox"/> No Drinks non-sweetened liquids <input type="checkbox"/> Yes <input type="checkbox"/> No Calcium source <input type="checkbox"/> Yes <input type="checkbox"/> No Has concerns about body or appearance <input type="checkbox"/> Yes <input type="checkbox"/> No		Follow-up/Next visit _____		
ACTIVITIES Has friends <input type="checkbox"/> Yes <input type="checkbox"/> No At least 1 hour of physical activity/day <input type="checkbox"/> Yes <input type="checkbox"/> No Screen time (except for homework) less than 2 hours/day <input type="checkbox"/> Yes <input type="checkbox"/> No Has interests/participates in community activities/volunteers <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> See other side		
DRUGS (Substance use/abuse) Uses tobacco/alcohol/drugs <input type="checkbox"/> Yes <input type="checkbox"/> No				
SAFETY Home is free of violence <input type="checkbox"/> Yes <input type="checkbox"/> No Uses safety belts/safety equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Impaired/Distracted driving <input type="checkbox"/> Yes <input type="checkbox"/> No Has relationships free of violence <input type="checkbox"/> Yes <input type="checkbox"/> No				
SEX Has had oral sex <input type="checkbox"/> Yes <input type="checkbox"/> No Has had sexual intercourse (vaginal, anal) <input type="checkbox"/> Yes <input type="checkbox"/> No				
SUICIDALITY/MENTAL HEALTH Has ways to cope with stress <input type="checkbox"/> Yes <input type="checkbox"/> No Displays self-confidence <input type="checkbox"/> Yes <input type="checkbox"/> No Has problems with sleep <input type="checkbox"/> Yes <input type="checkbox"/> No Gets depressed, anxious, or irritable/mood swings <input type="checkbox"/> Yes <input type="checkbox"/> No Has thought about hurting self or considered suicide <input type="checkbox"/> Yes <input type="checkbox"/> No				
American Academy of Pediatrics DEDICATED TO THE HEALTH OF OUR CHILDREN™		WELL CHILD/15 to 21 years		

Psychosocial Risks
Confidential (To be completed confidentially for teens with identified risk)

Home

Relationship with parents/guardians _____
 Violence in home _____
 Teen's concerns _____
 Autonomy _____
 Counseling/Recommendations _____

Education

Teen's concerns _____
 Social interactions _____
 Conflicts _____
 Counseling/Recommendations _____

Eating

Usual diet _____
 Attempts to lose weight by dieting, laxatives, or self-induced vomiting _____
 Regular meals (includes breakfast, limits fast food) _____
 Counseling/Recommendations _____

Activities

Clubs/Extracurricular _____
 Music/Art _____
 Sports _____
 Religious/Community _____
 TV/Electronics _____ hours/day
 Gangs _____
 Counseling/Recommendations _____

CRAFT used with permission from Krugl JR, Shearitt L, Strier LA, Harris SK, Chang G. Validity of the CRAFT substance abuse screening test among adolescent clinic patients. Arch Pediatr Adolesc Med. 2003;156:607-614
 HEADSSS used with permission from Goldenring JM, Rosen DS. Getting into adolescent heads: an essential update. Contemp Pediatr. 2004;21:64-90
 This American Academy of Pediatrics Visit Documentation Form is consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition. The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variation, taking into account individual circumstances, may be appropriate.
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 9810499

Drugs (Substance Use/Abuse)

Tobacco use _____
 Alcohol _____
 Drugs (street/prescription) _____
 Steroids _____
 CRAFT (+2 indicates need for follow-up)
 C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? Yes No
 R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? Yes No
 A - Do you ever use alcohol or drugs while you are by yourself, ALONE? Yes No
 F - Do you ever FORGET things you did while using alcohol or drugs? Yes No
 F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use? Yes No
 T - Have you gotten into TROUBLE while you were using alcohol or drugs? Yes No
 Counseling/Recommendations _____

Safety

Impaired/Distracted driving _____
 Sports/recreation safety _____
 Guns _____
 Peer violence _____
 Dating violence _____
 Counseling/Recommendations _____

Sex

Oral sex Yes No
 Has had sexual intercourse (vaginal, anal) Yes No
 Age of onset of sexual activity _____
 Number of partners _____ Gender of partners Male Female
 Sexual orientation _____
 Condom use _____ Contraception _____
 Previous pregnancy No Yes
 Pretest result No Yes
 Laboratory/Screening results
 Pregnancy test Pap smear
 Chlamydia/Gonorrhea, source _____ Syphilis HIV
 STI screening laboratory results (specify) _____
 Counseling/Recommendations _____

Suicidality/Mental Health

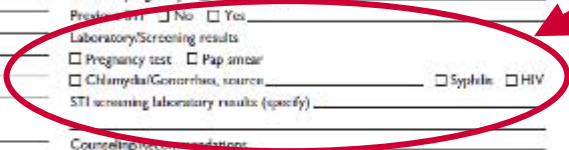
Depression No Yes—when? _____
 Anxiety No Yes—when? _____
 Suicide ideation No Yes—when? _____
 Suicide attempts No Yes—when? _____
 History of psychological counseling No Yes—when? _____
 Other mental health diagnosis _____
 Counseling/Recommendations _____

Confidentiality discussed With teen With parent(s)



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Screening





- The *Tool and Resource Kit* also contains supplementary materials:
 - Additional Parent/Patient Handouts
 - Developmental, behavioral, and psychosocial screening and assessment tools
 - Practice management tools for preventive care
 - Information on community resources

How are children and adolescents with special needs addressed in the 3rd edition?

- Inclusive of all children
- Addressed in every segment of the Guidelines, not in a separate document
- Recognize that children with special needs still need well care—nutrition, immunizations, mastery of social skills
- Focus on fostering strengths
- View culture of families

Changes in the Periodicity Schedule and Bright Futures Recommendations





New Visits

- 30 month
- 7 year visit
- 9 year visit

Oral Health

- Oral risk assessment at 6 and 9 months
- Referral to a dental home at 12 months
- Oral fluoride supplementation if primary water source is deficient



Developmental Screening

- **Developmental**
 - 9, 18, 30 (24) months
- **Autism**
 - 18, 24 months



Procedures & Sensory Screening

- Hematocrit recommended at 12 months
- Dyslipidemia once between 18-21 years of age
- Hearing screening recommended at:
 - birth, 4, 5, 6, 8, 10 years of age
- Vision screening recommended at:
 - 3, 4, 5, 6, 8, 10, 12, 15, 18
- BMI for all ages 2 years and above
- Routine Urinalysis no longer recommended



Risk Assessments

- Lead Screening
- Tuberculosis Screening
- Sexually Transmitted Infections
- Cervical Dysplasia Screening
- Alcohol & Drug Use Assessment

Practice Based Implementation Strategies

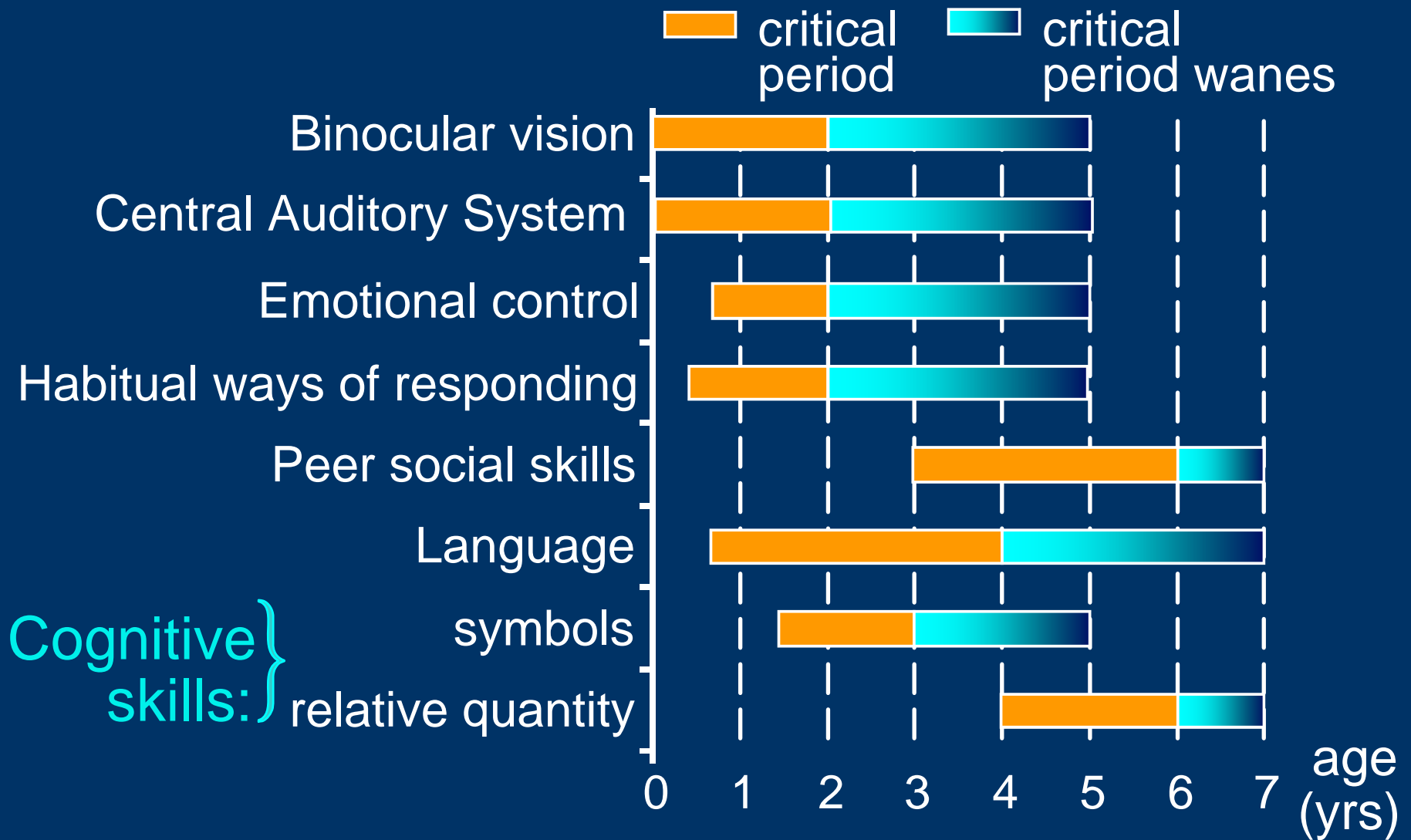
- Use a recall reminder system
- Develop community linkages
- Compile a resource list of community agencies
- Develop a single referral form that can be used to communicate with multiple agencies
- Identify an office staff person to be responsible for updating community list and keeping track of referrals
- Cultivate office team involvement and buy-in
- Organize community practice meetings
- Identify small steps for implementing new change
- Use measurement



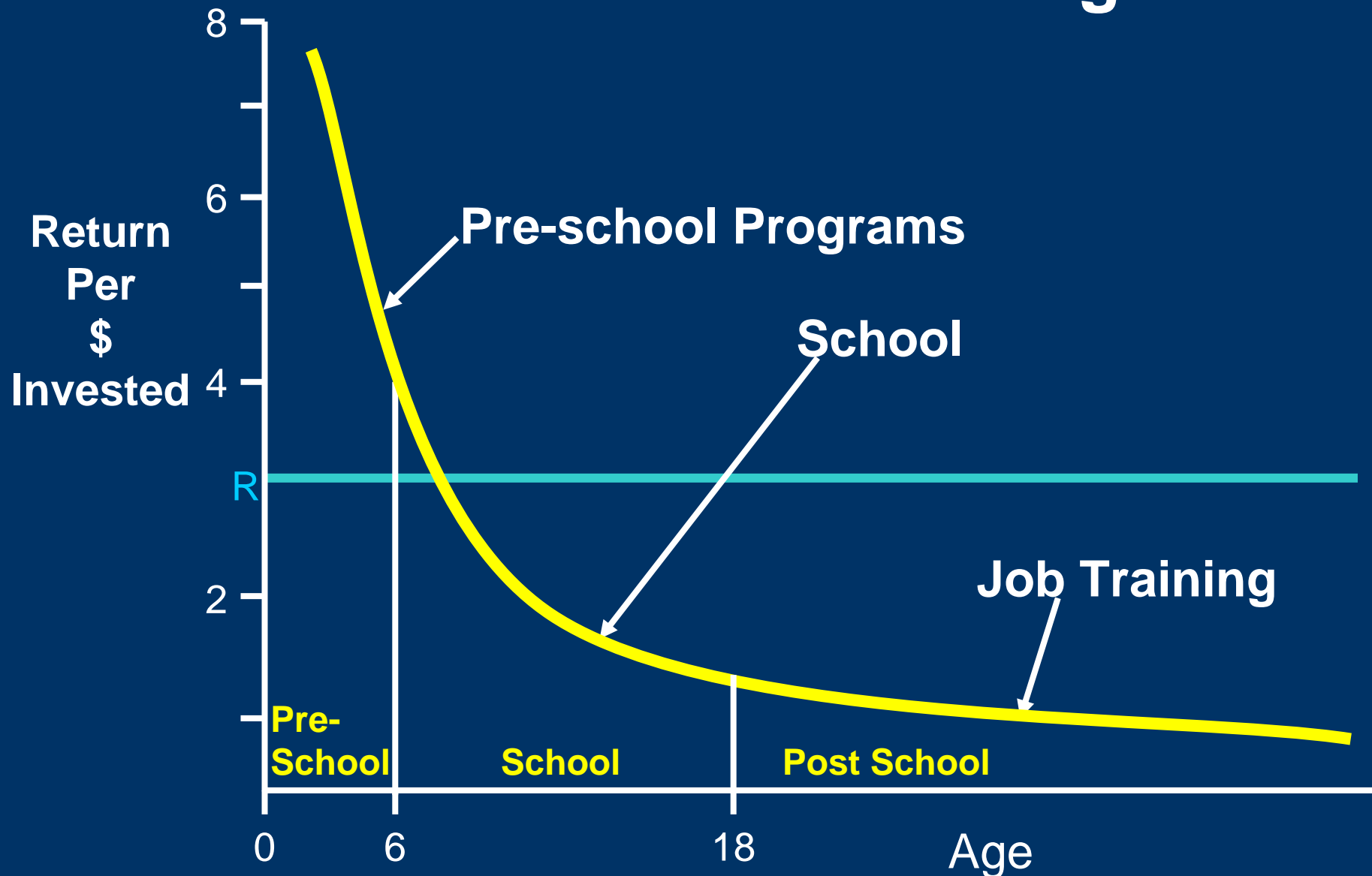
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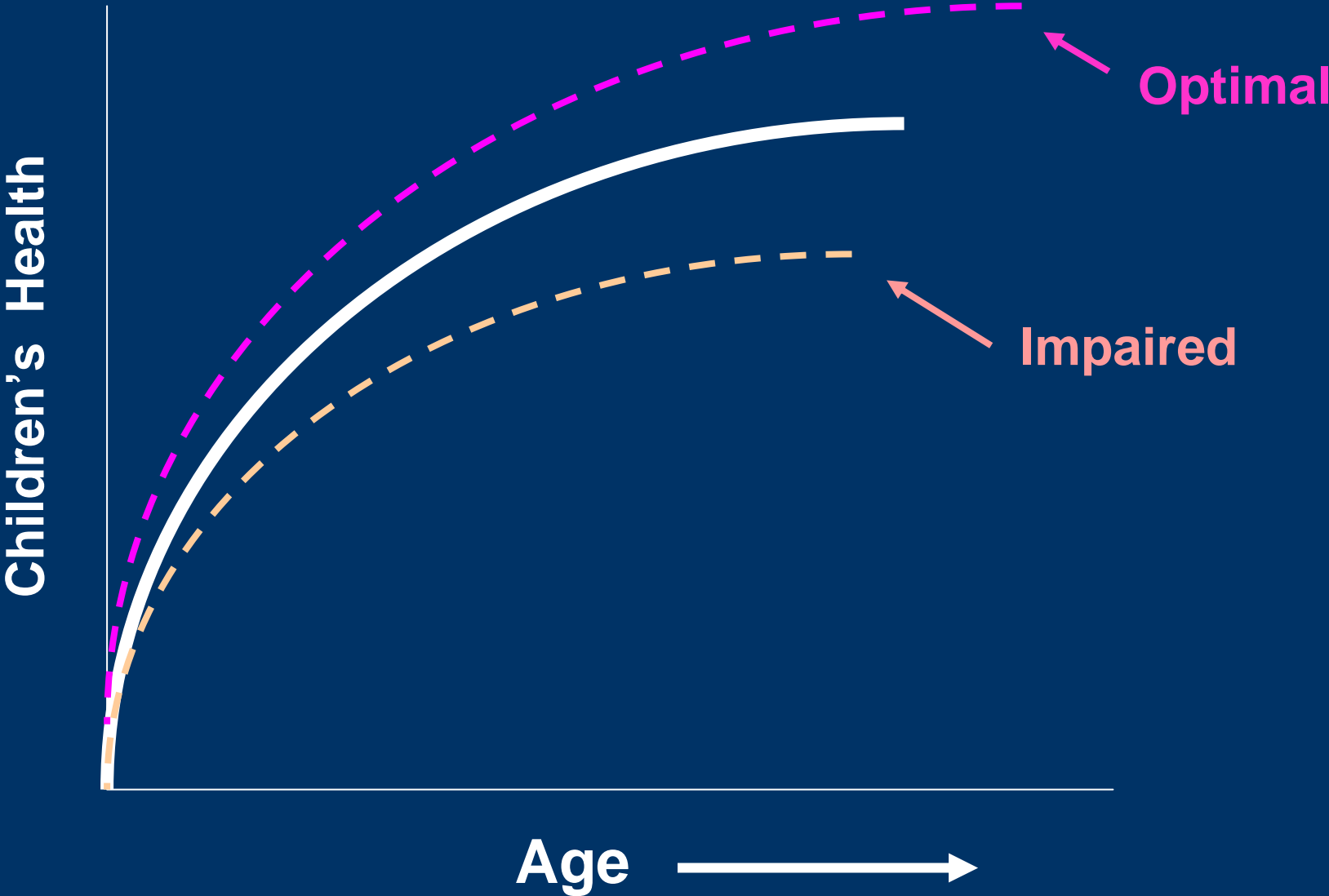
Sensitive Periods for Early Development

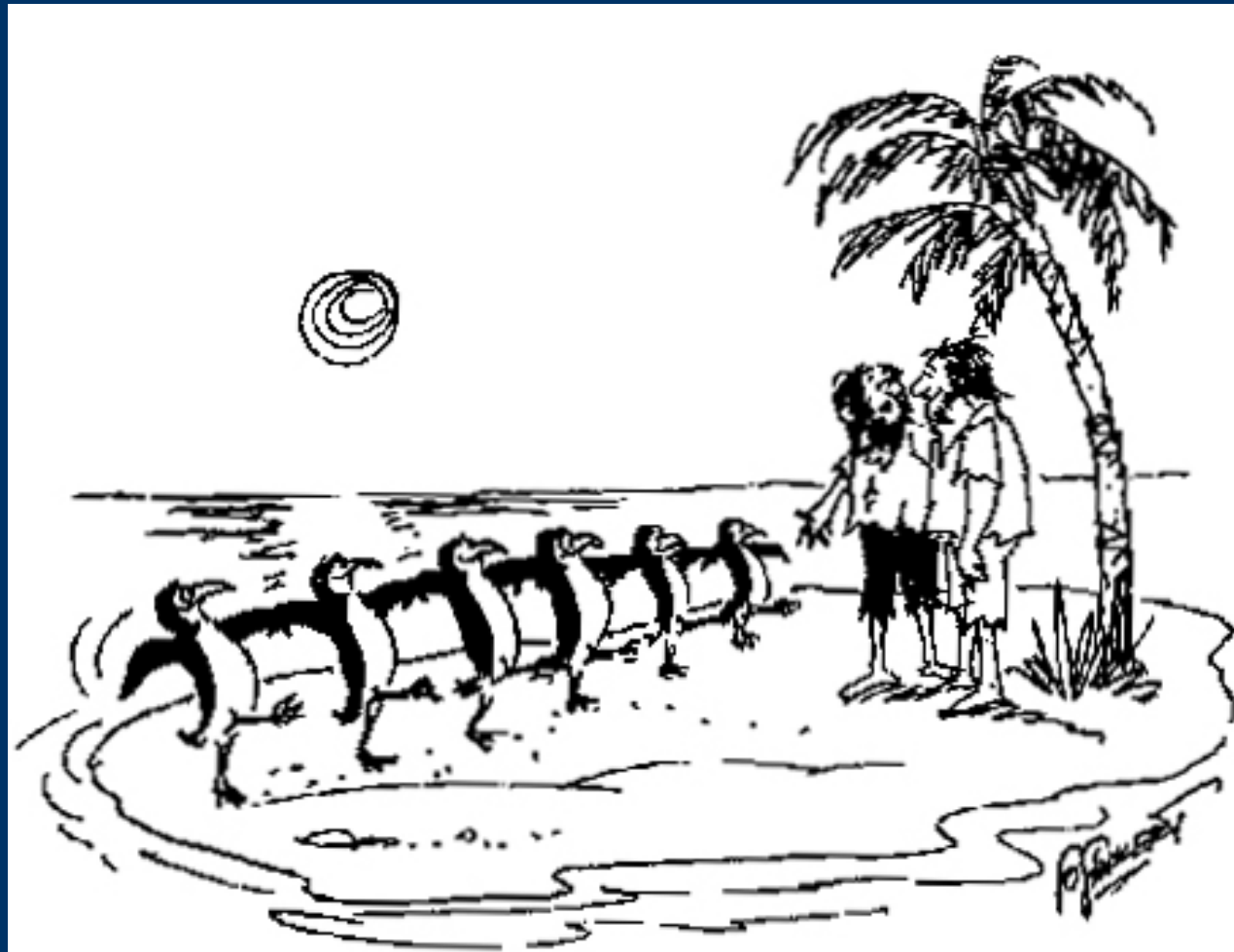


Rates of Return to Human Development Investment Across all Ages



Trajectory of Life Course Health and Development





"I don't mind telling you, there were times when I was ready to give up on the idea."



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