

Iowa Recommendations for Scheduling Care for Kids Screenings

Revised 10/2009

KEY	
● To be performed	● To be performed at every visit
S Subjective, by history	⊕ Screen at least once during time period indicated
* High risk	○ Objective, by standard testing method

		AGE																					
		Infancy						Early Childhood				Late Childhood				Adolescence							
		2-3 ¹ days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	2 yr	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20+ yr	
History	Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Physical exam	As part of each screening	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Measurements	Length/height & weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Head circumference	●	●	●	●	●	●	●	●	●	●												
	Body Mass Index										●	●	●	●	●	●	●	●	●	●	●	●	
	Blood pressure	risk assessment									●	●	●	●	●	●	●	●	●	●	●		
Nutrition	Assess/educate	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Oral Health	Assessment - Dental history; recent concerns, pain or injury; visual inspection of hard and soft tissues of oral cavity; dental referral based on risk assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Development and behavioral assessment	Developmental screening ²						●		●		●												
	Autism screening ³								●	●													
	Developmental surveillance ²	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Psychosocial/behavioral assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
	Alcohol and drug use assessment	risk assessment to be performed with appropriate action to follow if positive →																					
Sensory screening	Vision	S	S	S	S	S	S	S	S	S	S	○	○	○	○	○	S	○	○	S	○	○	
	Hearing	○	S	S	S	S	S	S	S	S	S	S	○	○	S	○	S	○	S	S	○	S	
Immunization	Perform an immunization review at each visit; administer immunizations at recommended ages, or as needed	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Anticipatory Guidance	Provided at every visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
PROCEDURES	Dyslipidemia										*	*			*	*	*	*	*	*	●	●	
	Hemoglobin/hematocrit	Perform once between 9-month and 12-month visits for children at risk; also annually for adolescents if risk factors are present																	●				
	Gynecologic testing	Screen for cervical dysplasia as part of a pelvic exam within 3 years of onset of sexual activity or age 21, whichever comes first. Pregnancy testing done as indicated.															*	*	*	*	*	●	
	Lead screening	Assess and test all children at 12 months and 2 years of age. In addition, assess and test high-risk children at 18 months, 3 years, 4 years and 5 years**						●			*	●	*	*	*								
	Metabolic screening	The Iowa Neonatal Metabolic Screening Program tests every newborn for all disorders on the American College of Medical Genetics and March of Dimes screening panels. See www.idph.state.ia.us/genetics .	⊕																				
	Sexually transmitted infections	Screen as appropriate. People with a history of, or at risk for STIs should be tested for chlamydia and gonorrhea																	as appropriate				
	Tuberculin test	For high risk groups, annual testing is recommended. High risk groups include household members of persons with TB or others at risk for close contact with the disease; recent immigrants or refugees from countries where TB is common; migrant workers; residents of correctional institutions or homeless shelters; persons with certain underlying disorders	annual testing for high risk groups																				

¹For newborns discharged within 24 hours or less after delivery. ²AAP Council on Children with Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*, 2006;118:405-420.

³Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics*. 2007;119:152-153.

**For additional information, call the Bureau of Lead Poisoning Prevention at 1-800-972-2026.