



## Summary of changes made to the 2014 Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

### Changes to Developmental/Behavioral Assessment

- **Alcohol and Drug Use Assessment-** Information regarding a recommended screening tool (CRAFFT) was added.
- **Depression-** Screening for depression at ages 11 through 21 has been added, along with suggested screening tools.

### Changes to Procedures

- **Dyslipidemia screening-** An additional screening between 9 and 11 years of age has been added. The reference has been updated to the AAP-endorsed National Heart Blood and Lung Institute policy ([http://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)).
- **Hematocrit or hemoglobin-** A risk assessment has been added at 15 and 30 months. The reference has been updated to the current AAP policy (<http://pediatrics.aappublications.org/content/126/5/1040.full>).
- **STI/HIV screening-** A screen for HIV has been added between 16 and 18 years. Information on screening adolescents for HIV has been added in the footnotes. STI screening now references recommendations made in the AAP Red Book. This category was previously titled “STI Screening.”
- **Cervical dysplasia-** Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Indications for pelvic exams prior to age 21 are noted in the 2010 AAP statement “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (<http://pediatrics.aappublications.org/content/126/3/583.full>).
- **Critical Congenital Heart Disease-** Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement, “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (<http://pediatrics.aappublications.org/content/129/1/190.full>).

For several recommendations, the AAP Policy has been updated since 2007 but there have been no changes in the timing of recommendations on the Periodicity Schedule. These include:

- Footnote 2- The Prenatal Visit (2009): <http://pediatrics.aappublications.org/content/124/4/1227.full>
- Footnote 4- Breastfeeding and the Use of Human Milk (2012): <http://pediatrics.aappublications.org/content/129/3/e827.full> and Hospital Stay for Healthy Term Newborns (2010): <http://pediatrics.aappublications.org/content/125/2/405.full>
- Footnote 8- Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs (2007): <http://pediatrics.aappublications.org/content/120/4/898.full>
- Footnote 10- Identification and Evaluation of Children with Autism Spectrum Disorders (2007): <http://pediatrics.aappublications.org/content/120/5/1183.full>
- Footnote 17- Immunization Schedules (2014): <http://aapredbook.aappublications.org/site/resources/IZSchedule0-6yrs.pdf>, <http://aapredbook.aappublications.org/site/resources/IZSchedule7-18yrs.pdf>, and <http://aapredbook.aappublications.org/site/resources/IZScheduleCatchup.pdf>
- Footnote 19- CDC Advisory Committee on Childhood Lead Poisoning Prevention statement “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (2012): [http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)
- Footnote 22- AAP-endorsed guideline “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” (2011): [http://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)
- Footnote 25- Preventive Oral Health Intervention for Pediatricians (2008): <http://pediatrics.aappublications.org/content/122/6/1387.full> and Oral Health Risk Assessment Timing and Establishment of the Dental Home (2009): <http://pediatrics.aappublications.org/content/111/5/1113.full>. Additional information from the policies regarding fluoride supplementation and fluoride varnish has been added to the footnote.

New references were added for several footnotes, also with no change to recommendations in the Periodicity Schedule:

- Footnote 5- Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report (2007): [http://pediatrics.aappublications.org/content/120/Supplement\\_4/S164.full](http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full)
- Footnote 13- Use of Chaperones During the Physical Examination of the Pediatric Patient (2011): <http://pediatrics.aappublications.org/content/127/5/991.full>
- Footnote 15- The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>), as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

For consistency, the title of “Tuberculin Test” has been changed to “Tuberculosis Testing.” The title of “Newborn Metabolic/Hemoglobin Screening” has been changed to “Newborn Blood Screening.”